November 6, 2018

Jerry Foxhoven
Director
Iowa Department of Human Services
Hoover State Office Building
1305 East Walnut Street, 5th Floor
Des Moines, Iowa  50319

Dear Director Foxhoven:

Thank you for submitting Iowa’s Annual Progress and Services Report (APSR), including the annual report on the use of funds under the Child Abuse Prevention and Treatment Act, and the CFS-101 forms requesting funding for fiscal year (FY) 2019 to address the following programs:

- Title IV-B, subpart 1 (Stephanie Tubbs Jones Child Welfare Services) of the Social Security Act (the Act);
- Title IV-B, subpart 2 (Promoting Safe and Stable Families Program and Monthly Caseworker Visit Grant) of the Act;
- Child Abuse Prevention and Treatment Act (CAPTA) State Grant;
- Chafee Foster Care Program for Successful Transition to Adulthood (Chafee Program); and
- Education and Training Vouchers (ETV) Program.

These programs provide important funding to help state child welfare agencies ensure safety, permanency, and well-being for children, youth and their families. The APSR facilitates continued assessment, development, and implementation of a comprehensive continuum of services for children and families. It provides an opportunity to integrate more fully each state’s strategic planning around use of federal funds with its work relating to the Child and Family Services Reviews and continuous program improvement activities.

Approval
The Children’s Bureau (CB) has reviewed your APSR for FY 2019 and the annual report on the use of CAPTA funds and finds them to be in compliance with applicable federal statutory and regulatory requirements. Therefore, we approve FY 2019 funding under the title IV-B, subpart 1; title IV-B, subpart 2; CAPTA; Chafee; and ETV programs.
Counter-signed copies of the CFS-101 forms are enclosed for your records. The Children’s Bureau may ask for a revised CFS-101, Part I, should the final allotment for any of the approved programs be more than that requested in the Annual Budget Request.

The Administration for Children and Families’ Office of Grants Management (OGM) will issue a grant notification award letter with pertinent grant information. Please note that OGM requires grantees to submit additional financial reports, using the form SF-425, at the close of the expenditure period according to the terms and conditions of the award.

Training Plan
This approval for the FY 2019 funding for title IV-B, subpart 1; title IV-B, subpart 2; CAPTA; Chafee; and ETV programs does not release the state from ensuring that training costs included in the training plan and charged to title IV-E of the Act comply with the requirements at 45 CFR 1356.60(b) and (c) and 45 CFR 235.63 through 235.66(a), including properly allocating costs to all benefiting programs in accordance with the state’s approved cost allocation plan.

Additional Information Required
Pursuant to Section 424(f) of the Act, states are required to collect and report on caseworker visits with children in foster care. The FY 2018 caseworker visit data must be submitted to the Regional Office by December 17, 2018. States that wish to use a sampling methodology to obtain the required data must obtain prior approval from the Regional Office.

The CB looks forward to working with you and your staff. Should you have any questions or concerns, please contact Deborah Smith, Child Welfare Regional Program Manager in Region 7, at (816) 426-2262 or by e-mail at deborah.smith@acf.hhs.gov. You also may contact Amy Hance, Child and Family Program Specialist, at (816) 426-2230 or by e-mail at amy.hance@acf.hhs.gov.

Sincerely,

[Signature]
Jerry Milner
Associate Commissioner
Children’s Bureau

Enclosure(s)

cc: Gail Collins, Director; CB, Division of Program Implementation; Washington, DC
Deborah Smith, Child Welfare Regional Program Manager; CB, Region 7; Kansas City, MO
Amy Hance, Child and Family Program Specialist; CB, Region 7; Kansas City, MO
CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV and Reallotment for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2019: October 1, 2018 through September 30, 2019

1. Name of State or Indian Tribal Organization: Iowa

2. EIN: 42-6664571

3. Address: (insert mailing address for grant award notices in the two rows below)
   Hoover State Office Building - 1305 Walnut
   Des Moines, Iowa 50319-0114
   a) Email address for grant award notices: jhavig@dhs.state.ia.us

REQUEST FOR FUNDING for FFY 2019:
Hardcode all numbers; no formulas or linked cells.

5. Requested Title IV-B Subpart 1, Child Welfare Services (CWS) funds:
   Total administrative costs (not to exceed 10% of the CWS request) ok $2,930,912
   % of Total $2,775,309

6. Requested Title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:
   a) Family Preservation Services 0% $10,000
   b) Family Support Services 26% $731,000
   c) Time-Limited Family Reunification Services 21% $586,382
   d) Adoption Promotion and Support Services 21% $586,382
   e) Other Service Related Activities (e.g. Planning) 26% $730,295
   f) Administrative costs (APPLICABLE TO STATES ONLY: not to exceed 10% of the PSSF request) 4.7% $131,250
   g) Total itemized request for title IV-B Subpart 2 funds: $2,775,309

7. Requested Monthly Caseworker Visit (MCV) funds; (For STATES ONLY):
   Total administrative costs (FOR STATES ONLY: not to exceed 10% of MCV request) ok $174,884

8. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant:
   (STATES ONLY) $904,548

9. Requested Chafee Foster Care Independence Program (CFCIP) funds:
   Total administrative costs (APPLICABLE TO STATES ONLY: not to exceed 10% of CFCIP request) ok $1,978,165

10. Requested Education and Training Voucher (ETV) funds:
    $663,873

REALLOTMENT:
Complete this section for adjustments to current year (FY 2018) awarded funding levels.

11. Identification of Surplus for Reallotment:
   a) Indicate the amount of the State’s/Tribes’ FFY18 allotment that will not be utilized for the following programs:

<table>
<thead>
<tr>
<th>CWS</th>
<th>PSSF</th>
<th>MCV (States only)</th>
<th>CFCIP Program</th>
<th>ETV Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

12. Request for additional funds in the current fiscal year, should they become available for re-allocation:

<table>
<thead>
<tr>
<th>CWS</th>
<th>PSSF</th>
<th>MCV (States only)</th>
<th>CFCIP Program</th>
<th>ETV Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

13. Certification by State Agency and/or Indian Tribal Organization:
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.

Signature of State/Tribal Agency Official
[Signature]
Title
Date: 11/6/2018

Signature of Federal Children’s Bureau Official
Joseph Bock for Jerry Milner
Title
Date: 11/6/2018

2019 APSR
<table>
<thead>
<tr>
<th>SERVICES/ACTIVITIES</th>
<th>(A) IV-B Subpart I-CWS</th>
<th>(B) IV-B Subpart II-PSSF</th>
<th>(C) IV-B Subpart II-MCV</th>
<th>(D) CAPTA</th>
<th>(E) CFCIP</th>
<th>(F) ETV</th>
<th>(G) TITLE IV-E *</th>
<th>(H) STATE, LOCAL &amp; DONATED FUNDS</th>
<th>(I) Number Individuals To Be Served</th>
<th>(J) Number Families To Be Served</th>
<th>(K) Population To Be Served</th>
<th>(L) Geog. Area To Be Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PROTECTIVE SERVICES</td>
<td>$ -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 904,548</td>
<td>$ 3,623,079</td>
<td>$ 25,013,549</td>
<td>N/A 1,291/month</td>
<td>reports of abuse/neglect</td>
<td>nationwide</td>
</tr>
<tr>
<td>2. CRISIS INTERVENTION (FAMILY PRESERVATION)</td>
<td>$ 11,426</td>
<td>$ 10,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 1,544,960</td>
<td>$ 7,883,450</td>
<td>N/A 1,458/month</td>
<td>families &amp; children</td>
<td>nationwide</td>
<td></td>
</tr>
<tr>
<td>3. PREVENTION &amp; SUPPORT SERVICES (FAMILY SUPPORT)</td>
<td>$ -</td>
<td>$ 731,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 3,047,214</td>
<td>$ 57,863,496</td>
<td>N/A 27,364/mo</td>
<td>families &amp; children</td>
<td>nationwide</td>
<td></td>
</tr>
<tr>
<td>4. TIME-LIMITED FAMILY REUNIFICATION SERVICES</td>
<td>$ 324,449</td>
<td>$ 586,382</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 2,072,322</td>
<td>$ 11,820,555</td>
<td>N/A 3,259/mo</td>
<td>families &amp; children</td>
<td>nationwide</td>
<td></td>
</tr>
<tr>
<td>5. ADOPTION PROMOTION AND SUPPORT SERVICES</td>
<td>$ -</td>
<td>$ 586,382</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 1,074,601</td>
<td>$ 1,411,820</td>
<td>N/A N/A</td>
<td>adoptive families</td>
<td>statewide</td>
<td></td>
</tr>
<tr>
<td>6. OTHER SERVICE RELATED ACTIVITIES (e.g. planning)</td>
<td>$ -</td>
<td>$ 730,295</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ -</td>
<td>$ 874,324</td>
<td>N/A N/A</td>
<td>N/A</td>
<td>statewide</td>
<td></td>
</tr>
<tr>
<td>7. FOSTER CARE MAINTENANCE (a) FOSTER FAMILY &amp; RELATIVE FOSTER CARE</td>
<td>$ -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 5,084,396</td>
<td>$ 27,293,454</td>
<td>1,756/mo</td>
<td>N/A all eligible children</td>
<td>statewide</td>
<td></td>
</tr>
<tr>
<td>(b) GROUP/INST CARE</td>
<td>$ 2,445,637</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 2,290,015</td>
<td>$ 92,620,032</td>
<td>2,058/mo</td>
<td>N/A all eligible children</td>
<td>statewide</td>
<td></td>
</tr>
<tr>
<td>8. ADOPTION SUBSIDY PYMTS.</td>
<td>$ -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 30,755,406</td>
<td>$ 39,272,903</td>
<td>9,737/mo</td>
<td>N/A all eligible children</td>
<td>statewide</td>
<td></td>
</tr>
<tr>
<td>9. GUARDIANSHIP ASSISTANCE PAYMENTS</td>
<td>$ -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ -</td>
<td>$ -</td>
<td>-</td>
<td>N/A N/A N/A N/A N/A N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. INDEPENDENT LIVING SERVICES</td>
<td>$ -</td>
<td></td>
<td>$ 1,978,165</td>
<td></td>
<td></td>
<td></td>
<td>$ 1,978,165</td>
<td>$ 7,045,267</td>
<td>437/mo</td>
<td>N/A all eligible children</td>
<td>statewide</td>
<td></td>
</tr>
<tr>
<td>11. EDUCATION AND TRAINING VOUCHERS</td>
<td>$ -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ -</td>
<td>$ 663,873</td>
<td>$ -</td>
<td>$ 165,968</td>
<td>220/yr</td>
<td>N/A all eligible children</td>
</tr>
<tr>
<td>12. ADMINISTRATIVE COSTS</td>
<td>$ 150,000</td>
<td>$ 131,259</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 2,736,166</td>
<td>$ 6,256,572</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>13. FOSTER PARENT RECRUITMENT &amp; TRAINING</td>
<td>$ -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ -</td>
<td>$ 1,007,992</td>
<td>$ 1,400,138</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. ADOPTIVE PARENT RECRUITMENT &amp; TRAINING</td>
<td>$ -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ -</td>
<td>$ 932,426</td>
<td>$ 1,325,295</td>
<td></td>
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</tr>
<tr>
<td>15. CHILD CARE RELATED TO EMPLOYMENT/TRAINING</td>
<td>$ -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ -</td>
<td>$ 1,806,626</td>
<td>$ 5,793,622</td>
<td>N/A 2,470/mo</td>
<td>N/A all eligible families</td>
<td>statewide</td>
</tr>
<tr>
<td>16. STAFF &amp; EXTERNAL PARTNERS TRAINING</td>
<td>$ -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ -</td>
<td>$ 1,361,383</td>
<td>$ 1,435,780</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. CASEWORKER RETENTION, RECRUITMENT &amp; TRAINING</td>
<td>$ -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ -</td>
<td>$ 174,884</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. TOTAL</td>
<td>$ 2,930,512</td>
<td>$ 2,775,309</td>
<td>$ 174,884</td>
<td>$ 904,548</td>
<td>$ 1,978,165</td>
<td>$ 663,873</td>
<td>$ 66,064,750</td>
<td>$ 287,282,136</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. TOTALS FROM PART I</td>
<td>$ 2,930,512</td>
<td>$ 2,775,309</td>
<td>$ 174,884</td>
<td>$ 904,548</td>
<td>$ 1,978,165</td>
<td>$ 663,873</td>
<td></td>
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</tr>
<tr>
<td>20. Difference (Part I - Part II)</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
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</tr>
</tbody>
</table>

* Only states or tribes operating an approved title IV-E waiver demonstration may enter information for rows 1-6 in column (g), indicating planned use of title IV-E funds for these purposes.

21. Population data are included in the APSR/CFSP narrative, rather than above in columns 1 - L.
CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence and Education And Training Voucher
Reporting For Federal Fiscal Year 2016 Grants: October 1, 2015 through September 30, 2017

<table>
<thead>
<tr>
<th>1. Name of State or Indian Tribal Organization:</th>
<th>2. EIN: 42-6004571</th>
<th>3. Address: Hoover State Office Building - 1305 Walnut</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iowa</td>
<td></td>
<td>Des Moines, Iowa 50319-0114</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Submission Type: (select one)</th>
<th>NEW</th>
<th>REVISION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Funds</th>
<th>(A) Estimated Expenditures for FFY 16 Grants</th>
<th>(B) Actual Expenditures for FFY 16 Grants</th>
<th>(C) Number Individuals served</th>
<th>(D) Number Families served</th>
<th>(E) Population served</th>
<th>(F) Geographic area served</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Total title IV-B,</td>
<td>$2,735,326</td>
<td>$2,669,881</td>
<td>5,926</td>
<td>5,235</td>
<td>eligible children &amp; families</td>
<td>statewide</td>
</tr>
<tr>
<td>subpart 1 (CWS) funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Administrative Costs</td>
<td>$150,000</td>
<td>$150,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(not to exceed 10% of CWS allotment)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Total title IV-B,</td>
<td>$2,431,082</td>
<td>$2,524,964</td>
<td>51,546</td>
<td>7,634</td>
<td>eligible children &amp; families</td>
<td>statewide</td>
</tr>
<tr>
<td>subpart 2 (PSSF) funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tribes enter amounts for Estimated and Actuals, or complete 6a-f.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Family Preservation Services</td>
<td>$46,000</td>
<td>$118,703</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Family Support Services</td>
<td>$731,000</td>
<td>$558,002</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Time-Limited Family Reunification Services</td>
<td>$544,306</td>
<td>$504,681</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Adoption Promotion and Support Services</td>
<td>$519,129</td>
<td>$553,270</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Other Service Related Activities (e.g. planning)</td>
<td>$469,397</td>
<td>$649,764</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Administrative Costs</td>
<td>$131,250</td>
<td>$143,334</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(FOR STATES: not to exceed 10% of PSSF allotment)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Total title IV-B, subpart 2 funds</td>
<td>$2,431,082</td>
<td>$2,524,964</td>
<td>51,546</td>
<td>7,634</td>
<td>eligible children &amp; families</td>
<td>statewide</td>
</tr>
<tr>
<td>NO ENTRY: This line displays the sum of lines a-f.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Total Monthly Caseworker Visit funds (STATES ONLY)</td>
<td>$152,983</td>
<td>$159,048</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Administrative Costs (not to exceed 10% of MCV allotment)</td>
<td>$-</td>
<td>$-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Total Chafee Foster Care Independence Program (CFCIP) funds</td>
<td>$2,079,031</td>
<td>$1,890,809</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)</td>
<td>$110,000</td>
<td>$38,236</td>
<td>95</td>
<td>0</td>
<td>eligible youth</td>
<td>statewide</td>
</tr>
<tr>
<td>9. Total Education and Training Voucher (ETV) funds</td>
<td>$671,798</td>
<td>$619,565</td>
<td>184</td>
<td>0</td>
<td>eligible youth</td>
<td>statewide</td>
</tr>
</tbody>
</table>

10. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.

Signature of State/Tribal Agency Official

Signature of Federal Children's Bureau Official

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Bock for Jerry Milner</td>
<td>11/6/2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Certification for the John H. Chafee Foster Care Program for Successful Transitions to Adulthood

As Chief Executive Officer of the State or Tribal Leader of the Tribe of ,

I certify:

[Check one of the following boxes]:

If the State/ Tribe has an approved title IV-E plan amendment to serve youth up to age 21, check here:

☐ the State/ Tribe has elected under section 475(8)(B) of title IV-E of the Social Security Act to extend eligibility for foster care to all children who have not attained 21 years of age;

☐ the State/ Tribe has a comparable program to serve youth in foster care up to age 21, check here:

☐ the State/ Tribe agency responsible for administering the State/ Tribe plans under titles IV-B and IV-E of the Social Security Act uses State/ Tribal funds or any other funds not provided under title IV-E to provide services and assistance for youths who have aged out of foster care that are comparable to the services and assistance the youths would receive if the State/ Tribe had elected to extend eligibility for foster care up to age 21 under section 475(8)(B) of title IV-E.

I further certify that the State/ Tribe has in effect and is operating a Statewide or areawide program pursuant to section 477(h) of the Act relating to the Chafee Foster Care Program for Successful Transitions to Adulthood (the Chafee program) and that the following provisions to effectively implement the Chafee program are in place:

(A) The State/ Tribe provides assistance and services to youths who have aged out of foster care, and have not attained 23 years of age.

(B) Not more than 30 percent of the amounts paid to the State/ Tribe from its allotment for a fiscal year will be expended for room or board for youths who have aged out of foster care and have not attained 23 years of age.

Signature of State Chief Executive Officer or Tribal Leader

Signature of Associate Commissioner, Children’s Bureau

Date

Date

1 This certification is required only if the State/ Tribe wishes to serve youth up to their 23rd birthday.
Title IV-B Annual Progress and Services Report

State of Iowa
Iowa Department of Human Services
Division of Adult, Children and Family Services

Contact Person

Name: Kara Lynn H. Regula, LMSW
Title: CFSR, IV-B, IV-E, ICWA & Responsible Fatherhood Program Manager
Address: Iowa Department of Human Services
         Division of Adult, Children and Family Services
         Hoover State Office Building – 5th Floor
         1305 E. Walnut Street
         Des Moines, IA  50319
Phone: (515) 281-8977
FAX: (515) 281-6248
E-Mail: kregula@dhs.state.ia.us

Once approved by the federal Children’s Bureau, the Iowa Department of Human Services will post the approved Annual Progress and Services Report with attachments to the Iowa Department of Human Services’ website, http://dhs.iowa.gov/reports/child-and-family-services-review.
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INTRODUCTION

In spring of 2014, the Iowa Department of Human Service (DHS), in consultation with internal and external stakeholders, developed a Child and Family Service Plan (CFSP) that sets forth the Iowa child welfare system’s vision and goals to be accomplished for federal fiscal years (FFY) 2015 through 2019. The purpose of the CFSP is to strengthen Iowa’s overall child welfare system and to facilitate integration of the programs that serve children and families into a comprehensive and continuum array of child welfare services from prevention and protection through permanency. These programs include title IV-B, subparts 1 and 2 of the Social Security Act, the Child Abuse Prevention and Treatment Act (CAPTA), the Chafee Foster Care Independence Program (CFCIP), and the Education and Training Vouchers (ETV) programs for older and/or former foster care youth. DHS administers the IV-B, CAPTA, CFCIP and the ETV programs described within Iowa’s CFSP.

The continued economic downturn in Iowa’s economy resulted in mid-year budget cuts for state fiscal year (SFY) 2018. While DHS was able to absorb the SFY 2018 mid-year cuts, it is unclear at this time what the impact will be of the reduced DHS budget for SFY 2019. DHS will continue to strategically incorporate funding cuts in a manner that reduces the impact on programs and services provided to Iowa’s children and families. However, continued cuts over the last several years leave the department with reduced options to absorb any future cuts without impacting programs and services.

Iowa’s Annual Progress and Services Report (APSR) provides an annual update on the progress made toward accomplishing the goals and objectives identified in the CFSP for the previous fiscal year (2017-2018) and the planned activities for next fiscal year (2019). These plans and activities are critical in ensuring the safety, permanency and well-being of children and families and as such, meet the provisions of 45 CFR 1357, title IV-B, subparts 1 and 2, title IV-E, and section 477 of the Social Security Act.

The DHS hired the Child Welfare Policy and Practice Group (CWPPG) to conduct a broad third party review of Iowa’s child welfare system. CWPPG, a nonprofit technical assistance organization, has extensive experience in conducting evaluations in more than two dozen states. CWPPG focuses on system evaluation, crafting effective implementation strategies, and strengthening the quality of front-line practice through training and coaching. The CWPPG completed an initial evaluation of Iowa’s child welfare system1. The CWWPG will continue its work by delving deeper into specific issues identified in their initial evaluation, tier 2 recommendations.

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SECTION I: COLLABORATION

Child and Family Services Review (CFSR)

- Stakeholders provided their input on strengths and areas needing improvement in Iowa’s child welfare system as part of developing Iowa’s CFSR Statewide Assessment, dated February 15, 2018, available at http://dhs.iowa.gov/sites/default/files/Iowa_2018_CFSR.pdf.
- Currently, DHS case reviewer staff engage children, parents, and foster care providers, including relative caregivers, in the case review process through case related interviews when reviewers evaluate selected cases. Reviewer staff also may engage service providers in these case related interviews.
- Tribal representatives and representatives from Iowa’s Children’s Justice also have the opportunity to observe case reviews.
- Iowa plans to engage stakeholders in the development, implementation, and monitoring of Iowa’s CFSR Program Improvement Plan (PIP) during the upcoming year, which will become a part of Iowa’s FFY 2020-2024 Child and Family Services Plan (CFSP), due June 30, 2019.

Annual Progress and Services Report (APSR)

- Since Iowa is in the midst of its CFSR, will likely be developing a PIP, and a new five year CFSP will be due next year, Iowa chose not to modify the Goals, Objectives, and Interventions for this year’s report (please see Section VI: Performance Assessment and Improvement Plan Update of this report).
- Stakeholders provided performance information as part of the progress made to improve outcomes as documented in Section VI: Performance Assessment and Improvement Plan Update.
- Stakeholders also provided performance data and participated in activities described throughout this report.

Joint Participation in Federal Children’s Bureau Activities

- Iowa DHS staff, Meskwaki Family Services’ staff, Children’s Justice staff, and Nebraska tribal representatives participated in a joint regional session on April 25, 2018 hosted by the Children’s Bureau Region VII Office.
- Iowa Children’s Justice staff and applicable DHS staff will participate in the federal Children’s Bureau state team planning meeting on July 17-18, 2018. The purpose of the meeting is to support Iowa in jointly creating the next CFSP, in a way that fully integrates legal, judicial and prevention stakeholders.

Alia Project: Iowa DHS staff is part of a cohort of teams implementing projects to strategically innovate child welfare systems across the country. Iowa’s project will be implemented in the Eastern Iowa Service Area (EISA). The project’s aspiration is “Families’ connections are always preserved and strengthened.” The project plans to discontinue use of residential placements, increase use of relatives and natural supports, and reframe the term “foster parents” to “foster team members”. The project will utilize pre-removal conferences, provide financial and other natural supports to relatives, and incentivize foster team members to work with birth families to achieve
timely and permanent reunification. The project will use a cohort of relatives, some of whom took care of their relative’s children and some who could not, to find out what supports they needed to stabilize the placement of kin with them. DHS staff will then update the department’s website with a list of resources for relatives, including in-person support available. The projected outcomes include a significant decrease in out of home placement, making removals more difficult, and creating a paradigm shift for staff reflective of the “golden rule”, i.e. making decisions with families as if those decisions were for their own family. The project will take a year to implement and staff is dedicated to completing the project and providing monthly updates to Alia staff.

Additional information:

Annual Statewide Meeting
Each year there is a statewide meeting that includes representation from current child welfare service contractors, DHS Field and Central Office staff, and other external partners. The purpose of the statewide meeting is to bring DHS and current child welfare services contractors together to continue strengthening relationships and identifying ways to work together across the entire service array to improve our child welfare outcomes. A small number of public and private Child Welfare Partners Committee (CWPC) members volunteer to participate in a planning committee to prepare and plan for the statewide meeting. In SFY 2017, the annual statewide meeting occurred on June 7, 2017. The topics addressed and discussed during this meeting included general child welfare service updates, a presentation on SafeCare®, CFSR updates, presentation on new procurements including Crisis Intervention, Stabilization, and Reunification (CISR) and Recruitment, Retention, Training, and Support (RRTS), and breakout sessions by service area for guided discussions on the child welfare service array.

The annual statewide meeting for SFY 2018 occurred on June 6, 2018. The topics for this meeting included discussion on key performance measures/CFSR (what is the data telling us, what are we doing well, what do we need to improve, and how do we get there), a presentation on the Family First Prevention Services Act (FFPSA), and a keynote speaker who will focus on inspiration, transformation, and strategic planning.

Child Welfare Partners Committee (CWPC)
The Child Welfare Partners Committee (CWPC) exists because both public and private organizations recognize the need for a strong partnership. It sets the tone for the collaborative public/private workgroups and ensures coordination of messages, activities, and products with those of other stakeholder groups. This committee acts on workgroup recommendations, tests new practices/strategies, and continually evaluates and refines its approaches as needed. The CWPC promotes, practices, and models the way for continued collaboration and quality improvement. The vision of the CWPC is the combined experience and perspective of public and private organizations provide the best opportunity to reach our mutual goals: child safety, permanency, and well-being for Iowa’s children and families. Collaboration and shared accountability keeps
the focus on child welfare outcomes. The CWPC unites individuals from Iowa DHS and private organizations to create better outcomes for Iowa’s children and families.

Through collaborative public-private efforts, a more accountable, results-driven, high quality, integrated system of contracted services is created that achieves results consistent with federal and state mandates and the Child and Family Services Review (CFSR) outcomes and performance indicators. The committee serves as the State’s primary vehicle for discussion of current and future policy/practice and fiscal issues related to contracted services. Specifically, using a continuous quality improvement framework, the committee proposes, implements, evaluates, and revises new collaborative policies and/or practices to address issues identified in workgroup discussions. Both the public and private child welfare organizations have critical roles to play in meeting the needs of Iowa’s children and families. A stronger public-private partnership is essential to achieve positive results. The committee meets on a regular basis throughout the year.

During the time period of April 2017 through June 2018, members of the CWPC continued to utilize the developed January 2016 – December 2018 CWPC Strategic Plan to focus and direct the work of this committee toward completing tasks to achieve identified goals and objectives. The current CWPC Strategic Plan will continue to be reviewed, modified, and updated through SFY 2018.

Under this current strategic plan, there are three focus areas which include:

- Child Welfare Service Array Contracts
  - The objective of this focus area is to ensure competent and skilled staff to fully meet contractual terms of service. This continues to be a focus of the workgroup.
- Partnerships
  - The objective of this focus area is to identify and use existing structure in key partner groups in regularly scheduled meetings to engage productive partnership discussions. This continues to be a focus of all members of the CWPC.
- Roles & Responsibilities of the Committee and Current Structure
  - The objective of this focus area is to establish a communication structure to regularly disseminate information regarding CWPC activities and gather practice information pertinent to the Committee’s work from other stakeholders. The tasks associated with this focus area have been achieved.

Public and private members of the CWPC developed and co-chaired the Child Welfare Services Workforce and Communication workgroups. Membership also includes representatives of DHS, service contract partners, and other identified external partners.

The purpose of the Child Welfare Services Workforce workgroup is to ensure competent and skilled staff to fully meet contractual terms of service. There were three goals identified of this workgroup, one was achieved and referenced in last year’s report and the remaining two goals include:

- Identify the forces for/against recruitment and retention of diverse staff.
• Enhance relationships with higher education to create an employment stream of potential staff, educate students on the benefits/realities of child welfare work, and offer leadership opportunities.

The outcomes of this workgroup are applicable to all performance-based child welfare service contracts and include the following:
• Identify a specific plan to overcome identified barriers on recruitment and retention of diverse staff.
• Identify a plan to enhance relationships with higher education entities to create an employment stream of potential staff.

The Workforce workgroup members participated by teleconference calls as well as in-person meetings scheduled throughout the year with the primary focus on enhancing relationships with higher education entities. A small group of college and university representatives received an invitation to participate in this workgroup as well. Discussions included exploration of opportunities available to use IVE funds. Over the next year, this workgroup will continue to work toward meeting the goal of having a competent workforce with skilled staff as outlined in contract terms of service.

The purpose of the Communication workgroup was to establish a communication structure to regularly disseminate information regarding CWPC activities and gather practice information pertinent to the committee’s work from other stakeholders. Goals of this workgroup included the following:
• Collect and disseminate information.
• Develop communication loops.
• Develop a set of talking points that details the work of CWPC and engages the perspective of stakeholders, partner agencies, and others.

The outcomes of this workgroup were applicable to all performance-based child welfare service contracts and included the following:
• Identify talking points to be used to engage others outside of the CWPC.
• Identify the contacts/point persons under current child welfare service array contracts.
• Identify other stakeholders, beyond those with child welfare service contracts.
• Develop a distribution list to incorporate identified contacts/point persons and update as needed.
• Create a communication loop and timeline to periodically send updates on CWPC activities, etc.
• Identify a plan to solicit non-member involvement and participation in workgroups and/or subgroups.

The Communication workgroup members participated by teleconference calls as well as in-person meetings scheduled throughout the year and completed all assigned tasks within the strategic plan. The communication structure was developed and implemented; therefore, this workgroup is no longer in active status. The CWPC members agreed that if there are future identified tasks associated with the
communication strategy, the Communication workgroup would be reconvened and moved to active status.

The third active workgroup under the CWPC purview was the Joint Training workgroup. All DHS service areas were represented on this workgroup which included representatives from each of the current child welfare service contracts; a representative from the University of Iowa; the Child Welfare Provider Training Academy; and DHS, including representatives from the field, Central Office, and Training.

The purpose of this workgroup was to recommend and support training which ensures an effective collaborative public-private practice model. Goals of this workgroup included the following:

- Identify and prioritize child welfare training needs relevant across service areas and contracts.
- Develop and enhance skills of public and private providers of child welfare services at all levels, including direct care staff, supervisors, and administrators.
- Ensure coordination of child welfare training for public and private child welfare services partners.
- Translate quality assurance findings into meaningful training and service protocol improvements.

The outcomes of this workgroup included the following:

- Assist as needed in implementation of training.
- As new child welfare initiatives are developed statewide, the workgroup members will actively participate in the development and implementation of training.
- Ensure and/or support ongoing assessment of training needs through meetings and linkages.
- Utilize the current identified communication plan which ensures dissemination of training-related information to partners throughout the state.

The goals and outcomes of the Joint Training workgroup were identified as duplicative to those of the DHS Training Committee and the Child Welfare Provider Training Academy workgroup; therefore, the CWPC members determined that this workgroup is no longer in active status, but if there are future tasks identified for this workgroup, it will be reconvened as necessary.

During the time period of April 2017 through June 2018, all active workgroups provided regular updates to members of the CWPC and made recommendations to the committee for approval prior to moving any changes into contracts and practice. However, there were no changes to the contracts based upon recommendations by workgroups. Instead, most of the recommendations were to determine if a workgroup
should remain active, with only one of the three workgroups remaining active. The workforce workgroup will continue to meet through the remainder of the state fiscal year to work toward achievement of additional goals and objectives as outlined in the current strategic plan.

As membership terms expire on the CWPC, new members are selected to maintain the balance of public and private representation. All new members receive orientation to the CWPC including membership roles/responsibilities/expectations, history of the CWPC, active workgroups, and products developed out of the workgroups.

Information on the CWPC is available at http://dhs.iowa.gov/about/advisory-groups/childwelfare/partner-committee.

*Collaborations to Address Disproportionality/Disparity in the Child Welfare System:*

**Statewide Cultural Equity Alliance Steering Committee (CEASC):**
The primary purpose of the committee remains to develop recommendations for implementing systemic changes focused on reducing minority and ethnic disproportionality and disparity in the child welfare system. This statewide collaborative includes the following representatives: DHS (leadership and field staff), providers, courts, Parent Partners, foster care alumni, immigrant and refugee services, domestic violence agencies, juvenile justice, race and ethnic diversity advocates and other child welfare partners.

In the last several years, the CEASC developed a set of guiding principles, known as the fifteen Guiding Principles for Cultural Equity (GPCE), for the agency’s work with children, youth and families (please see Attachment 1A). The DHS officially adopted the GPCE as a framework for moving the work forward. The GPCE are based on the Office of Minority Health standards for cultural and linguistic competence.

The committee then conducted a survey of staff throughout the state to determine what types of activities already occurred consistent with the guiding principles. One of the aims of the CEASC is to ensure all interested partners develop a better understanding of how these guiding principles are used and infused into the work of the child welfare system. As result of these efforts, several work groups formed to focus on various aspects of the GPCE.

The following summarizes the work of the CEASC and work groups since last year’s APSR:
- The following are activities of the Collaboration and Communication Work Group:
  - Continued to give presentations on the GPCE to partners including providers, courts and law enforcement representatives, Council of Human Services (including legislators), Community Partnership Network and other child welfare partners.
  - Developed a Power Point presentation and written materials and disseminated them to the Speaker Bureau.
• Speaker bureau has approximately ten individuals from each service area. Each community team recruited presenters to utilize these materials for local GPCE presentations. The members of this speaker bureau received coaching on this presentation.
  o Integrated the GPCE into the procurement process, DHS employee handbook and staff training.
  o Laminated copies of the GPCE continue to be disseminated throughout the state for posting in local offices and community sites.
  o University of Northern Iowa hosts a CEASC Facebook page, Cultural Equity Resources for Iowa, to provide an avenue for disseminating articles, trainings and other related information.

• The following are activities of Building a Foundation (training/recruitment/retention) Work Group:
  o Implemented requirements for all child protection staff to attend Race: Power of an Illusion (RPI) training within the next two years.
  o Incorporated the GPCE into the following trainings: New Worker Training, Family Team Decision-Making, Youth Transition Decision-Making and Race Power of an Illusion.
  o Continued to review existing training and make recommendations to strengthening cultural responsive components within these trainings.
  o Developed presentation and toolkit for agencies to utilize with staff to create awareness for cultural equity, which was piloted with representatives from the Aftercare provider community and presented during the statewide Learning Session.
  o Researched ways to recruit and retain staff to reflect the minority population served.
  o Contracted with University of Iowa to develop an exercise toolkit to be used with RPI follow-up and front line staff.

• The following are activities of the Culturally Responsive Services Work Group:
  o Researched resources and tools to provide staff guidance while working with immigrant and refugee populations.
  o Developed and implemented contract with Culture Vision to access cultural database. This tool provides a quick, researched-based avenue for cultural information for over 50 counties.
  o Reviewed usage of Cultural Vision\(^2\) and developed strategies for marketing.
  o Developed marketing tool for all the CEASC resources and posted them on the ISU/DHS training website.
  o Monitored access and continued to disseminate all the CEASC Resources.

• The following are activities of the Data Collection and Evaluation Work Group:
  o Continued to explore ways in which various state agencies collect and use information on race and ethnicity to determine the feasibility of refining existing race and ethnic categories.

\(^2\) CultureVision is a comprehensive database that allows users to easily find information about the specific cultural and ethnic behaviors, beliefs and practices of diverse populations. While targeted towards medical professionals, the cultural information is relevant for those in the human services field.
Completed written analysis on the development and implementation of Community Teams' PDSA (Plan, Do, Study, and Act) projects, impact of Race: Power of an Illusion Learning Exchanges, and Learning Session conferences evaluations.

Developed analytical disparity/disproportionality tools to understand child placement and distant from their home, which became available at the service area level.

Work groups formed and provided input on the development of several projects:

- Revised RPI curriculum to provide more graphics, current data and more activities tailored to the adult learner. Iowa State University assisted with the new curriculum design and revisions.
- Developed, through a partnership between DHS and the University of Iowa, a toolkit with exercises to provide learning opportunities, increase awareness, and encourage conversation. Internal staff, providers, partnering agencies and community partners designed and utilized this toolkit.
- Wrote, through a partnership between DHS and the University of Iowa, a structured guide for the RPI follow-up session called Continuing Courageous Conversations (CCC), designed for interested individuals to meet after RPI to continue the conversation and potentially form an on-going discussion group. An RPI facilitator facilitates the first session and the local group takes responsibility for any additional or on-going sessions.

Resources Developed in Partnership with CEASC: Please see Attachment 1B: Marketing Tool

**Race: The Power of an Illusion (RPI) Learning Exchange**

*Race: The Power of an Illusion* Learning Exchange is a 1-day learning exchange designed to increase understanding of the intersections of race, equity and child welfare. In a safe environment, community partners, colleagues and stakeholders in the child welfare system come together to explore and have courageous conversations about how the notion of race affects attitudes, beliefs and behaviors. Please see Attachment 1C.

**RPI Implementation Updates:** In partnership with Casey Family Programs, Iowa developed a train-the-trainer program for implementing *Race: Power of Illusion* (RPI) training throughout the state. A comprehensive curriculum developed enables capacity building for additional facilitators, which will result in implementing more workshops. Currently, there are 15 approved facilitators. There were 21 workshops held throughout this last year and many more scheduled for next year. The focus of these workshops was to promote community partners and DHS staff to have courageous conversations regarding disproportionality and disparity in the child welfare system and work towards identifying barriers and gaps. Iowa anticipates that approximately 506 individuals will complete this training this year.
Continuing Courageous Conversations

Continuing Courageous Conversations - Race: The Power of an Illusion (RPI) Follow-up Meeting is an initiative developed to meet the requests of RPI attendees for an opportunity to build ongoing community conversations. Approximately a month after attending an RPI, a Follow-up Meeting is scheduled for those participants who choose to attend. At that initial meeting, participants receive support and a toolkit from an RPI facilitator to assist them in moving forward as they determine how to work together to resolve issues of concern in their communities. Please see Attachment 1D.

CCC and toolkit implementation updates: The Power of an Illusion Learning Exchange (RPI) provides attendees the opportunity to gather once again and build upon the knowledge foundation established in RPI. During an initial RPI session, participants begin to have courageous conversations and with CCC receive a specifically designed toolkit to guide future race equity conversations within their own communities. Each CCC toolkit includes a self-directed guide for community CCC sessions as well as interactive group activities and resources including books, videos and films, and web links.

From August of 2017 through March of 2018, DHS piloted nine CCC sessions with a total of 47 participants and led by at least one RPI facilitator. While some sessions had low turnouts, others had as many as 16 participants. Each and every participant expressed an eager willingness to move forward community conversations supporting knowledge and an end to race inequities. Participants committed to meet on a regular basis, invite other group participants or incorporate their group into existing similar groups and share the toolkit within their communities.

Reviewing the pilot CCC sessions, we asked, “What works and what could be improved?”
- Responses to the toolkit itself were overwhelmingly positive, with CCC attendees seeing it as a valuable personal and professional resource to use and share.
- The mean average attendance number was 4.8. How can we increase exposure to the CCC toolkit?
- CCC participants indicated appreciation of having a RPI facilitator provide assistance in guiding initial steps toward long-term engagement in community courageous conversations.

Options for future CCC sessions include:
- Continue to use the current CCC model hoping that exposure to the toolkit will increase as more people become aware of its benefits.
- Attempt to increase CCC attendance by scheduling the CCC date within two weeks after the date of the RPI session, when information and enthusiasm is still fresh in participants’ minds.
- Perhaps rather than having RPI facilitators share the toolkit at small group CCC sessions, make slight adjustments to RPI sessions to include:
Near the end of the session, RPI facilitators share a general overview of the toolkit and encourage participants to meet again. They also encourage participants to download the online version of the toolkit for use in their communities. Consider providing a virtual toolkit to be updated with emerging resources.

Provide a hard copy of the toolkit and toolkit facilitator guide to each RPI session host, which would be used at a session she/he schedules for participants interested in attending CCC.

The future of the current CCC model depends upon more than noted here, i.e. personnel and financial resources. Upon request from numerous RPI participants, CCC was developed with a goal of providing guidance and tools to utilize in promotion of further courageous conversations within communities. Remembering the CCC toolkit and facilitator’s guide are valuable resources and are currently available on the DHS training website, extended promotion of these two resources by facilitators during RPI sessions would be a minimum level effort in consideration of resources, improvements and spotlighting one of the positive aspects of the CCC model.

Champions of the Guiding Principles
The Champions of the Guiding Principles are a group of individuals committed to improving Iowa’s child welfare system. Champions will make presentations explaining and promoting the Guiding Principles to interested agencies or groups, at a time and location convenient to the audience. Please see Attachments 1E.

Toolkit for Courageous Conversations
The Toolkit for Courageous Conversations was developed in conjunction with the University of Iowa to provide a resource “kit” with ideas, exercises and activities to increase global cultural knowledge, skills, and capacity for courageous conversations around race and ethnicity within a group or agency. Toolkit activities are designed to guide participants through learning exercises in 20 - 45 minutes. Please see Attachment 1F.

Webinars
During the last year, three webinars were refined. These webinars, created in conjunction with the University of Northern Iowa, allow viewers to quickly and conveniently learn more about:

- The Changing Demographic of Iowa and Implications for the Child Welfare System
- Working Effectively with Hispanics in Iowa’s Child Welfare System
- Working with Human Services Interpreters through In-Person and Telephone Methods.
Cultural Equity Resources for Iowa
The Cultural Equity Resources for Iowa Facebook Page\(^3\) provides easily accessible and current information related to data, research, training opportunities, and publications focused on disparity and disproportionality in the child welfare system.

Understanding Implicit Bias: Rewiring Our Perceptions and Intentions
This Learning Exchange, a day-long interactive training developed by the Iowa Department of Human Services’ (DHS) Adult, Children and Family Services Division engages participants as they:

- Discuss terminology and definitions related to implicit bias, particularly racial bias
- Discuss the development of stereotypes over a lifetime and how stereotypes may contribute to implicit bias
- Learn how implicit bias is measured to aid in understanding what it is, how it is formed and how it is activated
- Engage in activities to enhance recognition of one’s own implicit bias and the impact it has on clients or other people of color
- Learn of techniques used to acknowledge and reduce implicit bias in the decision-making process
- Decide upon a level of commitment to reduce personal and societal implicit bias

While *Understanding Implicit Bias* is certainly intended for DHS staff, this training can benefit other communities, including: child welfare stakeholders, law enforcement, legal and judicial, families, education staff and students, faith-based, etc. Since implicit bias permeates our society, the *Understanding Implicit Bias* Learning Exchange can be beneficial for any person interested in expanding their knowledge and understanding of implicit bias development, impact and interventions.

Though *Understanding Implicit Bias* can be used as a “stand alone” training, it is recommended that participants have a basic understanding of racial inequities and injustice. Often participants will have previously attended DHS’s *Race: The Power of an Illusion* Learning Exchange (RPI) or other foundational trainings which introduce participants to basic racial history, terminology and concepts. During the latter half of 2018, DHS will partner with communities within each of its service areas to pilot five *Understanding Implicit Bias* Learning Exchanges. Additional learning exchanges will be considered based on available resources and evaluations of the pilot sessions.

*Service Contractor Quarterly/Semi-Annual Meetings*
During the time period of April 2017 through December 2017, regularly scheduled quarterly meetings/conference calls occurred between the DHS program managers, DHS service contract specialists, and representatives from the specific services contracts. The purpose of these quarterly meetings/conference calls was to standardize processes within Adult, Children, and Family Services (ACFS) to ensure that, from a policy perspective, both the public and private organizations progress in the evolution of our child welfare contracting process. The information obtained through these meetings

\(^3\) [https://www.facebook.com/CulturalEquityResourcesforIowa/](https://www.facebook.com/CulturalEquityResourcesforIowa/)
informed the annual statewide child welfare contractor meetings as we all work together to improve our child welfare system outcomes.

The child welfare program managers and bureau chief revisited the intent behind the initial implementation of the quarterly meetings and determined a need to modify the purpose, frequency, method, agenda, and documentation of meetings moving forward. Program managers continue to believe that meeting with respective contractor representatives helps with relationship building between program staff and child welfare services contractors. These meetings allow program managers to have a better understanding of the challenges trending in service delivery across the state.

Beginning January 2018, the frequency and intent of these meetings changed. Rather than scheduling quarterly meetings/calls, the frequency occurs two times per year via phone call, teleconference, or webinar with the program manager and assigned service contract specialist. As with prior years, each of the program managers have a set agenda that will be shared prior to the scheduled meeting/call. At conclusion of the meeting/call, program managers write up a one page document summarizing the key points and overview of the discussion and provided to the contractor representatives as well as shared with the DHS service area managers, service contract specialists, child welfare bureau chief, and division administer.

With the reduction in frequency of these meetings/calls from prior years, program managers began regularly attending local in-person meetings scheduled in each of the service areas in an effort to increase contact to better understand the challenges contractors face and to help support program development and performance. By attending the local service area meetings, it also allows program managers to better understand systemic challenges between contractors and field operations. One example of this is in reference to defining and understanding the differences between Family Team Decision-Making (FTDM) meetings and Service Planning Conferences (SPCs) for field staff and contractors. Another example is in reference to clarifying roles and responsibilities of DHS workers and contractors. In addition, the information discussed during the local service area meetings build upon the semi-annual meetings/calls with respective program areas facilitated two times per year. It also helps facilitate discussion about training, program development, and best practices.

Topics for the annual statewide meeting agenda develop from feedback solicited from the local service area meetings as well as those meetings/calls with program managers, service contract specialists, and contractor representatives.

*Please see Section II: Service Description Update and Section III: Chafee Foster Care Independence Program (CFCIP) for additional information on collaborative activities.*
SECTION II: SERVICE DESCRIPTION UPDATE

Data cited in this section includes program service specific data and a variety of administrative data. Information about program data is with the description of the respective program. Administrative data presented in this section includes required information shown in Table 2(a).

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Data Collection Methods</th>
<th>Known Issues with Data Quality/Limitations</th>
<th>Data Time Period(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statewide Automated Child Welfare Information System (SACWIS)</td>
<td>Child welfare staff enters case information into FACS and/or the Child Services or STAR Modules in JARVIS.</td>
<td>There are no known data quality/limitations other than those mentioned below for AFCARS.</td>
<td>As indicated in tables or charts</td>
</tr>
<tr>
<td>Adoption and Foster Care Analysis and Reporting System (AFCARS)</td>
<td>Utilizing Iowa’s SACWIS, DHS provides AFCARS reporting to the federal Children’s Bureau (CB) in accordance with federal requirements.</td>
<td>Iowa continues to collaborate with CB staff to address outstanding items in Iowa’s AFCARS Program Improvement Plan (PIP).</td>
<td>As indicated in tables or charts</td>
</tr>
<tr>
<td>National Child and Neglect Data System (NCANDS)</td>
<td>Utilizing Iowa’s SACWIS, DHS provides NCANDS reporting to the federal CB in accordance with federal requirements.</td>
<td>Data quality edits in NCANDS indicate no data quality issues.</td>
<td>As indicated in tables or charts</td>
</tr>
<tr>
<td>Results Oriented Management (ROM)</td>
<td>Utilizing Iowa’s SACWIS, ROM provides a variety of reports.</td>
<td>There are no known data quality/limitations.</td>
<td>As indicated in tables or charts</td>
</tr>
</tbody>
</table>

Child Population at Greatest Risk of Maltreatment in Iowa

The best description of the child population at greatest risk of maltreatment in Iowa is Iowa’s child welfare population, i.e. children who experienced abuse or neglect. Children receiving formal child welfare services are those whose abuse or neglect was confirmed with high risk or founded with any risk level (low, medium, or high). Therefore, description of Iowa’s child welfare population will focus on confirmed and founded cases of abuse or neglect.
Table 2(b) shows the most often reported type of abuse remains Denial of Critical Care (also known as Neglect), despite a 6% decrease from CY 2016. DHS staff believe this decrease was from the newest type of abuse, Dangerous Substance\(^4\), which took effect on July 1, 2017. Dangerous Substance encompasses some allegations previously identified as Denial of Critical Care. The definition of Denial of Critical Care (Neglect) is the failure on the part of a person responsible for the care of a child to provide for the adequate food, shelter, clothing or other care necessary for the child’s health and welfare when financially able to do so or when offered financial or other reasonable means to do so. The next most often reported type of abuse is Dangerous Substance followed closely by presence of illegal drugs (PID) in a child’s body, physical abuse, and then sexual abuse. Increases in confirmed or founded assessments from calendar year (CY) 2013 to 2014 for physical abuse, PID, and sexual abuse were due to implementation of a Differential Response (DR) System as some of the Denial of Critical Care cases received a Family Assessment (FA) in lieu of a Child Abuse Assessment (CAA), which resulted in a decrease in the substantiated Denial of Critical Care (Neglect). Since CY 2014, trends show slight variation in prevalence amongst the different types of child maltreatment.

Table 2(b): Percentage of Child Maltreatment By Category for Confirmed or Founded Assessments

<table>
<thead>
<tr>
<th>Calendar Year (CY)</th>
<th>Denial of Critical Care (Neglect)</th>
<th>Exposure to Manufacturing Meth</th>
<th>Dangerous Substance</th>
<th>Mental Injury</th>
<th>Physical Abuse</th>
<th>PID</th>
<th>Sexual Abuse</th>
<th>Child Sex Trafficking</th>
<th>Allowing Access to Sex Offender</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>65%</td>
<td>11%</td>
<td>&lt;1%</td>
<td>9%</td>
<td>9%</td>
<td>5%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>71%</td>
<td>&lt;1%</td>
<td>-</td>
<td>&lt;1%</td>
<td>10%</td>
<td>11%</td>
<td>6%</td>
<td>-</td>
<td>1%</td>
<td>&lt;1%</td>
<td>100%</td>
</tr>
<tr>
<td>2015</td>
<td>72%</td>
<td>1%</td>
<td>-</td>
<td>&lt;1%</td>
<td>11%</td>
<td>9%</td>
<td>5%</td>
<td>-</td>
<td>1%</td>
<td>&lt;1%</td>
<td>100%</td>
</tr>
<tr>
<td>2014</td>
<td>70%</td>
<td>1%</td>
<td>-</td>
<td>&lt;1%</td>
<td>12%</td>
<td>9%</td>
<td>7%</td>
<td>-</td>
<td>1%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>2013</td>
<td>78%</td>
<td>1%</td>
<td>-</td>
<td>&lt;1%</td>
<td>9%</td>
<td>6%</td>
<td>4%</td>
<td>-</td>
<td>1%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>2012</td>
<td>79%</td>
<td>1%</td>
<td>-</td>
<td>&lt;1%</td>
<td>9%</td>
<td>6%</td>
<td>4%</td>
<td>-</td>
<td>1%</td>
<td>&lt;1%</td>
<td>100%</td>
</tr>
<tr>
<td>2011</td>
<td>79%</td>
<td>1%</td>
<td>-</td>
<td>&lt;1%</td>
<td>10%</td>
<td>5%</td>
<td>4%</td>
<td>-</td>
<td>1%</td>
<td>&lt;1%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: SACWIS  
PID = Presence of Illegal Drugs; Other = Child Prostitution, Bestiality in Presence of Minor, and Allowing Access to Obscene Material

Table 2(c) shows children abused or neglected represent 1.1% of Iowa’s total child population in 2017, which is a slight decrease from 2016’s 1.2%. The decrease between 2013 and 2014 was due to implementation of Iowa’s DR System.

Table 2(c): Percentage of Iowa Children Abused or Neglected

<table>
<thead>
<tr>
<th>Calendar Year (CY)</th>
<th>Number of Iowa Children Abused or Neglected*</th>
<th>Total Child Population In Iowa**</th>
<th>Percentage of Iowa Children Abused or Neglected</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>8,558</td>
<td>775,077</td>
<td>1.1%</td>
</tr>
<tr>
<td>2016</td>
<td>8,892</td>
<td>727,621***</td>
<td>1.2%</td>
</tr>
<tr>
<td>2015</td>
<td>8,298</td>
<td>727,621</td>
<td>1.1%</td>
</tr>
<tr>
<td>2014</td>
<td>7,429</td>
<td>725,105</td>
<td>1.0%</td>
</tr>
<tr>
<td>2013</td>
<td>12,276</td>
<td>736,843</td>
<td>1.7%</td>
</tr>
<tr>
<td>2012</td>
<td>11,637</td>
<td>728,658</td>
<td>1.6%</td>
</tr>
<tr>
<td>2011</td>
<td>11,747</td>
<td>732,324</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

Source:*SACWIS – Confirmed or Founded **Woods and Poole ***Woods and Poole 2015 Utilized; 2016 Data Not Available

As shown in Table 2(d), in 2017, children age 5 or younger represented slightly less than half of children abused or neglected. Children 6 – 10 years old represented slightly more than a quarter of abused children followed by a a quarter of children 11 years old or older. These percentages varied slightly over the last seven years.

<table>
<thead>
<tr>
<th>Calendar Year (CY)</th>
<th>5 or &lt;</th>
<th>6-10</th>
<th>11+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>47%</td>
<td>28%</td>
<td>25%</td>
<td>100%</td>
</tr>
<tr>
<td>2016</td>
<td>51%</td>
<td>27%</td>
<td>22%</td>
<td>100%</td>
</tr>
<tr>
<td>2015</td>
<td>49%</td>
<td>28%</td>
<td>23%</td>
<td>100%</td>
</tr>
<tr>
<td>2014</td>
<td>49%</td>
<td>28%</td>
<td>23%</td>
<td>100%</td>
</tr>
<tr>
<td>2013</td>
<td>49%</td>
<td>29%</td>
<td>22%</td>
<td>100%</td>
</tr>
<tr>
<td>2012</td>
<td>51%</td>
<td>27%</td>
<td>22%</td>
<td>100%</td>
</tr>
<tr>
<td>2011</td>
<td>51%</td>
<td>27%</td>
<td>22%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: SACWIS

In 2017, more female children experienced abuse or neglect than males. Historically, male and female children in Iowa are equally likely to be a victim of abuse or neglect. However, Charts 2(b)(1) and 2(b)(2) show racial groups for the general child population in Iowa and the same racial groups in the child victim population. When comparing the two tables, there is disproportionality of over-representation of Native Americans and African Americans among child victims and underrepresentation of Asians and Whites. Chart 2(c) shows that African American and Native American children experience significant disparate representation in the child victim population while Hispanic children
experience slightly less than equal representation. DHS continues to collaborate with its stakeholders to address disparity and disproportionality in the child welfare system.


<table>
<thead>
<tr>
<th>Year</th>
<th>Native American*</th>
<th>Asian</th>
<th>African American**</th>
<th>Hispanic</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>0%</td>
<td>2%</td>
<td>4%</td>
<td>9%</td>
<td>81%</td>
</tr>
<tr>
<td>2012</td>
<td>0%</td>
<td>2%</td>
<td>2%</td>
<td>9%</td>
<td>80%</td>
</tr>
<tr>
<td>2013</td>
<td>0%</td>
<td>2%</td>
<td>2%</td>
<td>9%</td>
<td>80%</td>
</tr>
<tr>
<td>2014</td>
<td>0%</td>
<td>2%</td>
<td>2%</td>
<td>10%</td>
<td>79%</td>
</tr>
<tr>
<td>2015</td>
<td>0%</td>
<td>2%</td>
<td>3%</td>
<td>10%</td>
<td>79%</td>
</tr>
<tr>
<td>2016</td>
<td>0%</td>
<td>3%</td>
<td>3%</td>
<td>10%</td>
<td>78%</td>
</tr>
<tr>
<td>2017</td>
<td>0%</td>
<td>3%</td>
<td>3%</td>
<td>10%</td>
<td>80%</td>
</tr>
</tbody>
</table>

Note: 0% equals less than 1%; Percentages do not equal 100%
Data presented for 2011 through 2016 are Vintage 2016 population estimates. Each year the U.S. Census Bureau revises their post-2010 estimates. Therefore, data presented here may differ from previously published estimates. Data Source: Population Division, U.S. Census Bureau.


<table>
<thead>
<tr>
<th>Year</th>
<th>Native American*</th>
<th>Asian</th>
<th>African American**</th>
<th>Hispanic</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>3%</td>
<td>1%</td>
<td>16%</td>
<td>9%</td>
<td>71%</td>
</tr>
<tr>
<td>2012</td>
<td>1%</td>
<td>1%</td>
<td>14%</td>
<td>9%</td>
<td>77%</td>
</tr>
<tr>
<td>2013</td>
<td>1%</td>
<td>1%</td>
<td>13%</td>
<td>9%</td>
<td>76%</td>
</tr>
<tr>
<td>2014</td>
<td>1%</td>
<td>1%</td>
<td>13%</td>
<td>9%</td>
<td>74%</td>
</tr>
<tr>
<td>2015</td>
<td>2%</td>
<td>1%</td>
<td>13%</td>
<td>11%</td>
<td>74%</td>
</tr>
<tr>
<td>2016</td>
<td>3%</td>
<td>1%</td>
<td>16%</td>
<td>9%</td>
<td>72%</td>
</tr>
<tr>
<td>2017</td>
<td>1%</td>
<td>0%</td>
<td>10%</td>
<td>9%</td>
<td>74%</td>
</tr>
</tbody>
</table>

Source: SACWIS
The disparity ratio is a normalization of ratios focused on a baseline of comparing one white child to the experiences of N number of non-white children. First calculated is the ratio of child victims of a given ethnicity of that entire ethnicity (for example the percent of African American child victims of the African American child population). The calculation that gives the disparity ratio so that non-white child victims may be compared to white child victims is the percent of child victims of an ethnic group divided by the same percent for white children. This sets the white population to a 1:1 ratio, and allows comparisons of other groups (for example, for every one white child, N number of African American children). The reason that the African American population can seem relatively unchanged and still have a highly variable disparity ratio is because that ratio for non-white children is effected by the changing ratio of white children. If things improve for white children (fewer child victims as a portion of the white population), and things stay the same for African American children, the disparity ratio will still deteriorate for African American children because this ratio compares cross-ethnic experiences in the child welfare system.

Iowa continues to utilize its prevention services to target services to children and families at greatest risk of abuse or neglect. For example, the Iowa Child Abuse Prevention Program (ICAPP) utilizes local child abuse prevention councils to provide services that include home visiting programs, parent development programs, respite care/crisis nurseries, programs targeted at sexual abuse, and programs to develop community prevention responses. In FFY 2019, Iowa will continue to utilize its prevention services to serve at risk children and families. For more information regarding these services, please see Prevention in the Child and Family Services Continuum description below.
Child and Family Services Continuum

When children come to the attention of the DHS, regardless of age, results of the Child Abuse Assessment (CAA) or Family Assessment (FA) and the Family Risk Assessment determine whether the children and family will receive information and referral (I&R) to community services, referral to Community Care (voluntary services for moderate to high risk families not considered involved in the child welfare system), or referral to formal child welfare services through an ongoing DHS service case. Contracted service providers deliver individualized child welfare services to meet the unique needs of the children and family.

Iowa utilizes many federal and state sources of funding for the child welfare service array, such as Temporary Assistance for Needy Families (TANF), Social Services Block Grant (SSBG), Community-Based Child Abuse Prevention (CBCAP), Child Abuse Prevention and Treatment Act (CAPTA), title IV, Part B, subparts I and II, and Part E of the Social Security Act, Chafee Foster Care Independence Program (CFCIP), Iowa General Fund, etc.

Program Design Changes

**Recruitment, Retention, Training and Support of Resource Families (RRTS)**

On July 1, 2017, the Department entered into contracts for the Recruitment, Retention, Training and Support of Resource Families (RRTS). The contracts integrated the activities of the Recruitment and Retention (R&R) contract and the Training and Support for Resource Families (Training Support) contract, and changed the structure from two statewide contracts into service area specific contracts. Lutheran Services in Iowa received the contract for the Western Service Area. Four Oaks received the contract for the Northern Service Area, the Eastern Service Area, the Cedar Rapids Service Area, and the Des Moines Service Area.

The focus of the RRTS contract is more localized provision of services and supports to foster and adoptive families, and more collaboration in building relationships both on a macro level through engagement with other contractors, community leaders, service providers and DHS/JCS, and on a micro level through the one caseworker model.

Iowa designed the contracts to strengthen and enhance:

- Matching children – The child’s foster family match is the best match.
- Well-trained foster parents capable of meeting the needs of children in care.
- Face-to-face support with foster parents to enhance stability.
- Alignment and streamlining roles and responsibilities to meet the fundamental needs of foster parents and children placed.
- Increased capacity for siblings, older youth, and cultural matching.
- Increased capacity for youth with higher levels of needs who could be successful in family-like settings with additional supports and services.
- Integration and communication between foster families, residential providers and other stakeholders.
Outreach to non-licensed relative caregivers to encourage relatives to become licensed foster parents.

The contract requires the selected agencies to:

- Develop recruitment and retention plans based on service area needs and data.
- Complete all activities related to licensing foster families and approving adoptive families.
- Provide pre-service and in-service training.
- Perform matching activities.
- Provide required face-to-face contacts and support services to foster families through a one caseworker model.
- Identify, train and support enhanced foster families to care for children coming out of congregate care, PMIC or long-term shelter stays.
- Have at least one face-to-face meeting with referred relative caregivers to explain the foster home licensing process and the benefits and supports of licensure.
- Provide post-adoption services to families eligible for adoption assistance.

Recruitment and retention of foster families focus on increasing the net gain of foster families available for general matching. Recruitment and retention plans are based on service area data including the demographics of children coming into care, the geographic location of children coming into care, and enhancing capacity in the areas where foster families are needed.

The one caseworker model is the integrated approach to foster family licensing training, matching, support and developing families who are licensed, approved or in the approval process by one assigned caseworker who follows the family from the beginning of the process to closure. RRTS caseworkers are geographically assigned to foster families and have capped caseloads.

RRTS caseworkers are the first point of contact for foster families when they have questions, concerns or needs. The caseworker has firsthand knowledge of the skills, strengths, and needs of foster families on their caseload which allows caseworkers to have direct involvement in the matching process by recommending foster families that can meet the needs of the child coming into care. Caseworkers develop training plans with foster families, coach and mentor families to enhance their skills, and assist the family with finding resources when needed.

RRTS contractors remain responsible for carrying out the activities related to the licensing of foster families and the approval of adoptive families. The RRTS caseworkers complete the required home visits and paperwork related to initial licensure/approval and for renewals. The RRTS contractors continue to conduct record checks at initial licensure/approval and at renewal. ICPC and relative home studies also continue under the new contract.

Pre-service and in-service training are completed by each of the RRTS contractors in their service areas. Pre-service training consists of Trauma Informed Partnering For
Safety and Permanence - Model Approach To Partnerships In Parenting (TIPS-MAPP), Caring for Our Own, and Deciding Together. Contractors must have training available for families within 60 days of the family completing an orientation session. The aligned curricula provide families with much of the same information but allows for more flexible and accessible training across the state, especially for families in rural areas. For example, Deciding Together allows training to be provided in smaller group settings or individually if needed. Iowa requires prospective foster families to complete CPR, First Aid, Mandatory Reporter of Child Abuse, Universal Precautions, and Reasonable and Prudent Parenting Standards trainings prior to licensure. This allows new families to receive more specialized training related to the children in their care during the first year of licensure.

In-service training is localized, flexible, intentional and timely to enhance the skills of foster parents specific to the children for whom they are caring. RRTS caseworkers complete training plans with foster parents but instead of waiting for a training topic to be available, caseworkers have the flexibility to provide or arrange for training to one or more foster families at the time the family needs it. Caseworkers can also provide skill enhancement to foster families through coaching and mentoring as well as formalized curriculum.

Matching also is more localized under the RRTS contract. As stated above, RRTS caseworkers are directly involved in recommending families that can best meet the needs of the child based on the direct knowledge caseworkers have of their families. Caseworkers then have the responsibility to provide the training, support, linkages and resources to foster families in order to promote stability for the child in the foster home. Caseworkers mentor and coach foster families on various issues such as working with birth parents, navigating the child welfare system, cultural responsiveness, and other areas of question or concern foster families may have. Caseworkers collaborate with DHS to develop support plans when children with challenging behaviors, mental health or other needs require an increased level of care. Caseworkers also monitor compliance with licensing rules and regulations, collaborate with DHS when a plan of correction is needed, and work with families to determine if fostering is the right decision for their family before and after licensure.

DHS is in the process of implementing a new level of foster family care through the RRTS contract called Enhanced Foster Family Homes. Enhanced foster family homes will be foster families who have the skills, experience and demonstrated success at caring for children with serious behaviors, mental health conditions, intellectual disabilities or other higher end needs. RRTS contractors are responsible for identifying appropriate foster families to recommend to DHS for approval to become an enhanced foster family home. Families will be paid a total daily rate of $50.00 per day and receive a higher level of support and training from the RRTS caseworkers. Referred children will be those discharged from congregate care, PMIC, or long term shelter, through a DHS established process and who meet DHS established criteria. Enhanced families will have required pre-placement visits with referred children, and will be limited to no more than two children at the enhanced level.
RRTS contractors are in the process of identifying appropriate and willing foster families to become enhanced foster families. Families need to have experience in caring for children with challenging needs, have training in how to manage trauma based or difficult behaviors, and willing to accept the challenge of enhanced care. RRTS contractors and DHS local licensing and leadership staff worked together to identify families and conduct joint interviews. Service Area Managers will have final approval for a family to become an enhanced home. The goal is to begin placing children in these homes after July 1, 2018.

Post-adoption support services also continue under the RRTS contract. RRTS caseworkers can assist with the transition from foster care to adoption, develop post-adoption support plans with families, and provide a seamless transition to post-adoption services staff. RRTS contractors are building capacity to have adoption competent staff and clinical supports available to assist families after finalization when issues arise. RRTS contractors are also responsible for providing training and support groups open to all adoptive families, not just families who adopted through DHS. Respite for adoptive families remain in the contract, as well as support for finding homes for waiting children through the AdoptUSKids exchange.

RRTS continues to be a performance-based contract. The department made a shift to change the focus of performance measures from process compliance to practice improvement. For example, the department removed the proximity to home as an incentivized performance measure because it was an expectation with the move to service area specific contracts. Children safe in foster family and adoptive care is a basic expectation of all contractors and no longer an incentivized performance measure.

Keeping children stable in their first foster home remains a priority, but the time to measure stability moved from four months to 180 days. The service areas were interested in capacity and wanted to focus on increasing the number of foster families who would be able to take children coming into care, which resulted in a shift from increasing the number of foster families overall to the number of foster families who were available to be matched to a child. The same concern was raised for non-white foster families so that measure was changed in the same manner.

Incentivized performance measures are as follows:

**Measure 1 – Stability:** Children placed into a licensed foster family home from their removal home or shelter within the quarterly reporting period will experience stability in placement. A child's first placement should be the child's only placement. The contract payment for performance will be based on the percent of a cohort of children who remain in the same licensed foster home 180 days after placement or:
- will have exited the licensed foster home to a trial home visit working towards reunification; or
- will have exited to a relative home; or
- will have exited to a pre-adoptive placement working toward permanency; or
- will have attained permanency through adoption or guardianship.
Contract payment will be made using the following standards (note: the Gold and Silver Standards are mutually exclusive by quarter and both cannot be earned for the same quarter):

- Gold Standard (payment of 2.5% of quarterly eligible contract value) – Greater than or equal to 93% of children in family foster care will be stable in their first placement for six (6) months
- Silver Standard (payment of 1.5% of quarterly eligible contract value) – Greater than or equal to 88% of children in family foster care will be stable in their placement for six (6) months

Performance for SFY 2018, Quarter 1:
- Western Service Area (Service Area 1): 70.18% Stable
- Northern Service Area (Service Area 2): 72.50% Stable
- Eastern Service Area (Service Area 3): 58.33% Stable
- Cedar Rapids Service Area (Service Area 4): 57.89% Stable
- Des Moines Service Area (Service Area 5): 81.08% Stable

**Measure 2 – Recruitment and Retention (Overall Net Increase in Families):** The contractor shall increase the net number of licensed foster families available for matching on an annual basis. The contractor’s net increase in number of licensed foster families will be based on the number of licensed foster families available for matching on July 1st at the beginning of that contract year and the number of licensed foster families available for matching on June 30th at the end of that same contract year.

- Available for matching means a family that is not providing respite only, or is licensed for a specific child, or has accepted a child within the previous 12 months.
- Baseline numbers were provided for each service area in September 2017. The contract payment for performance is based on the following increases in net number of families during each year per Service Area:

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Baseline</th>
<th>Standard¹</th>
<th>SFY 2018 Target Net Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (Western)</td>
<td>251</td>
<td>Gold</td>
<td>280</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Silver</td>
<td>271</td>
</tr>
<tr>
<td>2 (Northern)</td>
<td>205</td>
<td>Gold</td>
<td>232</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Silver</td>
<td>224</td>
</tr>
<tr>
<td>3 (Eastern)</td>
<td>154</td>
<td>Gold</td>
<td>169</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Silver</td>
<td>165</td>
</tr>
<tr>
<td>4 (Cedar Rapids)</td>
<td>207</td>
<td>Gold</td>
<td>239</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Silver</td>
<td>230</td>
</tr>
<tr>
<td>5 (Des Moines)</td>
<td>222</td>
<td>Gold</td>
<td>258</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Silver</td>
<td>247</td>
</tr>
</tbody>
</table>

¹Gold and Silver represent payment of 2.5% and 1.5% of annual eligible contract value respectively. The measures are mutually exclusive by year and both cannot be earned for the same year.

Achievement of the performance measure will be determined in August 2018.
**Performance Measure 3 – Recruitment and Retention (Increase in Non-White Families):** The contractor shall increase the net number of licensed non-white foster families available for matching on an annual basis. The contractor’s net increase in number of licensed non-white foster families will be based on the number of licensed non-white foster families available for matching on July 1st at the beginning of that contract year and the number of licensed non-white foster families available for matching on June 30th at the end of that same contract year. The contract payment for performance is based on the following increases in net number of non-white families during each year per Service Area:

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Baseline</th>
<th>Standard</th>
<th>SFY 2018 Target Net Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (Western)</td>
<td>16</td>
<td>Gold</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Silver</td>
<td>23</td>
</tr>
<tr>
<td>2 (Northern)</td>
<td>8</td>
<td>Gold</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Silver</td>
<td>16</td>
</tr>
<tr>
<td>3 (Eastern)</td>
<td>23</td>
<td>Gold</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Silver</td>
<td>29</td>
</tr>
<tr>
<td>4 (Cedar Rapids)</td>
<td>29</td>
<td>Gold</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Silver</td>
<td>35</td>
</tr>
<tr>
<td>5 (Des Moines)</td>
<td>35</td>
<td>Gold</td>
<td>53</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Silver</td>
<td>49</td>
</tr>
</tbody>
</table>

Gold and Silver represent payment of 2.5% and 1.5% of annual eligible contract value respectively. The measures are mutually exclusive by year and both cannot be earned for the same year.

Achievement of the performance measure will be determined in August 2018.

**Performance Measure 4 – Enhanced Foster Family Homes**

- **Performance Measure 4a. Contract Year One Only:** The contractor shall increase the number of enhanced foster family homes available for matching during the first contract year. The contract payment for performance is based on the following number of enhanced foster family homes in the Service Area during the first contract year (note: the Gold and Silver Standards are mutually exclusive by year and both cannot be earned for the same year):
  - Gold Standard (payment of 2.5% of annual eligible contract value) – Greater than or equal to six (6) unique approved enhanced foster family homes in the contractor’s Service Area at the end of the first contract year
  - Silver Standard (payment of 1.5% of annual eligible contract value) – Greater than or equal to three (3) unique approved enhanced foster family homes in the contractor’s Service Area at the end of the first contract year
Performance Measure 4b. *Starting Contract Year Two:* During the second contract year, the contractor shall be measured on stable placement of children in enhanced foster family homes on an annual basis. The contract payment for performance is based on the following number of stable placements (placements with children who remain in the same enhanced foster family home for three (3) months in the Service Area during the second contract year (note: the Gold and Silver Standards are mutually exclusive by year and both cannot be earned for the same year):

- **Gold Standard (payment of 2.5% of annual eligible contract value)** – Greater than or equal to twelve (12) unique children placed and remaining in an enhanced foster family home for greater than or equal to three (3) months during the second contract year
- **Silver Standard (payment of 1.5% of annual eligible contract value)** – Greater than or equal to six (6) unique children placed and remaining in an enhanced foster family home for greater than or equal to three (3) months during the second contract year

**Crisis Intervention, Stabilization, and Reunification (CISR)**

Three of Iowa’s child welfare services, Child Welfare Emergency Services (CWES), Foster Group Care Services (FGCS), and Supervised Apartment Living (SAL) were re-procured with new contracts effective July 1, 2017 for CWES and FGCS. The DHS combined these three services into a single competitive RFP titled ACFS 18-001 Crisis Intervention, Stabilization, and Reunification (a.k.a. CISR). The intent of this combination was to encourage Iowa’s child welfare service provider community to begin thinking in terms of better coordination of services and combining efforts to better meet the needs of Iowa families. Initially, SAL proposals in response to this RFP were insufficient for statewide coverage and the DHS restructured the scope of work using written input and comments from interested stakeholders and the private partner community. The DHS published a new RFP - ACFS 18-016 - on May 25, 2017 and new SAL contracts began on October 1, 2017.

Collective efforts between the DHS and Iowa’s private provider partners began in December 2015 when the first of several meetings convened to discuss Iowa’s vision for the future Child Welfare System of Care. Meeting participants agreed upon the Guiding Principles setting the stage for subsequent meetings, which focused on issue identification, problem solving, evidence-based practice, and the publishing of the RFP in October 2016.

The general scopes of work will continue to focus services to be consistent with the DHS Family-Centered and Child Welfare Models of Practice, the Juvenile Court Service’s (JCS) Model of Practice, and the Guiding Principles for Iowa’s future Child Welfare System of Care available at http://dhs.iowa.gov/child-welfare-systems. The focus will remain on families and building on their strengths and serving each child near their home or community (and generally within the boundaries of the DHS’ defined Service Areas) and performance incentives will allow contractors to earn additional funding if meeting targets.
The DHS awarded multiple contracts for each of the three services in each DHS Service Area and future practice will encourage: children placed in their communities of origin (or at least as close to home as possible); preserving connections to their families, home communities, schools, and positive support systems; and, ensuring that children who age-out of foster care have the skills and connections to successfully transition to young adulthood.

Changes in SFY 2018 include:

- Purchased CWES shelter, FGCS, and SAL cluster-site beds with guaranteed payments regardless of use, in order to move away from incentives to keep children in beds; attention is on preparing youth to return to their communities.
- Contracts awarded within DHS Service Areas, not statewide as in the past; contractors are responsible for serving the children in the Service Area where located, with some flexibility to serve children from adjoining or nearby communities.
- Referrals made on a no reject/no eject basis, while recognizing that DHS and JCS may approve exceptions in unique situations; contractors are strengthening their abilities to serve children with varying needs and children who were difficult to serve in the past, who were either sent out of state or at a great distance from home.
- There is a focus on diversion from placement into emergency juvenile shelter; and shorter lengths of stay in both shelter and foster group care when those placements are needed; and assurance that youth reap the full benefits of SAL while all services support youth post-discharge in order to avoid returns to out-of-home care.
- Contractors implemented a one caseworker model to coordinate the delivery of the child’s service plan, updates, reporting, and reintegration and to be the single point of contact for the child, the child’s family or other persons in the child’s positive support system, and the referring worker.
- Contractors assign an education specialist for each child who is directly responsible for a child’s education and related planning, services, and needs when it is possible for a child to remain in their school of origin.
- Contractors develop crisis intervention plans that apply to their operations and to specific and individual child needs with both intended to provide a framework to address overall practice and individuals’ needs in order to reduce or eliminate critical incidents that might lead to things such as injury, elopement, police calls, or ejections from the program.
- Reintegration planning begins immediately - i.e., preparing a child for their next step after leaving the placement - at the time of admission, with the planning becoming a part of each child’s service plan.
- Contractors collaborate with other child welfare stakeholders to promote and assure continuity of care from when the child enters the placement, during the stay of care, and post-placement to assure ongoing supports needed for success after discharge.

Performance measures provide fiscal incentives for successful outcomes.

- Performance measures for CWES:
  - Performance Measure 1 – Divert children from placement in shelter beds
Gold Standard - Payment of an additional 5% when greater than or equal to 85% of children referred to CWES without court orders are diverted from shelter placement and not admitted to shelter for thirty (30) days after the child’s CWES alternative services case is closed.

Silver Standard - Payment of an additional 2.5% when greater than or equal to 75% but less than 85% of children referred to CWES without court orders are diverted from shelter placement and not admitted to shelter for thirty (30) days after the child’s CWES alternate services case is closed.

Performance Measure 2 – Discharge from shelter care to family-like setting (home, foster family home with relative, a foster family home with non-relative, a pre-adoptive home, or trial home visit)

Gold Standard - Payment of an additional 5.0% when greater than or equal to 75% of children discharged from shelter care are discharged to a family-like setting.

Silver Standard - Payment of an additional 2.5% when greater than or equal to 70% but less than 75% of children discharged from shelter care are discharged to a family-like setting.

Performance measures for FGCS:

Performance Measure 1 – Length of Stay

Gold Standard - Payment of an additional 2.5% when greater than or equal to 95% of children entering FGCS are discharged within 180 days of entering FGCS.

Silver Standard - Payment of an additional 1.5% when greater than or equal to 90% but less than 95% of children entering FGCS are discharged within 180 days of entering FGCS.

Performance Measure 2 – Return to group care for children in need of assistance (CINA)

Gold Standard – Payment of an additional 2.5% when greater than or equal to 93% of CINA children discharged from FGCS do not return to FGCS within 365 days.

Silver Standard – Payment of an additional 1.5% when greater than or equal to 90% but less than 93% of CINA children discharged from FGCS do not return to FGCS within 365 days.

Performance Measure 3 – Recidivism of children adjudicated for committing a delinquent act

Gold Standard - Payment of an additional 2.5% when greater than or equal to 75% of children adjudicated for committing a delinquent act who are discharged are not charged with a simple misdemeanor or higher charge within 365 days of discharge.

Silver Standard - Payment of an additional 1.5% when greater than or equal to 60% but less than 75% of children adjudicated for committing a delinquent act who are discharged are not charged with a simple misdemeanor or higher charge within 365 days of discharge.

Performance Measure 4 – Discharge to a family-like setting
Gold Standard - Payment of an additional 2.5% when greater than or equal to 75% of the children discharged from FGCS are discharged to a family-like setting.

Silver Standard - Payment of an additional 1.5% when greater than or equal to 70% but less than 75% of children discharged from FGCS are discharged to a family-like setting.

Performance measures for SAL:
- Performance Measure 1 – Stability
  - Gold Standard (payment of an additional 5.0% of the measurement period invoiced amount) - Greater than or equal to 60% of children transitioning out of SAL in a six-month measurement period are transitioning at age 18, or older as permitted by law and regulations, or discharging to their family, a family-like setting, or positive support system placement. This will be calculated for each six-month measurement period.
  - Silver Standard (payment of an additional 2.5% of the measurement period invoiced amount) - Greater than or equal to 50% and less than 60% of children transitioning out of SAL in a six-month measurement period are transitioning at age 18, or older as permitted by law and regulations or discharging to their family, a family-like setting, or positive support system placement. This will be calculated for each six-month measurement period.
- Performance Measure 2 – Aftercare Engagement
  - Gold Standard (payment of an additional 5.0% of the measurement period’s invoiced amount) - Greater than or equal to 85% of Aftercare-eligible children in the measurement period will have engaged in at least two contacts during the calendar month of discharge or any of the six full calendar months immediately following the child’s date of discharge from SAL, as reported by the Aftercare services provider. A contact occurs in person for a minimum of 30 minutes. This will be calculated for each six-month measurement period.
  - Silver Standard (payment of an additional 2.5% of the measurement period’s invoiced amount) - Greater than or equal to 75% but less than 85% of Aftercare-eligible children in the measurement six-month period will have engaged in at least two contacts during the calendar month of discharge or any of the six full calendar months immediately following the child’s date of discharge from SAL, as reported by the Aftercare services provider. A contact occurs in person for a minimum of 30 minutes. This will be calculated for each six-month measurement.
- Performance Measure 3 – Life Skills Attainment (No Incentive Payment)
  - Gold Standard (No incentive payments) - Greater than or equal to 80% of children discharged in the measurement period will have shown improvement in their Casey Life Skills Assessment from pre-placement to discharge from SAL. This will be calculated for each six-month measurement period.
  - Silver Standard (No incentive payments) - Greater than or equal to 70% but less than 80% of children discharged in the measurement period will have shown improvement in their Casey Life Skills Assessment from pre-placement to discharge from SAL. This will be calculated for each six-month measurement period.
Prevention

Iowa Child Abuse Prevention Program (ICAPP)
The Iowa Child Abuse Prevention Program (ICAPP) is the Department of Human Services’ (DHS) foremost approach to the prevention of child maltreatment. ICAPP is based on the premise that each community is unique and has its own distinct strengths and challenges in assuring the safety and well-being of children, depending upon the resources available. Therefore, ICAPP is structured in such a way that it allows for local Community-Based Volunteer Coalitions or “Councils” to apply for program funds to implement child abuse prevention projects based on the specific needs of their respective communities. Although this program receives state and federal funding from a variety of sources, title IV-B, subpart II, Promoting Safe and Stable Families (PSSF) remains the largest single source of funding for this program overall. Iowa utilizes approximately 31% of PSSF, Family Support category, for the ICAPP program. Other funding sources include TANF (Temporary Assistance to Needy Families), CAPTA State Grant, and several state funding sources (e.g., birth certificate fees, an appropriation specific to sexual abuse prevention, and tax check-off donations).

DHS administers ICAPP with the support of an external program administrator, Prevent Child Abuse Iowa. Local Community-Based Volunteer Coalitions or “Councils” apply for and receive funding for the following types of services:

- Community Development (limited to $5,000 per project) for public awareness, community needs assessments, and engagement activities;
- Parent Development for parent support, education, and leadership;
- Home Visitation Services for voluntary home-visiting programs using an evidence-based model;
- Respite/Crisis Care Services for short term child care services for families at risk; and
- Sexual Abuse Prevention for healthy sexual development and adult/child focused instruction.

The administrator provides technical assistance, contract monitoring, and program evaluation services.

ICAPP Core Services Descriptions

Parent Development: Parent Development programs prevent abuse by teaching parents what to expect from children and how to deal with difficulties. In addition, they provide peer-to-peer support for parents and opportunities for leadership. They assist parents in developing communication and listening skills, effective disciplinary techniques, stress management and coping skills, and teach them what to expect at various stages of child development. Understanding difficult phases of development such as colic, toilet training, and refusal to sleep help lower parents’ frustration and anger. Parents participate in parent development programs primarily through group

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6 This category was newly designated in State Fiscal Year (SFY) 2016, in order to improve the program’s evaluation efforts. These programs were previously funded, but not isolated out for evaluation purposes.
classes, but also home-based sessions, depending on the needs of the family and community. Below are some of the various curricula used:

- **The Nurturing Program**: a curriculum that teaches nurturing skills to parents and children while reinforcing positive family values through multiple home or group-based instruction.

- **The Love and Logic program**: a group-based program that typically occurs in six weeks of sessions.

- **Active Parenting**: a group-based, six-session program that teaches basic skills to parents.

- **Systematic Training for Effective Parenting (STEP)**: group-based skills training for parents dealing with frequent challenges in behavior, often resulting from autocratic parenting styles.

**Home Visitation Services**: Home visiting programs provide individualized support for parents in the home, making these services flexible and accessible for parents. Home visiting programs foster nurturing and attachment as well as promote resiliency within the family. Though occasionally available to any families regardless of their circumstances, home visiting programs tend to identify high-need, high-risk families with newborns or very young children, and some target prenatal populations. Home visitors meet with the family at an agreed-upon time, ideally at a frequency and intensity that matches the family need. Trained professionals or para-professionals provide education, support, referrals to community based services, and model appropriate caregiving strategies. Beginning in state fiscal year (SFY) 2016, in-home parent education projects following a nationally-recognized, evidence-based model were grouped under the Home Visitation Category. Two examples of some of the funded programs include:

- **Healthy Families America**: a nationally recognized evidence-based home visiting program model designed to work with overburdened families who are at-risk for adverse childhood experiences, including child maltreatment.

- **The Parents as Teachers (PAT) Program**: a nationally recognized evidence-based home visiting program designed to partner with new parents and parents of young children (pregnancy through age five).

**Respite/Crisis Childcare**: Respite Care programs provide parents with temporary relief from parenting responsibilities to reduce stress. Programs offer services through site- or home-based care. Services may be available at designated times or on short notice for crises. However offered, respite programs benefit parents and their children. For parents, respite services provide a break before the stresses of parenting build up and overwhelm a family. Parents may attend a doctor’s appointment, run errands that would be difficult with young children, or take care of family matters. Many programs increase parenting skills by incorporating parenting education into their services. Programs also provide a safe and nurturing environment for children, who often have the opportunity to participate in activities and make new friends.

In addition to traditional Respite Care services, some providers also offer Crisis Nursery or Crisis Care services. Crisis Care is a service which provides for a temporary, safe
environment for children aged birth through 12 years whose parents are unable to meet their needs due to overwhelming circumstances or an emergency in their lives. Services are available to families under stress 24 hours per day, seven days per week and families may utilize the services for up to 72 hours at a time. Program staff conduct intake interviews, provide placement for the children, and offer advice and support to parents. Programs provide transportation to care when requested and will travel to pick up children if necessary.

Table 2(g) details the services that the local ICAPP sites provided in State Fiscal Year (SFY) 2017 (July 1, 2016 through July 30, 2017). Of the total funding, $731,000 is from PSSF Family Support. This included 47,312 hours of respite/crisis child care to 609 families with 856 children. In addition, 2,816 parents/caregivers with 3,543 children participated in parent development and home visitation programs. Another 4,941 adults (parents, caregivers, teachers, and other youth-serving professionals) and 32,990 children participated in sexual abuse prevention programs. Data is gathered by program providers and compiled through monthly service reports to the ICAPP administrator, Prevent Child Abuse Iowa. The only limitations to keep in mind with service numbers are that these may reflect full program numbers, whereas ICAPP may only be a portion of the local program budget. In other words, many of these local programs blend/braid ICAPP funding with Early Childhood Iowa (ECI) dollars or other federal/state/local money. Totals served may reflect all revenue sources combined, with the amount from the ICAPP fund listed specifically.

Table 2(g). Level of Funding and Families Served by ICAPP

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Funding</th>
<th>Families Served</th>
<th>Parents Served</th>
<th>Children Served</th>
<th>Hours of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Care</td>
<td>$97,884</td>
<td>178</td>
<td>241</td>
<td>340</td>
<td>17,385</td>
</tr>
<tr>
<td>Respite Care</td>
<td>$126,803</td>
<td>431</td>
<td>615</td>
<td>762</td>
<td>29,927</td>
</tr>
<tr>
<td>Home Visiting</td>
<td>$222,479</td>
<td>319</td>
<td>506</td>
<td>484</td>
<td></td>
</tr>
<tr>
<td>Parent Development</td>
<td>$525,591</td>
<td>1,845</td>
<td>2,310</td>
<td>3,059</td>
<td></td>
</tr>
<tr>
<td>Sexual Abuse Prevention</td>
<td>$290,448</td>
<td>4,941</td>
<td>32,345</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Development</td>
<td>$14,716</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,277,921</td>
<td>2,773</td>
<td>8,613</td>
<td>36,990</td>
<td>47,312</td>
</tr>
</tbody>
</table>


Community-Based Child Abuse Prevention (CBCAP) program
The DHS, Bureau of Child Welfare and Community Services, also oversees the Community Based Child Abuse Prevention program (CBCAP) in Iowa. This program runs very similarly to ICAPP in that the DHS contracts with an administrator and then issues a competitive statewide request for proposals (RFP) to local Community Partnerships for Protecting Children (CPPC) sites. CPPC sites comprise local volunteer community members, professionals, and families who work together to develop and
implement local programs, services, supports, and policies that positively impact families and protect children from abuse.

The DHS requires that CPPC sites applying for CBCAP funds assess their community’s needs and propose programs to effectively address them. For SFY 2016-2018, CPPC sites submitted a proposal for funding for up to two prevention projects in one of four CBCAP categories: Parent Development, Fatherhood, Crisis Care, and Community-Based Family Team Meetings. An independent grant review committee evaluated site proposals and recommended how the funds would be distributed with the DHS’ approval prior to distribution of the funds.

**CBCAP Core Services Descriptions**

CBCAP core services are very similar to those funded under ICAPP (see descriptions from previous section). The key differences include Fatherhood as a separate category of funding and the inclusion of Community-Based Family Team Meetings (CBFTM). In addition, CBCAP funds are not used for any community development, respite care, or child sexual abuse prevention projects.

Table 2(h) details the services that the local CPPC sites provided in State Fiscal Year (SFY) 2017 (July 1, 2016 through July 30, 2017). This included 10,046 hours of crisis child care to 108 families with 132 children. In addition, 1,248 parents with 1,719 children attended parent development programs (including home visitation), and 24/7 Dads™ served 97 families with 153 children. Overall, prevention services impacted 2,386 Iowa children. Data is gathered by program providers and compiled through monthly service reports to the CBCAP administrator, Prevent Child Abuse Iowa. The only limitations to keep in mind with service numbers are that these may reflect full program numbers, whereas CBCAP may only be a portion of the local program budget.

**Table 2(h). Level of Funding and Families Served by CBCAP**

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Funding</th>
<th>Families Served</th>
<th>Parents Served</th>
<th>Children Served</th>
<th>Hours of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Care</td>
<td>$26,000</td>
<td>108</td>
<td>132</td>
<td>184</td>
<td>10,046</td>
</tr>
<tr>
<td>Parent Development*</td>
<td>$320,822</td>
<td>1,248</td>
<td>1,719</td>
<td>2,008</td>
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</tr>
<tr>
<td>Fatherhood</td>
<td>$45,713</td>
<td>97</td>
<td>99</td>
<td>153</td>
<td></td>
</tr>
<tr>
<td>CBFTM</td>
<td>$18,000</td>
<td>16</td>
<td>25</td>
<td>41</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$410,535</strong></td>
<td><strong>1,469</strong></td>
<td><strong>1,975</strong></td>
<td><strong>2,386</strong></td>
<td><strong>10,046</strong></td>
</tr>
</tbody>
</table>

*The CBCAP Parent Development funding category includes evidence-based home visiting programs.


**ICAPP/CBCAP Demographics and Evaluation**

As reported in last year’s APSR, DHS is currently undergoing significant structural changes in the ICAPP/CBCAP programs. In SFY 2018 (beginning July 1, 2017), a new
administrative contract began with Prevent Child Abuse Iowa. New deliverables in this contract included:

- Inclusion of community-based child abuse prevention (CBCAP)\(^7\) funding into the broader statewide ICAPP program;
- A requirement of the program administrator to conduct a statewide needs assessment and develop a strategic plan; and
- Additional emphasis on racial/cultural equity, parent involvement, fidelity monitoring, and continuous quality improvement.

Given the anticipated merger of the two funding sources, the annual evaluation of these programs was wrapped into a single report for SFY 2017 (http://www.pcaiowa.org/downloads/library/2017-evaluation-report.pdf). Therefore, demographics and evaluation data represents all community-based child abuse prevention programs combined in the following sections.

**ICAPP/CBCAP Demographic Data**

Beginning in SFY 2012, programs asked ICAPP/CBCAP participants to complete pre/post surveys and provide basic demographic information. This was a key step in determining whether the families served by programming were those more “at risk” for child maltreatment. Demographic data reported below represent surveys collected from July 1, 2016 through June 30, 2017 (SFY 2017). The data represents information from program participants who voluntarily shared demographic information and responses to the protective factors questions.

Statewide, in SFY 2017, 2,294 total surveys were analyzed, including matched surveys for a total of 609 families served in SFY 2017. This compares with 2,773 total families served through family support programs (i.e., Home Visitation, Parent Development, and Respite/Crisis Childcare) during the same time frame. The reasons there are not surveys on every family are twofold,

1. Completion of a survey can be refused by a family and that would not impact service provision, and
2. Local programs often use blended funding with other federal, state, and local dollars. The numbers served typically indicates the full program numbers (including other funding sources), whereas evaluation requirements under ICAPP are only to complete, at a minimum, evaluations on the number of families proportional to the amount of ICAPP funding received. In other words, if ICAPP is approximately 50% of a programs budget and it serves 100 families in a year, we anticipate at least 50 surveys are entered into our data system. This is to avoid duplication of evaluation with other funder requirements.

Demographic information gathered from those surveys (for both ICAPP and CBCAP funded projects) can be found in Figure 1.

\(^7\) Previously the funds, including administration, were kept separately, which resulted in duplication of administrative duties at multiple levels.
Figure 1. ICAPP and CBCAP Demographics SFY 2017

ICAPP and CBCAP Evaluation Background Information

In SFY 2012, the ICAPP administrator implemented use of the Protective Factors Survey (PFS), an evaluation tool developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention, to evaluate the effectiveness of local programming. This tool is the only valid and reliable tool currently available to specifically measure protective capacities known to mitigate the risk of child maltreatment (see Table 2(i)) for a description of each protective factor). The 20 question tool includes a Likert Scale of 1-7 (with 1 being the lowest and 7 being the highest). More information on the tool is available through the FRIENDS website (http://friendsnrc.org/protective-factors-survey). The tool has been customized for the ICAPP program and made available through a web-based application.

Table 2(i). Definitions of Protective Factors by FRIENDS, NRC

<table>
<thead>
<tr>
<th>Protective Factors Domains</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Development and Knowledge of Parenting</td>
<td>Understanding and utilizing effective child management techniques and having age-appropriate expectations for children’s abilities.</td>
</tr>
<tr>
<td>Concrete Support</td>
<td>Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.</td>
</tr>
<tr>
<td>Family Functioning and Resilience</td>
<td>Having adaptive skills and strategies to persevere in times of crisis. Family’s ability to openly share positive and negative experiences and mobilize to accept, solve and manage problems.</td>
</tr>
<tr>
<td>Nurturing and Attachment</td>
<td>The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.</td>
</tr>
<tr>
<td>Social Emotional Support</td>
<td>Perceived informal support (from family, friends and neighbors) that helps provide for emotional needs.</td>
</tr>
</tbody>
</table>


In FFY 2018 (January 2018), a transition was made to the collection of PFS data through the University of Kansas’s DAISEY (Data Application and Integration Solutions for the Early Years) system. This was a result of a partnership between DHS and IDPH (Iowa Department of Public Health), who manages the use of DAISEY for Iowa’s Family Support Statewide Database (FSSD). The use of DAISEY will continue in FY 2019 and PCA Iowa will continue its long-time partnership with Hornby Zeller Associates to analyze data on the PFS outcomes as well as demographics of program participants and including caregivers and children with disabilities. The data, as extracted from DAISEY, will continue to be analyzed to see if sites are reaching underserved populations and families where the risk of abuse is higher. The data will also continue to be analyzed for variations in the effectiveness of different types of programing (e.g. home visitation, group-based parent education/support, and crisis child care).

In FY 2018, Iowa also began using a test version of the Protective Factor Survey being piloted by the University of Kansas for respite and crisis child care programs. The
version used was the PFS-2 retrospective version. The data is currently being analyzed to determine the validity and reliability of the tool. The program will continue to utilize the retrospective PFS-2 through the end of the pilot stage for respite and crisis care programs. Grantees will be asked to utilize any updated tools should the developers need additional testing for any revisions to the piloted tool. Unfortunately, the tool being piloted is not able to be accessed on the DAISEY system. The data will be coded by programs onto an Excel reporting form and reviewed by the administrator prior to being submitted to the evaluator.

**ICAPP and CBCAP Evaluation Data**

Out of all the pre/post surveys submitted by the deadline for data analysis (2,458), 609 of the surveys, across the state, were matched to individual participants’ pre/post scores. For those surveys matched, the results for all programs combined, by domain, are illustrated below in Figure 2. The survey responses from the state’s matched group reflect the overall change from pre to post for each protective factor. Post/Follow-up PFS surveys occur either at the completion of service (i.e., for a short-term class) or at 6-12 month intervals for longer term home visitation programs. All protective factors (with the exception of “Nurturing & Attachment”) demonstrated growth at post-test, with “Concrete Support” and “Family Functioning & Resiliency” showed statistically significant positive change. The only limitations to this data are that it is often challenging to get a good number of “matched” surveys. This is because individuals may leave the program early, move, or are just difficult to get follow-up surveys from based on type of programming. For example, crisis childcare attempts to get surveys at enrollment, but depending on the use of the service beyond the initial crisis, it can be difficult to track those families down the road to do a post-survey. This is one reason the program decided to pilot the retrospective PFS-2 and we’re looking forward to reviewing those results for FY 2018.

**Figure 2. Average Pre- and Post- Protective Factors Scores by Domain Among Matched Surveys**

![Graph showing average pre- and post- protective factors scores by domain among matched surveys](http://www.pcaiowa.org/downloads/library/2017-evaluation-report.pdf)
Moving from an examination of change in average protective factor scores to examining only the number of participants whose scores changed, Figure 3 shows that the Concrete Support and Family Functioning domains have the largest differences between the proportion of families whose scores improved and worsened. In all five domains, approximately half of all respondents with pre- and post-test survey results had no change in their scores, ranging from 47% in the Social Emotional Support domain to 55% in Nurturing and Attachment.

Figure 3. Changes in Protective Factors Scores Among Matched Surveys

Overall, the changes in the protective factors scores and the high percentage of clients whose scores improved in the Concrete Support and Family Functioning domains are promising. They indicate that clients across programs and risk factor and demographic characteristics show change in their protective factors. While the Child Development, Nurturing and Attachment and Social Emotional Support domains did not show statistically significant change in protective factors scores, the pre-tests were quite high, leaving little room for measuring improvement.

For more information on ICAPP/CBCAP performance assessment for 2017, such as additional information on data and analyses by various demographics, please read the full ICAPP/CBCAP 2017 Annual Report available at: http://www.pcaiowa.org/downloads/library/2017-evaluation-report.pdf

Future Direction of the Program
With both programs combined, services are currently in 93 of Iowa’s 99 counties. Of Iowa’s 99 counties, the breakdown of funding (illustrated in Figure 4) includes the following:

- 6 counties currently do not have services funded through ICAPP/CBCAP
- 21 counties have CBCAP funded services only
- 17 counties have ICAPP funded services only
- 55 counties currently receive both ICAPP and CBCAP funding

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8 These counties primarily did not apply for funds in the last competitive bidding process.
The program administrator, with the support of a consultant (Hornby Zeller Associates, Inc.), continues to work towards increased response rates on the Protective Factors Survey. The evaluation results of SFY 2018 will be discussed and analyzed in next year’s report. The outcomes measured will guide the program in future years to assure reaching those most in need of services and to enhance practice by assuring reliance on program models proven effective in the prevention of child maltreatment.

Figure 4: Current ICAPP and CBCAP Funded Projects

SFY 2016-2018 ICAPP/CBCAP Project Grant Awards

As noted in a previous section, the DHS began to streamline prevention services by rolling CBCAP funding into the state’s main prevention program (ICAPP). This new direction will reduce duplication and excess administrative time and expenses. This process began in SFY 2016-17 and included stakeholder input. The following actions occurred over the past three years to come to this decision:

- Side by side analysis completed (ICAPP and CBCAP);
- Comparison of costs (particularly indirect);
- Identification of duplication of administrative duties;
- Consultation with staff attorneys in the Iowa Office of the Attorney General;

9 It was discovered that often times these included the exact same provider and service at the local level, resulting in a duplication of funding applications, reports, billings, etc.
Survey of providers and stakeholders (October 2016); and

Cost/benefit analysis for all stakeholders impacted by change, including:
- DHS (program manager, fiscal management, contract support, etc.);
- State advisory committee members;
- Program administrator (contracted);
- Local Child Abuse Prevention (CAP) Councils and Community Partnerships for Protecting Children (CPPC) sites;
- Local service providers; and
- Program participants.

The new administrative procurement (and subsequent contract) resulted in a merger of the state’s ICAPP (Iowa Child Abuse Prevention Program) with CBCAP funding, combining the administration of the programs into one single contract for the first time. This has allowed for a streamlining of funds and greater administrative efficiencies. In addition, at the direction of DHS, PCA Iowa was asked to complete a statewide Needs Assessment (available at: https://www.pcaiowa.org/downloads/library/2017-iowa-child-maltreatment-prevention-needs-assessment.pdf) and a Strategic Plan (available at: http://www.pcaiowa.org/downloads/library/2017-final-cap-strategic-plan.pdf) to move prevention efforts forward in the state of Iowa with the combined funding streams. The results of the Needs Assessment and Strategic Plan informed the development of the grantee RFP to procure local direct services through the combined programs, with new contracts set to begin July 1, 2018.

The alignment of the two programs, and development of the Strategic Plan, will result in more targeted efforts to combat child abuse and strengthen families through evidence-based practices in high-need areas of the state. **Seven primary goals** were developed based on the recommendations of the Needs Assessment and the vision and guiding principles established for the Strategic Plan, including:

1. Reduce maltreatment by targeting services to families exhibiting risk factors that are most closely correlated with child abuse and neglect
2. Coordinate maltreatment prevention funding sources across multiple service sectors (e.g. public health, early childhood, human services) to use each source strategically in combatting child abuse and neglect
3. Balance funding between primary and secondary prevention with a greater emphasis on reaching more vulnerable families
4. Embed culturally competent practices in prevention services
5. Increase the use of informal and non-stigmatizing supports for families and youth
6. Increase the use of evidence-based practices (EBPs) in child maltreatment prevention while introducing and evaluating innovative approaches
7. Engage in a statewide evaluation of prevention services’ effectiveness, monitoring protective and risk factors at the organization and community level

In response to the merger the DHS, in partnership with PCA Iowa, also facilitated increased collaboration of the state’s Child Abuse Prevention (CAP) councils and CPPC sites. Prior to the merger of the programs, ICAPP funds were only available to community-based volunteer CAP councils and CBCAP funds were only available to
CPPC sites. In most areas of the states, these two groups worked together closely and often included many of the same members. However, this was not the case is all of Iowa’s 99 counties. Therefore, CAP councils and CPPC sites were asked to increase collaboration and combine their efforts to determine the needs in their community related to child abuse and develop a plan for addressing prevention. This coordination was formalized through a CAP Council/CPPC MOU (Memorandum of Understanding) for each of Iowa’s 99 counties. Although all counties do not have an active CAP Council, all counties are covered under a CPPC. In those areas without a CAP Council, the CPPC was designated as the eligible entity to apply. The DHS and PCA Iowa will continue to support these community coalitions over FFY 2019 through regional meetings, webinars, and onsite technical assistance.

Community Partnerships 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 goal of preventing maltreatment or if occurred, repeat maltreatment. Community Partnerships is not a “program” – rather, it is a way of working with families to help services and supports to be more inviting, need-based, accessible and relevant. It incorporates prevention strategies as well as those interventions needed to address abuse, once identified.

Community Partnerships sites collect performance outcome data on the implementation of all four strategies. One of the most important aspects of CPPC is community members’ engagement in helping to create safety nets in their own communities. Statewide, there are approximately 2,397 (66%) professionals and 1,232 (34%) community members involved in the implementation of the four strategies. In 2017, sites held 665 events and activities with 117,147 individuals participating in community awareness activities to engage, educate and promote community involvement in safety nets for children, and increase and build linkages between professional and/or informal supports.

The department partnered with Iowa State University to implement an AmeriCorps program which provides an AmeriCorps member to ten CPPC sites to promote communities’ ability to strengthen the four strategies of CPPC. A statewide AmeriCorps program coordinator provides oversight to members serving in these ten sites. The coordinator also distributes a monthly newsletter which features members and offers information on local site initiatives. AmeriCorps members expanded sites’ capacity to engage the community and promote child well-being.

Parent Cafes
CPPC recently sponsored a Parent Cafe training in Des Moines. In partnership with BeStrong Families, 40 new Parent Cafe facilitators and table hosts received training in teams from areas across the state. CPPC is also in the process of developing state
trainers, and the BeStrong Families staff mentored 6 new trainers in Iowa. Since 2016, CPPC supported training for a total of 95 individuals. Parent Cafes occur regularly across the state including parents in family preservation court, parents as teachers participants, parents with school age children and parents recruited through facilitators. Designed outcome collection tools capture the following information from participants:

- Reduce stress/increase peace and well-being
- Increase parenting knowledge and skills
- Build protective factors
- Facilitate meaningful relationships and bonding/community-building
- Provide opportunities for parent leadership

Today in Iowa, 40 CPPC local decision-making groups, involving 99 counties, guide the implementation of CPPC. Four key strategies guide the Community Partnerships approach:

1) **Shared Decision-Making (SDM)**
   - Ninety-five percent (95%) of the sites had community members involved with SDM.
   - Ninety-five percent (95%) of the sites had a former client and/or Parent Partner involved with the SDM.
   - Ninety-two percent (92%) of the sites had a mental health representative involved with SDM.
   - Eight-five percent (85%) of the sites had representatives from public and private child welfare agencies, domestic violence, substance abuse, and prevention.

2) **Neighborhood/Community Networking (N/CN)**
   - One-hundred percent (100%) of the sites participated in community awareness activities.
   - One-hundred percent (100%) of the sites participated in activities that increased linkages between professionals and informal supports.
   - Seventy-two percent (72%) of the sites developed organizational networks to support families that reached level three or above. Networks to date include but are not limited to: Neighborhood Hubs, 24/7 Dads, Community Equity Teams, Neighborhood Partner, and Parent Cafes.

3) **Community-Based Family Team Decision-Making (CBFTDM) Meetings and Individualized Course of Action (ICA)**
   - One-hundred percent (100%) of the 99 counties offer family team decision-making (FTDM) meetings for families involved in the child welfare system.
   - Thirty-eight percent (38%) of the CPPC sites implemented CBFTDM meetings in the community (non-child welfare involved families).
   - Three-hundred-eighty-four (384) CBFTDM meetings occurred in the community (non-child welfare involved families), which is 143 CBFTDM meetings more than the previous year.
4) **Policy and Practice Change (PPC)**

- One-hundred percent (100%) of the sites identified a policy and/or practice change.
- Eight-two percent (82%) of the sites developed plans to address policy and practice changes.
- Forty-one percent (41%) of the sites implemented policy and practice changes. Policy and practice changes included: addressing service gaps; strengthening communication between DHS and community partners; cultural competency; prevention of re-abuse; stronger collaborations with domestic violence agencies; 24/7 Dads, transportation needs, sex trafficking, disproportionality, cultural responsive services and supports.

**CPPC Education and Training SFY 2018**

- Four (4) Regional 101's with 73 individuals attending
- One (1) Immersion 201 with 21 individuals attending
- Forty nine (49) face-to-face technical assistance meetings
- Eighty-nine (89) Technical Assistance contacts via phone or email for 31 individuals
- Two (2) CPPC statewide meetings with an average of 130 participants per meeting
- Six (6) CPPC regional meetings (2 meetings in 3 regions) with 20-30 participants per meeting
- Four (4) Orientation sessions with new coordinators

**Community Partnerships for Protecting Children Level Summary:**

Sites must report a specific level (1-4) for each strategy obtained during the year. Sites received training on requirements to meet each specific level and received written materials to assess the level for each strategy. Sites submit their report to the program manager who reads the report and verifies appropriateness of level reported. Chart 2(d) summarizes the average level achieved for each strategy based on reports from 39 sites. On average, communities continue to increase or remain at the same level of implementation.

Last year, based on the recommendations from the Community Partnership Network, the levels changed, with this year as the first complete year utilizing the revised levels for reporting. As DHS practice and services shift to systemically incorporate many concepts that CPPC started and implemented (e.g. Family Team Decision-Making, Youth Transition Decision-Making, and Parent Partners), there is a shift in the responsibility of the CPPC network, thus modifications occurred to the expectations of the levels.

For example, in previous years, if a site implemented Parent Partner, this was level 3 in Neighborhood/Community Networking. Now the department has a statewide contract to manage Parent Partners and systemically implement statewide. Several levels in the four strategies changed to be inclusive of Parent Partners but sites are no longer responsible for Parent Partner implementation. Early on, expectation for sites included involvement with FTDM meeting implementation but now FTDM meetings are
systemically included in the service array. Sites and levels expectation now focus more on supporting DHS’s FTDM meetings and community-based FTDM meetings.

**Chart 2(d): Average Level for Each Strategy for all Sites Reporting**

![Average Level for Each Strategy for all Sites Reporting](chart)

Note: 2011 is not included because we transitioned from FFY to SFY and sites reported on 9 month instead of the transitional 12 months.

**Summary of CPPC Collaborative Efforts and System Impact:**

- **Strengths:**
  - Engaged diverse network of state agencies, community-based programs, Parent Partners and community members reviewing services and supports and working towards addressing gaps in services and supports.
  - CPPC builds linkages between formal and informal supports, bridges prevention and tertiary approaches, strengthens awareness and streamlines community resources.
  - CPPC networks provide opportunities to pilot, support, and implement child welfare policy and practice changes (e.g. Family Team Decision-Making, Youth Transitioning Initiative, Parent Partners and Cultural Equity).
  - After collecting feedback from the sites in regards to information sharing about a basic framework for CPPC approaches to grow locally, an extensive manual, the CPPC Practice Guide, was developed and disseminated during the spring statewide meeting. This guide will be used as a tool in future introductory (101) and advanced (201) sessions in order to increase knowledge base of local coordinators as well as key decision making members in the communities they serve.
  - Community Partnership Executive Committee reviews the CPPC level data and determines educational and technical assistance needed by the sites to advance to the next level.
Revised existing brochure and continue to educate sites on the four strategies’ revised levels and the CPPC practice manual to ensure implementation continues to produce increases in the levels.

- Opportunities for Improvement and Next Steps:
  - Explore new strategies, search for additional resources to assist sites in implementing community-based family team/youth transition decision-making.
  - Support sites in the implementation of Community Based Family Team/Transitioning Youth Decision-Making.
  - Work to increase sites’ understanding of child welfare data and utilizing this data to drive policy and practice change.
  - Develop more resources for sites to understand how to identify and implement policy and practice change.

**Community Adolescent Pregnancy Prevention (CAPP)**

In 1987, the DHS, as a result of a taskforce recommendation, created the Adolescent Pregnancy Prevention and Services to Pregnant and Parenting Adolescents Program, now known as Community Adolescent Pregnancy Prevention (CAPP). The program is currently funded entirely through federal Temporary Assistance for Needy Families (TANF) block grant dollars and housed with the DHS Bureau of Child Welfare and Community Services, given the correlation between young parenting and risk of maltreatment.

The DHS administers the program, with the support of an external administrator. Iowa Administrative Code (IAC) Chapter 441—173 identifies program rules, which directs funds go to local/regional coalitions for projects providing:
1. Broad-based representation from community or regional representatives including, but not limited to, schools, churches, human service-related organizations, and businesses.
2. Comprehensive programming focusing on the prevention of initial pregnancies during the adolescent years.
3. Services to pregnant and parenting adolescents. Not more than 25 percent of a community grant may be used for these services.

**Services in SFY 2017**

Services provided by local contractors and subcontractors used various evidence-based curricula. Contractors offered services primarily through area schools, but also in alternative settings such as foster group care homes. The CAPP program administrator collects service data and the program evaluator gathers and analyzes pre/post surveys measuring changes in knowledge, attitudes, and beliefs. Grantees submit required quarterly service reports indicating the numbers of youth served through various program requirements, including:
- Full sexual health curriculum implementations (with fidelity)
- Partial sexual health curriculum implementations (for example, some schools will not allow parts of curricula to be presented, such as condom demonstrations)
- Topical presentations on a range of issues, such as:
  - Sexually transmitted infections
  - Healthy relationships
In SFY 2017 (July 1, 2016 - June 30, 2017), the following were the service outputs:

- Teens receiving CAPP services of any kind (may include duplication from different types of interventions): 41,594
  - The number served includes 283 pregnant and parenting teens, who received ongoing support, programming and services.
- Number of Iowa school districts receiving CAPP programming of any kind: 110
- Number of full curriculum implementations (typically 3-7 days each over several weeks): 641

**Fidelity Monitoring**

In accordance with best practice standards for sexuality education, Eyes Open Iowa (EOI) and the University of Northern Iowa (UNI), contracted to evaluate CAPP services provided at the local level and developed a process for monitoring the fidelity of teaching the various CAPP approved curricula. SFY 2015 was the first year that the process began for all grantees.

The CAPP fidelity process considers and scores five aspects of fidelity:

- Adherence (the extent to which program components are delivered as prescribed)
- Exposure (dosage, or the amount of the program delivered compared to the amount prescribed by the program model)
- Participant responsiveness (manner in which participants react to or engage in the program)
- Quality of delivery (manner of delivery)
- Program differentiation (the degree to which critical components are distinguishable from each other).

With feedback from grantees and the CAPP administrator, UNI developed hard copy and online versions of fidelity logs for each of the CAPP approved curricula. Each log contains a section for the curriculum’s modules and activities, as well as questions about the classroom, school, and teacher. In total, grantees entered 309 fidelity logs via the online submission form representing eight evidence-informed curricula in SFY 2017. Five curricula were represented by five or fewer fidelity logs and therefore were not included in this analysis to avoid identifying a specific grantee or educator. Result of fidelity monitoring can be found in Table 2(j).
Table 2(j): Average scores by fidelity dimensions and curricula.

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Source: Community Adolescent Pregnancy Prevention Grant Program Evaluation, FY2017 Annual Report, Center for Social and Behavioral Research, University of Northern Iowa

Key Findings and Measureable Outcomes

In 2015, the teen birth rate in the US was 22.3 births per 1,000 females ages 15-19. In the state with the lowest rate, Massachusetts, there were 9.4 births per 1,000 girls (Massachusetts was ranked number 1). In the state with the highest rate, Arkansas, there were 38 births per 1,000 girls (Arkansas was ranked number 50). In Iowa, ranked number 17, there were 18.6 births per 1,000 girls in 2015.

- For the years 2012-2016, 28 of 49 CAPP counties averaged annual teen birth rates below the 2015 national average of 22.3 births per 1,000 females age 15-19.
- Among CAPP counties with reportable data available in both 2012 and 2016, all but four counties served by CAPP experienced reductions in teen birth rates between 2012 and 2016.
- Nationally, teen birth rates also fell between 2012 and 2016.

In SFY 2017, pre/post surveys were available both in paper format and online. However, the evaluation team noted significant differences in responses based on the mode of survey (this is commonly referred to a “mode effect”). Therefore, survey outcomes are presented in the following figures separately based on the survey type.

Participant Outcomes (Paper Version)

From pre-test to post-test, statistically significant changes were seen on five of eight knowledge items (Figure 5). Significantly more respondents at post-test than at pre-test correctly answered the questions It is against the law for people under 16 years old to buy condoms (28 percentage points), The only 100% effective way to avoid HIV or another STI/STD is to not have sex (20 percentage points), You can get HIV and other STI/STDs if you only have sex once without a condom (17 percentage points), A girl
cannot get pregnant the first time she has sex (7 percentage points), and Condoms are always 100% effective in preventing pregnancy, HIV, and STI/STDs (4 percentage points). No significant changes in correct responses from pre-test to post-test were seen on the items To the best of my knowledge, most of my friends are sexually active, Most people your age have had sexual intercourse, and Birth control pills help protect against STI/STDs.

Figure 5: SFY 2017 Paper Version – Knowledge changes from pre-test to post-test, percent responding “correctly” to the question (n=13,422).

* indicates statistically significant change from pre-test to post-test

Source: Community Adolescent Pregnancy Prevention Grant Program Evaluation, FY2017 Annual Report, Center for Social and Behavioral Research, University of Northern Iowa
**Participant Outcomes (Online Version)**

From pre-test to post-test, statistically significant changes were seen on four of eight knowledge items (Figure 6). Significantly more respondents at post-test than at pre-test correctly answered the questions, *It is against the law for people under 16 years old to buy condoms* (24 percentage points), *You can get HIV and other STI/STDs if you only have sex once without a condom* (11 percentage points), *Most people your age have had sexual intercourse* (10 percentage points), and *The only 100% effective way to avoid HIV or another STI/STD is to not have sex* (7 percentage points). No significant changes in correct responses from pre-test to post-test were seen on the items *To the best of my knowledge, most of my friends are sexually active*, *Birth control pills help protect against STI/STDs*, *Condoms are always 100% effective in preventing pregnancy, HIV, and STI/STDs*, and *A girl cannot get pregnant the first time she has sex*.

**Figure 6:** SFY 2016 Online Version – Knowledge changes from pre-test to post-test, percent responding “correctly” to the question (n=1,296).

* indicates statistically significant change from pre-test to post-test

Source: Community Adolescent Pregnancy Prevention Grant Program Evaluation, FY2017 Annual Report, Center for Social and Behavioral Research, University of Northern Iowa
Future Direction of Programming
The DHS initiated a new procurement of the CAPP administrative contract for SFY 2019. The current contract is set to end on June 30, 2018. The DHS engaged in a similar planning process as completed in the procurement of child maltreatment prevention administration services, conducting surveys and focus groups with current grantees, partners, and stakeholders to determine the specific gaps and needs across the state.

Specifically, the DHS is interested in enhancing CAPP services to “at-risk” populations. Iowa, like many states, has seen a dramatic decrease in teen births over the past decade (declining by over 50% from 2006-2015, according to vital statistics reports from the Iowa Department of Public Health). However, a population that continues to see high rates of young parenting includes our foster care youth and those aging out of the child welfare system. A recent review of our National Youth Transition Database (NYTD) data shows that, specifically for those females who “aged out” of the system, more than 50% were parenting by age 21 (based on a random sample of youth followed from 2011-2015 at ages 17, 19, and 21).

DHS conducted a significant amount of research and analysis in trends and data points related to adolescent pregnancy and at-risk populations. As a result of the finding, as well as the DHS’s interviews with grantees and stakeholders, the new CAPP Administrative procurement placed an emphasis on several goals moving forward with the CAPP Program, including, but not limited to:

- **Building stronger local community coalitions;**
  - Data from a survey of CAPP coalition members, more than half of the 71 respondents were, in some way, employed by CAPP grantee agencies. In addition, a number of fields were not represented at all in the 71 responses received by DHS (i.e., juvenile court services/law enforcement, faith community, teens/young parents, or private businesses). This indicates a need for greater support and technical assistance to grantees in building and sustaining strong coalitions.

- **Providing culturally relevant interventions and projects;**
  - Given the data around disparity (showing Hispanic/Latino and Black youth with particularly high rates of pregnancy in adolescence), it is apparent that there is a need for programming that has indicated effectiveness in reducing adolescent pregnancy in these populations.

- **Coordination with out-of-home placement providers in program and project implementation;**
  - Perhaps the most striking data trend was the significant rates of adolescent pregnancy in the population of youth involved in the child welfare and juvenile justice systems. Targeting this population and working collaboratively with other at-risk youth serving organizations shall be a priority as the program moves forward.

- **Developing a comprehensive programming model that goes beyond sexual health education, including programming that focuses on improving**
relationships between youth and adults, as well as service learning and other youth development programming;

- While comprehensive sex education is an important component to preventing adolescent pregnancy, the DHS views this as one strategy within a broader array of comprehensive services geared toward youth at risk for adolescent pregnancy. Research suggests that the problem of adolescent pregnancy is much more complex than just a lack of knowledge about sexual health. Risk factors include a history of abuse, conflict within the family, having a mother who was a young parent, low self-esteem, and poverty, among others. To continue to reduce the rate of adolescent pregnancy in the state, these other factors must be part of a more comprehensive approach.

- As noted in a literature review conducted by the CAPP evaluator “positive outcomes were found more frequently in programs that emphasized improving relationships between parents and youth, programs that included service learning or community service, programs that included homework (particularly interactive homework that included parent or family involvement), and programs that were culturally tailored to the population being served.”

- Targeting communities and populations with the greatest risk; and

- In addition to targeting specific demographic populations (i.e., areas with high rates of minority youth or out-of-home placement facilities), there are also community level trends that can point to geographic areas of the state that are at higher risk for adolescent pregnancy. Therefore, the CAPP program evaluator is currently working on a comprehensive risk index that considers multiple factors in determining risk by geographic area.

- Implementing Continuous Quality Improvement (CQI) measures and activities to regularly incorporate evaluation findings into practice.

- One of the challenges with evaluation in general is that it is often conducted as a requirement, but the results are not often used to make program or practice changes. The new CAPP administrator is required to develop a plan for how evaluation data will be used with grantees and at a program level in the process of continuous quality improvement.

The DHS released this bid opportunity in December of 2017 and received resistance from the incumbent CAPP administrator, as well as a number of CAPP grantees, who saw the shift in focus as a departure from the program’s intent. As a result, DHS responded to a number of inquiries from Iowa state legislatures and issued a public brief (available at: http://dhs.iowa.gov/sites/default/files/CAPP_Brief_FINAL.pdf). In the end, the incumbent CAPP administrator chose not to apply for the contract. However, the DHS received two bids from other statewide organizations and the contract was recently awarded to Prevent Child Abuse Iowa. This new administrative contract will begin July 1, 2018.

Collaboration with Youth Policy Institute of Iowa (YPII)
The DHS has also been involved in an exciting opportunity for Iowa to participate in the Pregnancy Prevention and Parenting Support project (through Jim Casey foundation). The project lead (YPII) has been busy over the past year gathering powerful data from
aged-out youth (through surveys and focus groups) to better understand the correlating factors that lead to young parenting in the foster care youth population. The data is currently undergoing analysis with a team of researchers at Iowa State University. We are hopeful that this data will lend itself to future program and policy changes, just in time for the next round of competitive procurement for local CAPP service grantees in SFY 2020 (July 1, 2019). The DHS also anticipates the information gathered could help inform other programs and policies as it relates to adolescent sexual health education for Iowa’s youth in care.

Intervention

**Child Protective Assessments**

When the DHS receives a report of suspected child abuse or neglect and the allegation meets the three criteria for abuse or neglect in Iowa (victim is under the age of 18, allegation involves a caretaker for most abuse types, and the allegation meets the Code of Iowa definition for child abuse), the DHS accepts the report of suspected abuse or neglect for a child protective assessment. On January 1, 2014, Iowa implemented a Differential Response (DR) System. Under the DR System, when the DHS intake staff accepts a report of suspected abuse, the staff assigns the report to one of two pathways for assessment, a Family Assessment (FA) or a Child Abuse Assessment (CAA).

The DHS staff assigns accepted reports of suspected abuse or neglect to a FA when only Denial of Critical Care is alleged with no imminent danger, death, or injury to a child and other criteria as outlined in 441 Iowa Administrative Code (IAC) 175.24(2)(b) is also met. Cases eligible for a FA are less serious allegations of abuse or neglect. During the course of a FA, the DHS child protective worker (CPW):

- Visits the home and speaks with individual family members to gather an understanding of the concerns reported, what the family is experiencing, and engages collateral contacts in order to get a holistic view;
- Evaluates safety and risk for the child(ren);
- Engages the family to assess family strengths and needs through a full family functioning assessment; and
- Connects the family to any needed voluntary services.

CPWs must complete FA reports by the end of 10 business days, with no finding of abuse or neglect, no consideration for placement on the Central Abuse Registry, and no recommendation for court intervention made. Successful closure of a FA indicates the children are safe and are at a low to moderate risk of future abuse. CPWs make recommendations for services available in the community for families with low risk; they offer families at moderate risk voluntary, state purchased services called Community Care.

If at any time during the FA the CPW receives information that makes the family ineligible for a FA, inclusive of a child being “unsafe”, the DHS staff reassigns the case to the CAA pathway. The same CPW continues to work the case.
Process and outcome measures continue to indicate that the system works as designed and the outcomes for children and families are positive. Highlights of report findings include:

- Ninety-three percent (93%) of children who received a FA did not experience a substantiated abuse report within twelve months.
- Ninety-eight-point-twenty-one percent (98.21%) of families referred to Community Care services did not experience a Child in Need of Assistance (CINA) adjudication within six months of service.
- Eighty-nine-point-ten percent (89.10%) of families referred to Community Care services did not experience a substantiated abuse report within twelve months of service.
- DHS referred 3,458 families to the state purchased services, Community Care.
- One-thousand-five-hundred-fifty-four (1,554) of the 8,722 families were reassigned from the FA pathway to the CAA pathway. These reassigned families comprised 4% of all accepted intakes for calendar year 2017.
- Forty-two percent (42%) of the cases reassigned resulted in a substantiated finding, which indicates utilization of pathway reassignment as designed.

The CAA is Iowa’s traditional path of assessing reports of suspected child abuse or neglect. The DHS CPW utilizes the same family functioning, safety and risk assessments as under the FA pathway. However, by the end of 20 business days, the CPW must make a finding of whether abuse or neglect occurred, consider whether a perpetrator’s name meets criteria to be placed on the Central Abuse Registry, and determine whether court intervention will be requested. Findings include:

- “Founded” means that DHS determined by a preponderance of credible evidence (greater than 50%) that child abuse or neglect occurred and the circumstances meet the criteria for placement on the Iowa Central Abuse Registry.
- “Confirmed” means that DHS determined by a preponderance of credible evidence (greater than 50%) that child abuse or neglect occurred but the circumstances did not meet the criteria specified for placement on the Iowa Central Abuse Registry because the incident was minor, isolated, and unlikely to reoccur. (Only two abuse types, physical abuse and denial of critical care, lack of supervision or lack of clothing, can be confirmed).
- “Not Confirmed” means that DHS determined there was not a preponderance of credible evidence (greater than 50%) indicating that child abuse or neglect occurred.

If a report of suspected child abuse or neglect does not meet the criteria to be accepted for assessment, DHS intake staff rejects the report. DHS intake staff may screen a rejected report for a Child In Need of Assistance (CINA) Assessment, if the report meets the criteria for the child to be adjudicated a CINA in accordance with Iowa Code §232.2.6. DHS uses CINA Assessments to determine if juvenile court intervention should be recommended for a child and also examines the family’s strengths and needs.

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in order to support the families’ efforts to provide a safe and stable home environment for their children.

Table 2(k): DHS Child Protective Assessments (CY 2011-2017)

<table>
<thead>
<tr>
<th>Calendar Year (CY)</th>
<th>Total Assessed Reports</th>
<th>Family Assessments (Percentage)**</th>
<th>Assessments Not Confirmed (Percentage)</th>
<th>Assessments Confirmed &amp; Founded (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017***</td>
<td>33,418</td>
<td>7,136 (21%)</td>
<td>17,724 (53%)</td>
<td>8,558 (26%)</td>
</tr>
<tr>
<td>2016</td>
<td>25,707</td>
<td>7,457 (29.0%)</td>
<td>11,766 (45.8%)</td>
<td>6,484 (25.2%)</td>
</tr>
<tr>
<td>2015</td>
<td>24,298</td>
<td>7,469 (30.7%)</td>
<td>10,787 (44.4%)</td>
<td>6,042 (24.9%)</td>
</tr>
<tr>
<td>2014</td>
<td>23,562</td>
<td>7,769 (33.0%)</td>
<td>10,259 (43.5%)</td>
<td>5,534 (23.5%)</td>
</tr>
<tr>
<td>2013</td>
<td>26,129</td>
<td>NA</td>
<td>17,218 (65.9%)</td>
<td>8,911 (34.1%)</td>
</tr>
<tr>
<td>2012</td>
<td>28,918</td>
<td>NA</td>
<td>19,302 (65.9%)</td>
<td>9,616 (33.3%)</td>
</tr>
<tr>
<td>2011</td>
<td>30,747*</td>
<td>NA</td>
<td>21,035 (68.4%)</td>
<td>9,712 (31.6%)</td>
</tr>
</tbody>
</table>

Source: SACWIS
*The number of total reports increased 16% due to a policy clarification regarding confidentiality.
**Family Assessments began in CY 2014 with the implementation of a Differential Response (DR) System.
***The number of total reports increased 11% due to factors that included a practice change resulting in new allegations being addressed in a new report as well as additional reports resulting from a number of high profile cases.

The number of unique children who experienced confirmed or founded abuse increased again from CY 2016 to CY 2017. The significant decline between CY 2013 to CY 2014 occurred due to the implementation of DR System in CY 2014. In 2017, there were 9,098 unique children whose family received a FA, representing 24% of all unique children whose family received a child protective assessment (either a FA or a CAA).

As referenced in greater detail in Section III: Chafee Foster Care Independence Program (CFCIP), since early 2014, the DHS implemented activities to educate and train child protection staff to adequately identify children who are victims of human trafficking or at risk of becoming victims of human trafficking. These activities included commendable collaboration with law enforcement and other external partners who provide child welfare services to develop and fully implement the child sex trafficking
policies and procedures reflecting the federal legislation of the Preventing Sex Trafficking and Strengthening Families Act (Public Law No. 113-183, signed May 29, 2014).

On October 1, 2015, Iowa implemented policy changes in the Iowa Administrative Code and amended Iowa law, effective July 1, 2016, to address the federal legislation impacting child protection and child sex trafficking. This same amendment also incorporated requirements from the Justice for Victims of Trafficking Act of 2015 (Public Law No. 114-22, signed May 29, 2015) to identify, assess, and provide services for victims of sex trafficking and consider them to be victims of child abuse and neglect and of sexual abuse. This state law does not require the perpetrator of the abuse to be a caretaker, as required for all other types of abuse in Iowa.

Additionally, Iowa amended its law, effective July 1, 2016, to modify the definition of sexual abuse, to include, not only the person responsible for the care of the child/caretaker, but to include any person who resides in a home with the child. This state law change allowed the DHS to address allegations of sexual abuse by perpetrators who previously fell through the cracks of the state’s definition of “person responsible for the care of the child”. If confirmed, these child victims and their families became eligible for formal DHS case management and contracted services.

While some initial concerns arose with how this would impact children in the home who perpetrate sexual abuse on another child in the home, particularly children considered as sexually reactive versus sexual perpetrators, there were already protections within the current law in place for these minor victims. While there may be a confirmed or founded finding on a minor child in the home, any child under the age of 14 determined to have committed sexual abuse is not placed on Iowa’s Child Abuse Registry. Additionally, if DHS determines there is a good cause, any child age 14-17 determined to have committed sexual abuse also is not placed on the Iowa Child Abuse Registry. Ultimately, more child victims as well as child perpetrators and their families were eligible for DHS services.

As implementation of this law change occurred, the DHS began seeing a significant number of allegations involving very young children who were determined to be displaying age appropriate sexual curiosity or were sexually reactive children. In the 2018 Iowa Legislative session, a bill passed to again modify the child abuse definition of sexual abuse to limit a “person who resides in a home with the child” to a person who is fourteen years of age or older and resides in a home with the child.

Additionally, a bill passed to also modify the child abuse definition of Allows Access to a Registered Sex Offender. Poor wording in the definition lead to Founded cases of this abuse type to be overturned upon appeal. If signed into law by the Governor, both of these changes will take effect, July 1, 2018.
**Child Advocacy Centers**

A Child Advocacy Center (CAC), also known as a Child Protection Center (CPC) is a medically based facility within a community or service area that offers a comprehensive, child focused program that allows law enforcement, child protection and mental health professionals, prosecutors and medical personnel to work together to handle child abuse cases.

CAC/CPCs employ staff that specializes in the emotional and physical needs of children who have experienced sexual abuse, severe physical abuse and/or substance use related maltreatment or neglect. Services include forensic interviews, medical exams, treatment, and follow-up services for alleged child victims and their families. These specialized services strive to limit the amount of trauma experienced by child victims and non-offending family members. In addition to providing case consultation services to DHS, the CAC/CPCs coordinate with law enforcement and county attorneys in the prosecution of criminal cases involving child endangerment, child fatalities, and sexual abuse. Other services provided by CAC/CPCs include multidisciplinary trainings for professionals involved in child welfare services.

Currently, there are five CAC/CPCs and one satellite CAC/CPC in Iowa. The names and locations of the CAC/CPCs are as follows: Mississippi Valley CAC/CPC which is located in Muscatine, Iowa, St Luke’s CAC/CPC in Hiawatha, Iowa, Blank Regional Children’s Hospital in Des Moines, Iowa, Mercy CAC/CPC in Sioux City, Iowa and Allen CAC/CPC in Cedar Falls, Iowa which also hosts a satellite CAC/CPC in Mason City, Iowa. In addition to the CAC/CPCs in Iowa, there is also Project Harmony, a CAC/CPC, located in Omaha, NE which serves southwestern Iowa.

The Iowa CAC/CPCs have a monetary contract with the Iowa Department of Public Health (IDPH). On May 31, 2001, a Child Protection Center Grant Program was established within IDPH to provide grants to eligible applicants for the purpose of establishing new Child Protection Centers and to support the existing ones (Iowa Code Section 135.118). Grants are available to eligible organizations that meet, or are in the process of implementing Child Protection Center standards as established by the National Children’s Alliance. These standards relate to the provision of services to child abuse victims and their families referred by DHS or law enforcement agencies. The Iowa CAC/CPCs currently receive funding under this grant program. Project Harmony receives a separate state appropriation as it is located in Nebraska.

The five Iowa CAC/CPCs operate under a nonmonetary agreement with DHS. This agreement is in the form of a collaborative Memorandum of Understanding (MOU) between the Department and each CAC/CPC. The MOU establishes the services and protocols that CAC/CPAs will follow when providing services to DHS clients. The MOUs with each of the Iowa CAC/CPCs began on July 1, 2016. Of significance in the MOUs is the addition of services for Dependent Adults. In addition to services for children, all of the CAC/CPCs in Iowa will now provide an array of coordinated services for Dependent Adults who experienced abuse or neglect. For Project Harmony, there is a
formal contract between that center and DHS for services for Iowa children and families in the southwestern part of the state.

Below is data for Iowa’s CAC/CPC; Project Harmony’s data presented separately. The Child Protection Center Grant Program, housed within the IDPH, collects and provides the Iowa’s CAC/CPC data. Each of the Iowa CAC/CPCs submits their data to IDPH who then combines the data and issues one report. There are no known data quality issues or limitations with the data.

Table 2(I): Iowa Department of Public Health (IDPH) End of Year Report*

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children Served:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age of children:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-6 yrs.</td>
<td>1632 (50%)</td>
<td>1746 (49%)</td>
<td>1344 (45%)</td>
<td>1291 (43%)</td>
<td>1494 (43%)</td>
<td>1583 (42%)</td>
</tr>
<tr>
<td>7-12 yrs.</td>
<td>1037 (32%)</td>
<td>1185 (33%)</td>
<td>993 (33%)</td>
<td>1054 (35%)</td>
<td>1151 (33%)</td>
<td>1262 (34%)</td>
</tr>
<tr>
<td>13-18 yrs.</td>
<td>602 (18%)</td>
<td>650 (18%)</td>
<td>648 (22%)</td>
<td>691 (23%)</td>
<td>828 (24%)</td>
<td>897 (24%)</td>
</tr>
<tr>
<td>Total number of new children served:</td>
<td>3271</td>
<td>3581</td>
<td>2985</td>
<td>3036</td>
<td>3473</td>
<td>3742</td>
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<tr>
<td><strong>Categories of abuse:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>2108</td>
<td>2473</td>
<td>2134</td>
<td>2135</td>
<td>2351</td>
<td>2592</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>370</td>
<td>358</td>
<td>372</td>
<td>373</td>
<td>391</td>
<td>449</td>
</tr>
<tr>
<td>Neglect</td>
<td>54</td>
<td>62</td>
<td>69</td>
<td>81</td>
<td>80</td>
<td>154</td>
</tr>
<tr>
<td>Witness to violence</td>
<td>138</td>
<td>158</td>
<td>165</td>
<td>201</td>
<td>215</td>
<td>225</td>
</tr>
<tr>
<td>DEC (drug endangered child)</td>
<td>618</td>
<td>735</td>
<td>461</td>
<td>478</td>
<td>510</td>
<td>578</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>21</td>
<td>105</td>
<td>204</td>
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<tr>
<td><strong>Services provided:</strong></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Medical/Physical exam:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial</td>
<td>2012</td>
<td>2227</td>
<td>1915</td>
<td>2004</td>
<td>2107</td>
<td>2256</td>
</tr>
<tr>
<td>Follow-up</td>
<td>544</td>
<td>606</td>
<td>658</td>
<td>501</td>
<td>251</td>
<td>665</td>
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<tr>
<td>Counseling/Therapy:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>In-house (hrs.):</td>
<td>533</td>
<td>226</td>
<td>155</td>
<td>184</td>
<td>97</td>
<td>373</td>
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<tr>
<td>Number of referrals:</td>
<td>1812</td>
<td>1817</td>
<td>1633</td>
<td>1815</td>
<td>1795</td>
<td>2093</td>
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<td>Forensic interviews:</td>
<td>2271</td>
<td>2610</td>
<td>2270</td>
<td>2345</td>
<td>2260</td>
<td>2842</td>
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<tr>
<td>Drug testing only:</td>
<td>511</td>
<td>406</td>
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<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Foster Care/removal exams:</td>
<td>239</td>
<td>231</td>
<td>121</td>
<td>87</td>
<td>109</td>
<td>126</td>
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<tr>
<td>Cases founded/reason to believe:</td>
<td>464</td>
<td>563</td>
<td>383</td>
<td>444</td>
<td>693</td>
<td>799</td>
</tr>
</tbody>
</table>

Source: Iowa Department of Public Health; Note: Percentages may not equal 100% due to rounding.
*Report does not include Project Harmony
**SFY 2018 (7/1/17-12/31/17)

Project Harmony compiles its own data and submits their data report directly to DHS. The contract with Project Harmony requires statistical records be kept of services provided. There are no known data quality issues or limitations with the data.
### Table 2(q): Project Harmony Data

<table>
<thead>
<tr>
<th></th>
<th>SFY 2015</th>
<th>SFY 2016</th>
<th>SFY 2017</th>
<th>SFY 2018*</th>
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<tr>
<td><strong>Children Served:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-6 yrs.</td>
<td>118</td>
<td>114</td>
<td>123</td>
<td>56</td>
</tr>
<tr>
<td>(41%)</td>
<td>(38%)</td>
<td>(35%)</td>
<td>(37%)</td>
<td></td>
</tr>
<tr>
<td>7-12 yrs.</td>
<td>105</td>
<td>120</td>
<td>144</td>
<td>61</td>
</tr>
<tr>
<td>(37%)</td>
<td>(39%)</td>
<td>(41%)</td>
<td>(40%)</td>
<td></td>
</tr>
<tr>
<td>13-18 yrs.</td>
<td>63</td>
<td>69</td>
<td>86</td>
<td>35</td>
</tr>
<tr>
<td>(22%)</td>
<td>(23%)</td>
<td>(24%)</td>
<td>(23%)</td>
<td></td>
</tr>
<tr>
<td><strong>Total number of new children served:</strong></td>
<td>286</td>
<td>303</td>
<td>353</td>
<td>152</td>
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<tr>
<td><strong>Categories of abuse:</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>234</td>
<td>263</td>
<td>307</td>
<td>131</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>35</td>
<td>25</td>
<td>24</td>
<td>6</td>
</tr>
<tr>
<td>Neglect</td>
<td>19</td>
<td>19</td>
<td>45</td>
<td>13</td>
</tr>
<tr>
<td>Witness to violence</td>
<td>10</td>
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<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td>9</td>
<td>0</td>
<td>3</td>
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<td><strong>Services provided:</strong></td>
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<tr>
<td>Medical/Physical exam</td>
<td>137</td>
<td>88</td>
<td>117</td>
<td>65</td>
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<tr>
<td>Counseling/Therapy:</td>
<td>In-house</td>
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<td>23</td>
<td>94</td>
</tr>
<tr>
<td></td>
<td>Number referrals</td>
<td>87</td>
<td>71</td>
<td>103</td>
</tr>
<tr>
<td></td>
<td>Forensic interviews</td>
<td>256</td>
<td>217</td>
<td>296</td>
</tr>
<tr>
<td></td>
<td>Cases founded/reason to believe (DHS):</td>
<td>No Data</td>
<td>33</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>Cases with charges filed (Law Enforcement):</td>
<td>42</td>
<td>38</td>
<td>43</td>
</tr>
</tbody>
</table>

Source: Project Harmony  
*First 6 months only, 7/1/17-12/31/17

### Safety Plan Services

During the assessment process, child protection workers may determine that the family needs Safety Plan (SP) Services in order to ensure the safety of the child(ren). SP Services provide oversight of children assessed by the DHS worker to be conditionally safe and in need of services, activities, and interventions to move them from conditionally safe status to safe status during a time limited DHS child abuse assessment (CAA) or Child In Need of Assistance (CINA) assessment. SP Services include culturally sensitive assessment and interventions. SP Services assure that the child(ren) will be safe and that without such services the removal of the child(ren) from the home or current placement will occur. These services occur in the family’s home and/or other designated locations as determined by the DHS Safety Plan; remediate the circumstances that brought the child(ren) to the attention of DHS; and keep the child(ren) safe from neglect and abuse while maintaining or improving a child’s safety status.
There are currently eight (8) different contractors providing this service under sixteen (16) contracts in the local service areas, with the majority of contractors having no subcontracts.

As a part of the current contract, there are two contract performance measures implemented to evaluate effectiveness of the services:

- Performance Measure 1 (PM1): Children are safe in their homes and communities. Children will not be removed from their homes during Safety Plan Services.
- Performance Measure 2 (PM2): Children are safe in their homes and communities. Children do not suffer maltreatment during Safety Plan Services.

Table 2(m) is specific to both performance measures for April 1, 2017 through March 31, 2018.

<table>
<thead>
<tr>
<th>Number of Cases, Removals, Maltreatment</th>
<th>PM 1</th>
<th>PM 2</th>
</tr>
</thead>
<tbody>
<tr>
<td># Cases</td>
<td>Removed</td>
<td>Maltreatment</td>
</tr>
<tr>
<td>956</td>
<td>58</td>
<td>44</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Removals and Maltreatment %</th>
<th>PM 1</th>
<th>PM 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>93.93%</td>
<td>95.39%</td>
<td></td>
</tr>
</tbody>
</table>

Data Source: DHS - Numbers are based on cases that closed April 2017 through March 2018 (Statewide). The methods of data collection include reports generated out of FACS and JARVIS that identify the date of removal as well as the incident date of maltreatment. There are no known data quality or limitation issues with the data.

Table 2(m) shows contractors achieved and met the expected outcomes for performance measures one and two. SP Services contractors provided services on 956 cases and achieved 93.93% on performance measure one with 58 cases resulting in a removal from the home during service delivery. Of these 956 cases, contractors achieved 95.39% on performance measure two with 44 cases resulting in a child in the household who was a victim of a new incident of child abuse (report confirmed, not placed or confirmed, placed (founded)). During the time period of April 2017 through March 2018, the number of services provided by SP Services contractors increased by 209 cases from April 2016 through March 2017.

Collaborations during the time period of April 2017 through June 2018 included the following:

- Discussions between DHS program staff and the current Safety Plan/Family Safety, Risk and Permanency (FSRP) Services contractor representatives which resulted in a contract amendment as well as contract renewal with an effective date of July 1, 2018.
- Regularly scheduled quarterly and semi-annual meetings/conference calls between the DHS program manager, DHS service contract specialist, and representatives from the SP/FSRP Services contracts.
Quarterly onsite reviews with the assigned DHS service contract specialist and representatives from the respective contracts. Onsite reviews are conducted to ensure that contractors meet the contract requirements and are in compliance.

The annual statewide child welfare service meeting occurred on June 7, 2017 which included representation from child welfare service contractors, DHS field and central office staff, and other external partners.

(For additional information regarding some of the activities above, please refer to FSRP Services section of this report.)

**Drug Testing Services**

In child welfare, drug testing services may provide pertinent information to DHS and the courts related to the safety of children. Drug testing results often assist in the effort to identify or eliminate substance abuse as a possible contributing factor or risk in a child abuse assessment or child welfare service case. Drug testing may indicate a parent/caretaker’s past substance use or the absence of an illegal substance. Drug testing may be used as a check against a parent/caretaker’s verbal assertions in regards to usage and/or serve to confirm or contradict what is learned through direct observation and information gathered from other sources and assessments. Drug testing also can be an indicator of the client’s progress, lack of progress and/or being in a state of relapse in regard to substance abuse treatment. With regard to children, drug testing may indicate possible ingestion or exposure to drugs.

While drug testing may provide information on drug usage to DHS and the courts, it is important to note its limitations in terms of its ability to provide sufficient information in determining or predicting a parent/caretaker’s behavioral patterns and/or ability to parent effectively. As such, drug testing results should not be the sole measure in determining issues of safety and risk but rather as one of several tools used to determine the appropriate course of action and effective interventions for children and families dealing with substance abuse.

Drug testing collection and laboratory services are available to children, parents/caretakers, and families during a DHS child abuse assessment or in an ongoing DHS child welfare service case. DHS staff does not utilize drug testing during a family assessment. However, if during the course of a family assessment, a child protective worker (CPW) determines there are behavioral indicators of substance use/abuse and the child’s safety is in question, staff reassigns the family assessment to a child abuse assessment and drug testing may be utilized.

**Statewide Drug Testing Contracts**

Statewide contracts for DHS Drug Testing Collection and Laboratory Services began in July 2013. The move to statewide drug testing contracts was related to the need for cost containment in this area and for statewide consistency in collection services and laboratory analysis. Benefits gained from having instituted statewide Collection and Laboratory contracts include the following:
• **Certification Requirements.** Certifications requirements include the College of American Pathologists, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and the Clinical Laboratory Improvement Amendments Program.

• **Standardized cutoff levels.** Industry standard cut off levels established through the Federal Government Substance Abuse and Mental Health Services Administration are required for all drug testing analysis under these contracts to ensure that all testing of all DHS clients is handled in the same manner.

• **Uniformity in confirming tests.** All laboratory testing incorporates immunoassay technology. Positive results are verified by Gas Chromatography/Mass Spectrometry (GC/MS), Liquid Chromatography/Mass Spectrometry (LC/MS) or Liquid Chromatography – Mass Spectrometry/Mass Spectrometry (LC-MS/MS).

• **Statewide Drug Testing Protocol.** The Laboratory and Collections contract reflect the drug testing protocol alignment with the federal Substance Abuse and Mental Health Services Administration (SAMHSA) requirements.

Following are the 2017-2018 DHS Drug Testing Services activities and updates:

**Statewide Drug Testing Meetings**

• **Drug Testing Contacts:** The annual statewide meeting of Service Area Drug Testing Contacts occurred on October 17, 2017 in Des Moines, Iowa. The purpose of the annual meeting is to inform Service Area Drug Testing Contacts of any federal or state policy changes and updates related to drug testing. The meeting also allows for the sharing and discussion of any current drug testing issues within the DHS Service Areas. Topics discussed at the October meeting included: the number of client “walk-ins” for drug testing and the impact of that number on service delivery, multiple testing of clients, the DHS Drug Testing Protocols, drug courts, safety protocols for collectors, the issue of head lice and laboratory analysis, training needs, and the importance of using common, concise language with regard to the daily collection logs.

• **Collections Contractor Meeting:** In June 2017, the Program Manager and Contract Specialist met with the DHS’ drug testing collections contractor, Central Iowa Juvenile Detention Center CIJDC, and their staff at CIJDC’s central office in Eldora, Iowa. Under contractual rules, at least one joint meeting per year is required to be held at the contractor’s office and it must include an onsite review. A topic of discussion during the meeting and site review involved the State’s Drug Testing Authorization System. The contractor noted several functions within the electronic system creating errors which in turn slowed down the billing process. Other items discussed included training requirements for CIJDC staff and the collector’s error rate which was well below the contractual limit. In addition to this annual meeting, quarterly teleconferences occurred between DHS and the CIJDC contactor and staff. Weekly teleconferences between CIJDC and DHS field staff occurred when the need arose to address and resolve any reported issues from the Service Areas.
• **Laboratory Services Meetings:** As the Laboratory Services Contractor is located in the State of New Jersey there are no face to face contractor meetings with DHS. Instead quarterly teleconferences occur. Additional teleconferences are arranged if a Service Area reports any immediate concerns.

Policies and Procedures

• **Collector’s Safety:** The need arose for an identified safety protocol for drug testing collectors as there is always the potential that an individual receiving drug testing services could become volatile. DHS and the collections contractor agreed that discretion is given to the onsite collector to determine when it is best to stop the collection process and postpone the procedure.

• **Drug Testing Samples with Head Lice:** In the past year, there was a need to clarify the Laboratory contractor’s policy regarding testing hair samples that contain head lice. DHS was informed that it is the Laboratory’s policy not to test samples that contain head lice. The contractor noted that this policy is in line with the nationally approved accrediting laboratory body.

• **Testing Time:** The question was raised as to the amount of time that clients are allowed when providing a urine sample. Policy clarified that clients are initially given two to three minutes to provide a sample. If clients are unable to produce a sample, the DHS worker is notified through the collection daily logs.

• **Drug Testing Authorization System:** Over the course of the past year, updates have been approved and implemented to the DHS Drug Testing Authorization System. Updates included the deactivation of unnecessary fields on the authorization screen.

**DHS Laboratory Contractor**

• **Hair Testing:** Effective July 1, 2017, the DHS Laboratory Services Contractor transferred their hair testing account to another subcontractor. This move was made due to an increase in the cost of completing confirmation analysis for drug compounds on positive hair tests. As the new subcontractor is required to hold the contractually required laboratory certificates, there was no impact to the quality or types of chemical analysis conducted on tests during the transition. The impact of the move was minimal for DHS field staff. The only change required was for DHS staff to access test results from a different secure website. To prepare for the change in sub-contractors, the Laboratory Services Contractor provided webinar training in May 2017 for all Service Area Drug Contacts. Service Area Drug Contacts were then responsible for informing their filed staff of the change and for providing instructions on accessing test results from a different secured website.

**Drug Testing Collection Services Contract**

• **Fixed Site Locations:** Over the past year, Drug Testing Fixed Site locations increased, which will allow for better delivery of services.
- **Fixed Site Visits/Informal Reviews:** Five unannounced fixed site visits/reviews occurred in 2017. A visit or site review may be initiated by complaint and/or performed to confirm that the contractor operates the fixed site in accordance with contractual and sample collection requirements. Areas reviewed during an on-site include but are not limited to the following:
  - Cleaning supplies
  - Chain of custody forms for UA, Hair, and Patch Samples
  - Instant test kits
  - Testing gloves
  - Blue dye for utilization when Opposite Gender Protocol is necessary
  - Signage
  - Collectors’ identification badge
  - Fixed site operates during scheduled time (arrive before and/or 20 minutes before end)
  - Collection room and collector are easily found

When appropriate and approved by the client, parts of the collection processes are also observed during a fixed site visit/review. Examples of observation include:
  - Collector’s greeting of the client and response to client questions
  - Collector’s obtaining of client ID and providing explanation of the collection process
  - Implementation of Opposite Gender Protocol for UA collection that includes blue dye
  - Instructions provided for filling chain of custody
  - Utilization of alcohol swabs for sterilization of arm for application of patch

If a fixed site review identifies non-compliance with the contract and/or required collection processes, the collection contractor is notified of the issue and directed to remediate the problem.

**Drug Testing Data**

The data table below reflects Drug Testing collections under each of the three funding sources for April 2017 through March 2018. The count includes instant tests and patches. Patches count as two collections, one for application and one for removal of the patch and that no patches or instant tests are used under Child Abuse Registry funding stream, which is specific to child protective assessments.
Table 2(n): Statewide Drug Testing Collections - April 2017 through March 2018

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Child Abuse Registry Funding</th>
<th>Child Welfare Funding</th>
<th>Court Ordered Funding</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western</td>
<td>785</td>
<td>810</td>
<td>1470</td>
<td>3,065</td>
</tr>
<tr>
<td>Northern</td>
<td>513</td>
<td>2,069</td>
<td>120</td>
<td>2,702</td>
</tr>
<tr>
<td>Eastern</td>
<td>1053</td>
<td>1,209</td>
<td>149</td>
<td>2,411</td>
</tr>
<tr>
<td>Cedar Rapids</td>
<td>668</td>
<td>3,840</td>
<td>340</td>
<td>4,848</td>
</tr>
<tr>
<td>Des Moines</td>
<td>437</td>
<td>1,543</td>
<td>438</td>
<td>2,418</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td>15,444</td>
</tr>
</tbody>
</table>

Source: Iowa Department of Human Services

Table 2(o): Statewide Drug Testing Collections - April 2016 through March 2017

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Child Abuse Registry Funding</th>
<th>Child Welfare Funding</th>
<th>Court Ordered Funding</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western</td>
<td>278</td>
<td>1,231</td>
<td>1129</td>
<td>2,638</td>
</tr>
<tr>
<td>Northern</td>
<td>521</td>
<td>2,275</td>
<td>456</td>
<td>3,252</td>
</tr>
<tr>
<td>Eastern</td>
<td>1159</td>
<td>1,683</td>
<td>570</td>
<td>3,412</td>
</tr>
<tr>
<td>Cedar Rapids</td>
<td>585</td>
<td>3,284</td>
<td>1,781</td>
<td>5,650</td>
</tr>
<tr>
<td>Des Moines</td>
<td>411</td>
<td>3,340</td>
<td>858</td>
<td>4,609</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td>19,561</td>
</tr>
</tbody>
</table>

Source: Iowa Department of Human Services

Efficiency in Drug Testing

Overall, there is a decrease in the number of drug tests per client over last year’s numbers. The Des Moines, Cedar Rapids, Eastern and Northern Service Areas all showed a reduction in drug testing from April 2017 through March 2018. However, the Western Service Area showed an increase of 427 tests during this time period. With the implementation of the DHS Protocols, DHS endorsed statewide strategies that decreased drug testing as a whole and subsequently per client. These strategies and guidelines include Service Areas limiting drug testing to those cases in which there are behavioral, relational, psychological and/or physical indicators that could potentially impact a child’s safety and discontinuing drug testing, unless there are existing behavioral issues, after two consecutive negative tests. In other cases where the client admits to using and prior tests were positive, testing may not be needed. The sharing of test results is encouraged in cases where another agency or program tests the client and those results are available to DHS.
While the strategies and guidelines listed above may limit drug testing, there are situations which may require multiple tests per client:

- A patch and urine test may be used together on a client. For example, this is done if the client previously attempted to dilute the urine by drinking excessive amounts of water and units of water were found in the tests, which compromises the reliability of the test. In this case, in addition to a urine test, a patch is administered. Excessive amounts of water will not compromise results from a patch.
- In cases where it is evident that a patch has been tampered with, another type of test, such as a hair test, may be used.
- Court orders that prescribe the type(s) of drug test(s), as well as the frequency and duration of the testing, may order several types of tests for the client and/or testing at a higher frequency or for a longer duration than occurred previously.
- There can be an increase in testing at critical junctures in the Life of the Case such as when the court is thinking of returning the child home.
- Multiple drug tests may also be required due to the detection window for different types of drugs and the timing and type of drug test. With urine tests, most drugs are excreted into the urine within 48 hours after use. Hair tests can detect drug use over several months but will not detect a drug used within the last 3 days and while the hair test can detect a drug use over several months it cannot tell if it was used in the first month, second or third month.

Drug Testing and Case Outcomes
The DHS does not currently collect data related to drug testing and case outcomes. Due to its limitations, drug testing results are not seen as the sole measure in determining issues of safety and risk. Drug testing results are one component of the accumulated information that needs to be considered during a child abuse assessment and/or an ongoing child welfare service case. Outcomes in this sense are limited to those clients referred to substance abuse evaluation and subsequent treatment services.

In terms of practice, DHS supports a strengths-based approach to drug testing versus a more punitive one where there is an emphasis on “catching” clients through drug testing and punishing them in some way when “caught”. The role of the DHS child welfare worker is to support the client’s treatment and recovery and to reduce barriers to treatment services. The appropriate use of drug testing under a strengths-based approach includes such things as using the test to identify and/or eliminate substance abuse as a possible contributing factor or risk in a child abuse case and use of a test to confirm or contradict what DHS learned through direct observation.

Drug Testing Program (2018- 2019)
- Increased monthly fixed site review visits are planned across the State. These will be conducted by the program manager and the contract specialist. The information gathered will be shared with the local Service Areas and the collection contractor.
- Preliminary discussions will begin with regard to re-procurement of DHS Drug Testing Services.
• Information and research will continue to be gathered on any new drug testing trends.
• A review of current DHS Drug Testing training is being planned. Training needs and enhancements will be reviewed and proposals will be made to the DHS Service Business Team.

Community Care
At the conclusion of a DHS child abuse assessment (CAA), DHS child protection workers (CPW) may refer the family for an ongoing DHS service case or may refer the family to Community Care. At conclusion of a DHS family assessment (FA), DHS CPWs may refer a family to community resources (Information and Referral) or may refer to Community Care. Community Care is voluntary with the purpose of strengthening families and reducing child abuse and neglect in Iowa by building on the family’s resources and developing supports for the family in their community. These are child and family-focused services and supports provided to families referred from DHS to keep children in the family safe from abuse and neglect.

Community Care works directly with families referred by DHS after completion of a child abuse assessment or a family assessment. The outcome of the child abuse assessment or family assessment and identified level of risk determines service eligibility. The completed standardized DHS family risk assessment identifies the level of risk. The family risk assessment examines factors known to be associated with the likelihood of abuse or neglect occurring at some point in the future. Identification of risks also assists in identifying the need for individualized services. Services strive to keep the child(ren) safe, keep the family intact, and prevent the need for further or future intervention by DHS, including removal of the child(ren) from the home.

Community Care eligibility criteria includes:
• Community Care identified as needed and the family agreed to participate voluntarily in services related to a child abuse assessment that is not confirmed but the child is at moderate to high risk of future abuse or neglect; or
• Community Care identified as needed and the family agreed to participate voluntarily in services related to a child abuse assessment that is confirmed, not placed and the child is at moderate risk of future abuse or neglect; or
• Community Care identified as needed and the family agreed to participate voluntarily in services related to a family assessment and the child is at moderate to high risk.

Court orders are not a mechanism for families to receive Community Care. If a child is adjudicated a Child In Need Of Assistance (CINA) or a CINA petition is filed or pending, or a child is adjudicated delinquent or on an informal adjustment, the family is ineligible for a referral to Community Care. A family is also ineligible for Community Care if the family has any children in the household with an open DHS child welfare service case or if the abuse occurred outside of the home.

Goals of Community Care include the following:
• Reduce concerns for families that create stress and negatively impact relationships between family members;
• Partner with families to improve relationships within the family and build connections to their community;
• Provide contacts and services that meet the family’s needs;
• Meet the cultural needs of families through better matching of service providers; and
• Develop support systems for families to increase the resources they have available in order to reduce stressors the family may be experiencing.

If a family declines to participate in Community Care after completion of either the child abuse assessment or the family assessment, they have the right to do so. However, if at the end of a family assessment the CPW believes a service is necessary to maintain safety for the child(ren), then the family assessment must be reassigned as a child abuse assessment.

Presented below are Community Care service intervention activities and supports. This is not an exhaustive list but describes the range of core activities that may be necessary to achieve desired outcomes in the types of cases referred for Community Care:
• Safety and Risk Management Planning
• Family Skill Development
• Family Focused Service Planning
• Empowerment and Advocacy Service
• Parenting Skills and Education
• Substance Abuse Education
• Domestic Violence Education
• Consumer Education
• Mental Health Education
• Flex Fund Assistance
• Budgeting
• Household Management Assistance and Instruction
• Family Team Decision-Making (FTDM) Meetings
• Communication Skills Parent/Child Relationship building
• Information and Referral (I & R) to a wide range of community resources and services

Community Care is provided through a single statewide performance-based contract covering all 99 counties in Iowa, with services to be flexible, individualized to the child and family’s specific needs, and culturally responsive, including providing interpreter services when needed.

The table below shows the number of valid statewide referrals made to Community Care for the time period of April 1, 2017 through March 31, 2018 under the current contract. The number of statewide referrals is separated out by assessment type and risk level.
The methods of data collection include reports that are generated out of JARVIS that identify the type of assessment as well as the risk level. The DHS program manager and service contract specialist have the ability to review referrals within the system and mark any ineligible referral invalid in the system in order to reflect the correct population of referrals into the reporting month. There are times when a family is referred to Community Care that should not have been referred because they met an exception reason that was not checked by the CPW. The system provides a report to show the number of cases that are referred directly from JARVIS but also provides a separate report on valid referrals that is utilized for payment and reporting purposes.

The number of valid statewide referrals made to Community Care decreased by 497 from last reporting period. During this reporting period, there were 3,333 statewide referrals with 3,830 statewide referrals during the last reporting period. With the decrease in referrals to Community Care, there was an increase in Family Safety, Risk, and Permanency (FSRP) Services during this reporting period.

There are four contract performance measures implemented to evaluate effectiveness of the services. Below are the four contract performance measures:

- **Performance Measure 1 (PM 1)** - The percent of families referred to the Community Care contractor who has a child adjudicated CINA and DHS ordered to provide supervision or placement within six months of the date of referral to Community Care will be five percent (5%) or less.

- **Performance Measure 2 (PM 2)** - The percent of families referred to the Community Care contractor who has a confirmed or confirmed and placed (founded) report of child abuse or neglect within twelve months where the actual incident occurred fourteen (14) days after the date of referral to Community Care will be nine percent (9%) or less.

- **Performance Measure 3 (PM 3)** - The Community Care contractor will make in-person or telephone contact with all families referred to Community Care within fourteen (14) calendar days of the date of referral from DHS and at least seventy percent (70%) of all high risk families will achieve successful completion of services when the Community Care service ends.

- **Performance Measure 4 (PM 4)** - The Community Care contractor will make in-person or telephone contact with all families referred to Community Care within fourteen (14) calendar days of the date of referral from DHS and at least sixty five percent (65%) of all moderate risk families will achieve successful completion of services when the Community Care service ends.

### Table 2(o): Community Care – April 1, 2017 through March 31, 2018

<table>
<thead>
<tr>
<th>Valid Community Care Referrals (Statewide)</th>
<th>Child Abuse Assessments (Statewide)</th>
<th>Family Assessments (Statewide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3333</td>
<td>1817</td>
<td>1516</td>
</tr>
<tr>
<td>Moderate Risk - 1567</td>
<td>Moderate Risk - 1316</td>
<td></td>
</tr>
<tr>
<td>High Risk - 250</td>
<td>High Risk - 200</td>
<td></td>
</tr>
</tbody>
</table>

Source: DHS/JARVIS
In relation to the above stated performance measures, the Community Care contractor is held to the population of all families referred to Community Care at completion of the child abuse assessment or family assessment regardless if the family follows through with the referral. In some situations, families may notify the CPW that they agree to be referred but when Community Care follows up with the family, they may decline services without any provision of support and/or service or they may decline but ask that information be provided to them without scheduling an in-person meeting. However, since the referral was made, these families fall into the population for determining performance measure outcomes.

Table 2(p) is specific to the performance measures for April 2017 through March 2018. The data for this time period continues to show that Community Care is effective in keeping children from becoming adjudicated under DHS supervision within six months of the referral date. The data reflects that PM 2 was not achieved for this time period but only missed by .06%. For PM 3 and PM 4, in order to achieve these measures, the contractor must make contact within 14 calendar days for all families referred and the families must achieve successful completion of services. The threshold for high risk families is 70% and moderate risk is 65%. The data reflects that PM 3 and PM 4 were not achieved for this time period.

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Referral Count</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM 1</td>
<td>3333</td>
<td>59</td>
<td>1.77%</td>
</tr>
<tr>
<td>PM 2</td>
<td>3333</td>
<td>302</td>
<td>9.06%</td>
</tr>
<tr>
<td>PM 3</td>
<td>442</td>
<td>237</td>
<td>53.62%</td>
</tr>
<tr>
<td>PM 4</td>
<td>2828</td>
<td>1741</td>
<td>61.56%</td>
</tr>
</tbody>
</table>

Source: DHS/JARVIS

The methods of data collection include reports that are generated out of FACS and JARVIS that identify the date of adjudication for PM 1 as well as the incident date of maltreatment for PM 2. As for PM 3 and PM 4, the Community Care Contractor reports on the date of contact made with the family as well as the determination of successful case closure.

During the time period of April 2017 through June 2018, collaborative discussions between DHS program staff and the current Community Care contractor representatives occurred and the contract will be renewed with an effective date of July 1, 2018.

During the time period of April 2017 through June 2018, the DHS program manager, DHS service contract specialist, and representatives from the Community Care contracts conducted regularly scheduled meetings/conference calls. The semi-annual meeting is scheduled for June 1, 2018. (For additional information on semi-annual meetings, refer to Service Contractor Quarterly/Semi-Annual Meetings)

Community Care contractor representatives attended the annual statewide child welfare service meeting that occurred on June 7, 2017, which also included representatives.
from other child welfare service contractors, DHS field and central office staff, and other external partners. (For additional information, please see the Annual Statewide Meeting in the Collaboration section of this report.)

State level DHS staff and Georgia State University staff continue to collaborate with the Community Care contractor to provide them the necessary support, guidance, and technical assistance as they continue through implementation of SafeCare®. (For additional information, please see the SafeCare® section of this report.)

During the time period of April 2017 through June 2018, the DHS program manager, DHS service contract specialist, and representatives from the Community Care contract conducted quarterly onsite data validation reviews. Data validation reviews is the means by which DHS reviews the contractor’s records chosen by a random sample for the purpose of validating the contractor’s website entries and to ensure the contractor completed the service documentation and reporting deliverables for each family file reviewed. During this same time period, quality assurance reviews also took place. The contract defines quality assurance as the procedures established and activities undertaken by the Community Care contractor to ensure that service is delivered in accordance with requirements established by DHS and to improve the quality of services to achieve safety, permanency, and well-being. Quality assurance reviews periodically occur throughout the contract period to validate that the contractor implemented a quality assurance system as described in their contract.

On an every other month basis, the Community Care contractor continues to provide “Success Across Iowa: Community Care Program: Stories from Case Managers” which are shared with all DHS child protection workers, supervisors, social work administrators, service area managers, and other program staff. These stories are actual cases that represent services and/or activities provided to families through this program that resulted in successful case closure. The Community Care program manager shared these stories in May, July, September, and November 2017 as well as in January and May 2018. The feedback to date is that DHS workers find value in these stories knowing that someone follows up with the families who could not receive services from DHS. These stories reinforce feelings about the benefits of Community Care. As CPWs better understand what services Community Care can provide to a family, they can do a better job of sharing this information with the family as they engage the family to determine service readiness during the assessment.

Treatment Services and Foster Care Services

**Family Safety, Risk and Permanency (FSRP) Services**

Families receive Family Safety, Risk, and Permanency (FSRP) Services. FSRP Services target children and families with an open DHS child welfare service case, following a child abuse assessment, a Child in Need of Assistance (CINA) assessment, or Juvenile Court action. FSRP Services contractors provide interventions and supports for children and families who meet DHS criteria for child welfare services because of their:

- Adjudication as a Child in Need of Assistance (CINA) by Juvenile Court; or
- Placement in out-of-home care under the care and responsibility of the Agency (DHS); or
- Need for DHS funded child welfare interventions, based on one of these factors:
  - Any child in the family is a founded victim of child abuse or neglect, regardless of whether the child’s DHS assessed risk level is low, moderate, or high; or
  - Any child in the family is a confirmed victim of child abuse or neglect, and the child’s DHS assessed risk level is high.

FSRP Services deliver a flexible array of culturally sensitive interventions and supports to achieve safety, permanency, and child and family well-being in the family’s home and/or other designated locations as determined by the family case plan. Contracts focus on the outcomes desired, require use of evidence based/informed practice, and allow greater flexibility for contractors to deliver services based on child and family needs in exchange for greater contractor accountability for positive outcomes. These services are individualized to the unique needs of the child and family so will vary on specific interventions, activities, and strategies provided by the contractor. Service delivery and interventions will be determined through development of a service plan or case plan or results of a Family Team Decision-Making (FTDM) meeting. Such activities may include, but are not limited to: facilitation of FTDM or Youth Transition Decision-Making (YTDM) meetings, family interaction planning and supervision of interactions, transportation assistance, family functioning interventions (i.e. parenting education, family relationship enhancement, communication skills, expression of feelings and anger management, consumer education, etc.), concurrent and permanency planning, safety checks/supervision, household management assistance, concrete supports, information and referrals to community providers (i.e. domestic violence advocacy, mental health, substance abuse, etc.).

Within the last year, FSRP Services cases increased. DHS staff believes the likely cause for the increase is the increase in the number of assessments accepted at intake, which in turn increased the confirmation rates at conclusion of the child abuse assessment thereby making families and cases eligible for DHS services, and ultimately FSRP Services. There also was a decrease in Community Care and the major decrease was in the number of family assessments referred. For more information on Community Care, please see the Community Care discussion earlier in this section.

Although there are five (5) service areas in the state of Iowa, there are currently eight (8) different contractors providing this service under sixteen (16) contracts in the local service areas, with the majority of contractors having no subcontracts. Three of the five service areas are divided into contract areas: Western North, Western South, Northern West, Northern East, Cedar Rapids North, and Cedar Rapids South. Each of the contract areas has two (2) contracts with two (2) contractors. The Des Moines and Eastern service areas are not divided into contract areas but the service area is considered a contract area.
As a part of the current contract, there are four contract performance measures implemented to evaluate effectiveness of the services which align with the CFSR Round 3 outcomes. Below are the four contract performance measures:

- **Performance Measure 1 (PM1):** Child(ren) are safe from abuse during the episode of services and for twelve (12) consecutive months following the conclusion of their episode of services.

- **Performance Measure 2 (PM2):** Children are safely maintained in their own homes during episodes of services and for six (6) consecutive months following the conclusion of their episode of services.

- **Performance Measure 3 (PM3):** Child(ren) are reunified within twelve (12) months and remain at home without experiencing reentry into care within twelve (12) consecutive months of their reunification date.

- **Performance Measure 4 (PM4):** Child(ren) achieve permanency through guardianship placement within eighteen (18) months of removal or through adoption within twenty-four (24) months of removal.

**Performance Measure 1 - Definition of the Measure:** Children in cases receiving Family Safety, Risk, and Permanency Services will be safe from abuse* for the entire episode** of services and for at least twelve (12) consecutive months following the service end date of their Family Safety, Risk, and Permanency Services, regardless of contractor***.

*For purposes of calculating this measure, abuse in which the person responsible is employed by or a caretaker in the child’s placement setting or a childcare setting will not be counted against the contractor. However, if abuse occurs in a relative placement and the relative is responsible, it will be counted against the contractor.

**Episode of service means the period from the start date of services through the service end date in which a case receives services under the same contract.

***For purposes of this measure, cases must be closed from receiving Family Safety, Risk, and Permanency Services for at least twelve (12) consecutive months, without any confirmed, not placed or founded abuse reports to be eligible for incentive payments. It is possible that more than one contractor would be eligible for an incentive payment on the same case in situations where the case was transferred to another contractor, without a break in services, and no abuse occurred while either contractor delivered services and within twelve (12) consecutive months of final service closure.

**Performance Measure 2 - Definition of the Measure:** All children receiving Family Safety, Risk, and Permanency Services who are residing in the case household at the time the contractor initiates services are not removed from the home throughout the episode of service and are placement-free for six (6) consecutive months after the conclusion of their episode of service*. 

*For purposes of calculating this measure, abuse in which the person responsible is employed by or a caretaker in the child’s placement setting or a childcare setting will not be counted against the contractor. However, if abuse occurs in a relative placement and the relative is responsible, it will be counted against the contractor.
*Episode of service means the period from the start date of services through the service end date in which a case receives services under the same assigned case ID and period of service.

**Performance Measure 3 - Definition of the Measure:** Children who are in placement in the beginning of, or enter placement during, their case’s episode of Family Safety, Risk, and Permanency Services will be reunited within twelve (12) months and remain at home without experiencing reentry into care within twelve (12) consecutive months of their reunification date.

**Performance Measure 4 - Definition of the Measure:** Children who are in placement in the beginning of, or enter placement during, their case’s episode of Family Safety, Risk, and Permanency Services will achieve finalized guardianship placement within eighteen (18) months or a finalized adoptive placement within twenty-four (24) months.

Table 2(q) is specific to performance measures one and two for April 1, 2017 through March 31, 2018.

<table>
<thead>
<tr>
<th>Performance Measures (PM 1 and PM 2)</th>
<th>April 2017 – March 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of eligible cases for safety incentives</td>
<td>PM1: Safe from Abuse Incentive Earned</td>
</tr>
<tr>
<td>3196</td>
<td>2720</td>
</tr>
</tbody>
</table>

Data Source: DHS – PM 1 incentives are earned twelve (12) months following the end of services. PM 2 incentives are earned six (6) months following the end of services. (Statewide) The methods of data collection include reports generated out of FACS and JARVIS that identify the incident date of maltreatment for PM 1 and the date of removal for PM 2.
Table 2(r) is specific to performance measures three and four for April 1, 2017 through March 31, 2018.

### Table 2(r): Family Safety, Risk, and Permanency (FSRP) Services

<table>
<thead>
<tr>
<th>Performance Measures (PM 3 and PM 4)</th>
<th>April 2017– March 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM 3 – Safe Reunification without Re-entry</td>
<td>PM 4 – Guardian placement within 18 months of removal and Adoption within 24 months of removal</td>
</tr>
<tr>
<td>951</td>
<td>802</td>
</tr>
</tbody>
</table>

Data Source: DHS – PM 3 incentives are earned twelve (12) months following the twelve (12) reunification period. PM 4 incentives are earned within eighteen (18) months for guardianship placement and within twenty-four (24) months for finalized adoption following the removal date. (Statewide)

The methods of data collection include reports generated out of FACS and JARVIS that identify the reunification date for PM 3 and guardian/adoption date for PM 4.

During the time period of April 2017 through June 2018, collaborative discussions between DHS program staff and the current SP/FSRP Services contractor representatives occurred which will result in a contract amendment as well as contract renewal with an effective date of July 1, 2018.

During the time period of April 2017 through June 2018, the DHS program manager, DHS service contract specialist, and representatives from the SP/FSRP Services contracts conducted regularly scheduled semi-annual meetings/conference calls.

The purpose of these semi-annual meetings/conference calls is to continue relationship building between program staff and child welfare services contractors. The meetings also allow program staff to better understand the challenges that are trending in service delivery. (For additional information on semi-annual meetings, refer to Service Contractor Quarterly/Semi-Annual Meetings)

The first semi-annual meeting in calendar year 2018 occurred on April 9, 2018. During this meeting, the applicable contractor representatives provided updates on the workgroups in which they are actively involved. The current workgroups include the following:

- Child Welfare Workforce (For additional information on this workgroup, refer to the Child Welfare Partners Committee section of this report)
- Domestic Violence Advisory Committee/Connect & Protect Teams
- SafeCare® (For additional information, refer to the SafeCare® section of this report)

There was discussion regarding the use of data and how that data can be used to inform practice. The SP/FSRP Services contractor representatives also identified an increase in the number of supervised interactions requested by DHS staff which is very time consuming and requires a lot of manpower to meet the demands. It is reported that there is a high volume, including frequency and length of interactions as well as
requirements for professional supervision of interactions. There seems to be an increased number of cases with removals requiring prescriptive frequency and length of family interactions and visits. In some areas, the courts are ordering the frequency and length as well as requiring that they be professionally supervised by FSRP Services or some areas also say at discretion of DHS. If at discretion of DHS, DHS staff will then require supervision by the FSRP Services contractor. Overall, there is a lack of confidence in using informal supports and others to supervise interactions so the default is to utilize a professional.

There was discussion regarding how important it is for DHS staff to articulate and document safety concerns to determine level of required supervision. It is also important that FSRP Services staff document and articulate observable behavioral progress to DHS and/or the court to assist with decisions on decreasing levels of required supervision. It is also important that both DHS and FSRP Services staff understand the difference between safety and risk. In order to provide additional support on family interactions to both DHS and FSRP Services staff, a new training called Maintaining Connections was implemented across the state in April, May, and June 2018. FSRP Services representatives shared that the more they partner and collaborate with one another, the easier it is to communicate across the life of the case. Contractors providing these services continue to reach out to one another to provide services across service areas as necessary.

The next semi-annual meeting/conference call is tentatively scheduled for October 2018.

During the time period of April 2017 through June 2018, the assigned DHS service contract specialist and representatives from the respective contracts also conducted quarterly onsite reviews. These reviews are the means by which DHS reviews the contractor’s records, including the records of subcontractors as necessary, chosen by a random sample for the purpose of validating the monthly service reporting and their compliance with the service requirements. During this same time period, quality assurance reviews also occurred. The contract defines quality assurance as the procedures established and activities undertaken by the SP/FSRP Services contractor to ensure that service is delivered in accordance with requirements established by DHS and to improve the quality of services to achieve safety, permanency, and well-being. Quality assurance reviews periodically occur throughout the contract period to validate that the contractor implemented a quality assurance system as described in their contract.

FSRP/SP Services contractor representatives attended the annual statewide child welfare service meeting that occurred on June 7, 2017, which also included representatives from other child welfare service contractors, DHS field and central office staff, and other external partners. (For additional information, please see the Annual Statewide Meeting in the Collaboration section of this report.)
State level DHS staff and Georgia State University (GSU) staff continue to collaborate with the five SP/FSRP Services contracting organizations to provide them the necessary support, guidance, and technical assistance as they continue through implementation of SafeCare®. (For additional information, please see the SafeCare® section of this report.)

There continues to be a solid process in place for responding to questions and sharing collaboratively across the state. All questions related to Safety Plan Services and FSRP Services are answered and received by those asking and then incorporated into an ongoing document posted to the SPS/FSRP Services website for statewide access. http://dhs.iowa.gov/Consumers/Child_Welfare/BR4K/FamilySafety. The website also contains additional information specific to SP/FSRP Services, which includes: Contract 101, contractor by contract area map, family interaction observation checklist, and all applicable reporting documents.

The facilitation of Family Team Decision-Making (FTDM) meetings and Youth Transition Decision-Making (YTDM) meetings on open DHS child welfare service cases was incorporated within the scope of work for SP/FSRP Services. By contract, SP/FSRP Services contractors provide trained FTDM and YTDM meetings facilitators with active approval numbers to facilitate these meetings. With this change in contract expectations, responsibility for providing the FTDM and YTDM meeting facilitation courses shifted to the Child Welfare Provider Training Academy (CWPTA). (For additional information on FTDM and YTDM meeting facilitation training, refer to the CWPTA section of this report).

All of the FTDM and YTDM meeting documents were updated and published July 1, 2017. The statewide standardized documents for FTDM and YTDM meetings as well as family interaction are accessible on the Child Welfare Provider Training Academy (CWPTA) website at http://www.iatrainingsource.org/ftdm-ytdm-documents. There is also an ongoing FTDM/YTDM meeting Q&A document updated as questions are received. The intent of the FTDM/YTDM meeting Q&A document is to provide consistency in responses and provide clarification as necessary. The responses within this document complement those that are in the FTDM/YTDM meeting category of the ongoing Q&A document specific to Safety Plan Services and FSRP Services.

In August 2017, four (4) new individuals completed the process to become approved statewide trainers to teach the three day FTDM meeting facilitation curriculum and the one day YTDM meeting facilitation curriculum. With the inclusion of these four (4) individuals, there are currently eight (8) statewide trainers approved to teach the FTDM meeting facilitation curriculum and five (5) approved to teach the YTDM meeting facilitation curriculum.

DHS currently has an internal Share Point tracking system for FTDM and YTDM meeting facilitators which tracks initial approval date, re-approval dates, active and non-active status, etc. This information is manually entered by the local service area point person for FTDM and YTDM meeting facilitator approvals as well as coach approvals.
In reviewing the internal Share Point, there are currently 292 active non-DHS FTDM meeting facilitators across the state. Of these 292 active facilitators, 67 are also approved and active as YTDM meeting facilitators. The Share Point also reflects a total of 56 FTDM meeting coaches with 12 of these 56 also approved as YTDM meeting coaches. *(Disclaimer/Note: This data is dependent on what was entered by the point person in the local area. There may be others who have not yet been entered or some that may no longer be active, etc.). Since DHS staff is no longer expected to obtain or maintain a facilitator approval number, they were intentionally not included in the numbers listed above.*

During the time period of April 2017 through June 2018, collaboration increased with the Department of Human Rights (DHR), Division of Criminal & Juvenile Justice Planning (CJJP) regarding the Juvenile Reentry Task Force (JReS) specific to Youth Transition Decision-Making (YTDM) meetings. Juvenile Court Services received grant funding to begin facilitating YTDM meetings to youth placed at the State Training School (STS) in Eldora. In addition to the STS youth, three foster group care services facilities are moving forward with utilizing YTDM meetings as well. In collaboration between DHS and CJJP, an application and manual was developed to provide approved FTDM/YTDM meeting facilitators the ability to enter meeting information for creation of the required FTDM/YTDM meeting notes documentation, as well as providing for the tracking outcomes at the state level. This collective effort will allow DHS and DHR/CJJP to achieve their respective missions and support the other in mutually beneficial ways. More information on this application will be provided in next year’s report.

**Child Welfare Emergency Services**

The DHS implemented Child Welfare Emergency Services (CWES) statewide beginning with SFY 2012, using a competitive procurement process. It established for the first time contract performance measures related to safety, permanency, and well-being. CWES broadened Iowa’s child welfare service array by offering short-term interventions to focus on the safety, permanency, and well-being of Iowa youth who would ordinarily go to shelter care from referrals by the DHS, Juvenile Court Services (JCS), and law enforcement (LE). These measures focus on safety in care, reduction in critical incidents while in juvenile shelter, prompt screening for the applicability of alternatives to prevent removing a child from their home by diverting from shelter, school attendance and progress reports, and satisfaction with the program.

On average, children spent 36 days in shelter care in SFY 2017. The reason a child goes into shelter and the resulting court disposition of the case affects the child’s length of stay in the shelter. For example, a child awaits placement with a properly matched foster family, or awaits a final decision on the need for placement into a psychiatric medical institution for children (PMIC). Children occasionally also await placement into foster group care.

Children engaged with the CWES alternatives to shelter generally are in that service for a short time; sometimes only hours or a few days. Approaches varied among the providers of this service and some provided follow up with children for several days.
post-engagement. Going forward with new CWES contracts beginning in SFY 2018, the DHS implemented a new mechanism to track information uniformly across all these contractors so that lengths of engagement in both shelter and alternatives to shelter are more accurately reported. These new contracts also include incentives to keep children out of shelter for at least 30 days after alternatives to shelter placement were used, in order to promote successful approaches to keeping children in their homes.

New contracts and contractors for Child Welfare Emergency Services began on July 1, 2017 after the last procurement and funding cycle that began in SFY 2012 ended on June 30, 2017.

The intent of CWES is to immediately respond to the child welfare crisis related needs of children under the age of 18. This program generally serves children beginning at age 12, since the target population for these services is children who would otherwise be referred for emergency juvenile shelter care placement, and shelter care is not encouraged for children under the age of 12. However, some CWES providers care for children under age 12, including placement into a shelter bed when an out of home placement is necessary and no other placement option is available. Only the DHS, JCS, and LE can refer eligible children to CWES.

CWES approaches during the final year of the last funding and contracting cycle (SFY 2017) ranged from referrals for the least restrictive child welfare crisis interventions, e.g., mobile crisis teams, family conflict mediations or in-home services provided to the child and family before removal from the home, up 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). In some cases, alternatives to placement are not appropriate and, with court authorization, youth go directly to shelter care. Child Welfare Emergency Services are not mental health emergency or crisis services.

The performance measures developed for this program were to inform the DHS as to what were the reasonable and relevant expectations that could be tied to fiscal and outcome incentives in the future. Since the first year of these contracts, DHS, in collaboration with its contractor partners, evaluated the performance measures to make minor adjustments, as needed, to clarify or strengthen the measures. The measures remain in place through June 30, 2017 (the final day of the last state fiscal year under the current competitively funded program). This report reflects outcomes known for the conclusion of SFY 2017.

Unless otherwise noted, the following data covers the time period of the SFY 2017 (July 1, 2016 – June 30, 2017). The outcomes, performance measures, and results for CWES are the following:

- **Safety Outcome 1**: Children are protected from abuse and neglect while placed in CWES Emergency Juvenile Shelter Care. Performance Measure: There will be no
confirmed or founded cases of abuse or neglect by the contractor or subcontractor of children in CWES Emergency Juvenile Shelter Care.

| Table 2(s): Percentage of Children Safe from Abuse or Neglect in CWES Juvenile Shelter Care (SFY 2017) |
|--------------------------------------------------|-----------------------------------|
| Number of Placement Episodes | Number of Children Safe from Abuse or Neglect | Percentage |
| 2,466 | 2,466 | 100% |

- **Safety Outcome 2:** For the duration of this contract, the contractor shall continue to work toward reduction of the number of critical incidents. Performance Measure: The contractor shall: annually evaluate its critical incident plan that identifies methodologies to achieve goals in reducing its critical incidents; update the plan as needed; and, submit the update to its assigned service contract specialist.

During SFY 2017, there were 1,735 incidents reported in the categories illustrated in Table 2(t). Overall, this was about a 26% decrease in the number of critical incidents reported from SFY 2016 to SFY 2017. The “-” or “+” in the parentheses indicate a decrease or increase from the previous year.

| Table 2(t): Type, Number and Percentage of Reported Incidents |
|-------------------------------------------------------------|----------------------|
| **Type of Incident** | **Number Reported** | **Percentage** |
| Behavior by a child in care that results in injury to another child in care, contractor staff, or volunteer that requires treatment by medical personnel in or at a hospital, other medical clinic or urgent care provider, or a physician’s office. | 296 | 17% (-) |
| Behavior resulting in self-harm | 111 | 6% (+) |
| Behavior resulting in damage to property | 72 | 4% (-) |
| Runaway or other absence without leave for any period of time | 522 | 22% (-) |
| Police calls made due to a child’s behavior or other action | 198 | 11% (+) |
| Placement into juvenile detention | 35 | 2% (-) |
| Use of physical restraint as defined and allowed by licensing regulations | 501 | 29% (nc) |

Source: DHS online reporting system where contractors self-report this data.14

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11 “DHS internal utilization and abuse data” mean internal DHS data systems, e.g., FACS, that tracks utilization based on payments cross referenced with systemic tracking of, in this case, abuse or neglect. As with all data entry systems, integrity is affected by the accuracy and timeliness of entries. In this case, the information is believed to be valid.

12 “Runaway behaviors, when known at the time of placement, are identified by both the service provider and the referral worker. There is no uniform assessment that is used by service providers, but runaway behaviors that are identified should be addressed in the child’s service plan.”

13 Shelter staff is trained to safely restrain juveniles in accordance with Iowa law and licensing regulations.

14 “DHS online reporting system where contractors self-report this data” means that contractors utilize self-reporting to an online system developed for their use in these contracted services. As with all self-entry data
Individual contractors continued to develop annual individual reduction goals. This process allows both the DHS and its private partners to identify which incidents occur most, why they occur, and how they can best be addressed by changes in practice and understanding individual needs of children served. This continued through the final year of the current funding cycle, SFY 2017.

- **Permanency Outcome 1:** Children referred to CWES will be screened for CWES services within one hour of referral and diverted from placement into a CWES Emergency Juvenile Shelter Care bed as often as is appropriate. Performance Measure: Contractors shall divert a minimum of 50% of the target population referred. The DHS online reporting system is used for this measure.

For SFY 2017, CWES contractors reported a collective 73% diversion rate, a slight increase over the previous year. In SFY 2017, 703 youth were diverted from shelter placement out of a possible 967 youth. Three (3) of 11 contractors were below the 50% mark while five (5) contractors equaled or exceeded 75%.

Diverting a child from CWES shelter placement and keeping them with their family is an approach toward maintaining permanency, attempting to alleviate removal from the home even though shelter placement is only temporary and short term. The use of alternatives versus placement into CWES shelter care varies across the state and across contractors. One reason for this is, but not likely to be limited to, lack of referrals for alternatives to placement when shelter placement is the preferred approach.

While the DHS saw some shift in practice over the course of the last 6 years of these contracts, in many cases, shelter placement may be the only viable option and it remains a valuable component in the overall array of child welfare services. During SFY 2017, of 1,732 youth screened for CWES, 764 were court ordered directly to shelter. Children with court orders directly to shelter cannot be diverted from placement. “Court-ordered directly to shelter” means the youth are referred to a CWES program with a court order already directing shelter placement.

Referral workers and CWES contractors must always comply with the orders of the court. These situations could include, but would not be limited to, youth discharged from juvenile detention and unable to return home or youth court ordered to an out of home placement such as group care or a psychiatric medical institution for children but are waiting in shelter until those beds are available. Depending on the circumstances of the placement, CWES providers work with these children attempting to shorten stays. Enhanced collaboration system-wide continued to let

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systems, integrity is affected by the accuracy and timeliness of the self-entries. The integrity of the data collected by this method has improved since the contracts’ inception in July 2012 with ongoing evaluation, updates to the online program, clarification by and for contractors and ongoing monitoring. This methodology also applies to CWES Permanency Outcome 1 (related to screening and diversions from shelter care) and FGCS Permanency Outcome 1 (connections to family and community) unless otherwise noted.
this service evolve to help keep children at home, i.e., strengthening approaches that promote consideration of alternatives to placement when possible in lieu of going directly to shelter. Contractors and referral workers reported that attitudes changed and continued to evolve over the course of the last funding cycle regarding shelter use and need. Yet the department continually strives to focus on alternative services to shelter placement among referral workers and the courts alike.

- **Well-Being Outcome 1:** All children in CWES Emergency Juvenile Shelter Care for longer than four days who are required by State law to attend school shall attend scheduled school days. Performance Measure: Contractors will assure that children in CWES Emergency Juvenile Shelter Care attend, at a minimum, 90% of all scheduled school days.

  In SFY 2017, 40% of the contractors reporting met the 90% target for Well-Being Outcome 1.

  General reasons for children missing school included court appointments, illness, occasionally suspension from school, and doctor or dental appointments.

- **Well-being Outcome 2:** For all children in CWES Emergency Juvenile Shelter Care longer than four days who are required by State law to attend school, the [education related] information held by the contractor shall be provided to the referral worker and made available to the receiving school upon discharge. Children who remain in their home school during this placement are excluded from this measure.

  Performance Measure: The contractor shall provide and make this school information available for at least 90% of the children within 14 days of each child’s discharge.

  In SFY 2017, 80% of the contractors reporting met the 90% target for Well-Being Outcome 2.

  The source of the data for Well-Being Outcomes 1 and 2 was quarterly self-reporting by each contractor using a methodology of tracking and reporting uniform across contractors. As with all self-reporting data systems, accuracy and timeliness of self-entries affect data integrity.

- **Well-Being Outcome 3:** The CWES interventions provided are appropriate to meet the identified needs or resolve conflicts in the least restrictive manner possible, as assessed by the DHS and Juvenile Court Services referral workers.

  Performance Measure: Agency (DHS) and Juvenile Court Services referral workers shall report that 90% of the target population referred received services in a timely manner, the services were appropriate and as least restrictive as possible, and that children and families were better off after CWES engagement.
Table 2(u): Performance Results SFY 2017

<table>
<thead>
<tr>
<th>Number of CWES Screenings</th>
<th>Number of Surveys Completed</th>
<th>Number of Surveys Indicating CWES Was Effective</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,731</td>
<td>643</td>
<td>493</td>
<td>77%</td>
</tr>
</tbody>
</table>

Source: DHS online reporting based on surveys automatically sent to referral workers upon referral and dependent on them responding in timely manner to the survey.

This outcome was stuck at this approximate percentage for the full funding cycle, confirming that this measure was written too stringently. Achieving a 90% satisfaction rate has not been possible. In order for a survey to show that CWES “was effective,” respondents must provide affirmative responses to four of four different areas. Surveys that did not show affirmative responses in all four of the four areas do not count toward achievement of the 90%.

SafeCare®

SafeCare®™ is an evidence-based behavioral parenting model shown to prevent and reduce child maltreatment and improve health, development, and welfare of children ages 0-5 in at-risk families. It is a home visitation-based parent training program conducted over 18 sessions. Parents who are at-risk for neglect are taught how to have positive parent-child and parent-infant interactions, keep homes safe, and improve child health. For more information on SafeCare®, please visit the following website: www.safecare.org.

The following child welfare service contractors currently provide SafeCare® in the State of Iowa: Mid Iowa Family Therapy Clinic (MIFTC) for both SP/FSRP Services and Community Care; Children and Families of Iowa (CFI), Four Oaks, Southwest Family Access Center (SWIAFAC), and Families First Counseling for SP/FSRP Services. In order to provide SafeCare to parents, one must be a certified home visitor. Each of these five sites have certified home visitors, coaches, and trainers.

State level DHS staff and Georgia State University (GSU) staff continue to collaborate with these five contracting organizations to provide them the necessary support, guidance, and technical assistance as they continue through implementation of SafeCare®.

During the time period of April 2017 through June 2018, several meetings occurred with the SafeCare® provider organizations. In July and August 2017, the DHS program manager and bureau chief completed onsite visits with each of the five organizations providing SafeCare®. On December 11, 2017, an in-person meeting occurred with leadership of the SafeCare® provider organizations, DHS program manager, and bureau chief. The purpose of this meeting was to allow each of the sites to share how SafeCare® implementation was going and discuss efforts made on quality assurance of the program within each of the organizations. During this meeting, the group identified best practices to effectively provide SafeCare® and incorporated them into a best practice document. The purpose of the practice guidance is to ensure that eligible families receive information about SafeCare® and have the opportunity to participate in
the program. The document is a best practice document, not a requirement. The five SafeCare® provider organizations approved and agreed to follow the best practice document. Best practices identified include the following: supervisors responsible for staff proving SafeCare® should be familiar with the requirements, designated SafeCare® units provide the model with more consistency and higher competency, track on key performance measures, and when hiring new staff, consider competency based interviews and include roleplay using the SafeCare® curriculum. SafeCare® provider organizations, DHS Service Area Managers, DHS Social Work Administrators, state level DHS staff, and GSU received this document. As a group, all committed to meeting at least two times per year for conversation, support, data sharing, and anything else specific to implementation of SafeCare®. The next in-person meeting of SafeCare® provider organizations is scheduled for August 16, 2018.

In ongoing efforts to support the work of SP/FSRP Services and Community Care contractors providing SafeCare® to families, state level DHS staff collaborated with GSU and other providers of SafeCare® and obtained examples of progress notes. SafeCare® provider organizations received progress note examples for each of the modules to assist in creation of internal documentation.

GSU staff facilitated an in-person meeting, which occurred May 4, 2018. The meeting included representation from all SafeCare® provider organizations, DHS program manager, bureau chief, and division administrator.

Throughout this time period, in addition to the meetings above, state level DHS staff also participated in the administrator calls with GSU and the respective SafeCare® provider organization.

Four of the five SafeCare® provider organizations received “train the trainer” training by GSU staff. In February 2018, CFI and MIFTC both had two SafeCare® coaches complete the “train the trainer” training. In March 2018, SWIAFAC had one coach trained and Families First had four coaches trained. Each of these approved trainers can provide training within their own respective organizations but they are not approved to train other organizations. State level DHS staff continues to collaborate with GSU to explore options for securing a state level trainer who would be authorized to train other organizations.

As of May 2018, there are nine (9) SafeCare® provider organization trainers who trained 30 new staff as SafeCare® providers across the four respective organizations. The trainers will continue to receive direct support from GSU for six months following certification. During this time, the focus will be on fine tuning workshop skills, tracking provider/coach certification, and overall implementation.

The next step for the SafeCare® provider organizations is to complete the accreditation process and continue on an annual basis. In addition to the accreditation requirement for the SafeCare® provider organizations, trainer certification maintenance is also required in which the trainers travel to Atlanta, Georgia every other year.
More information on the accreditation process and statewide expansion plans will be covered in next year’s report.

Foster care services

<table>
<thead>
<tr>
<th>Period Ending – September 30th</th>
<th>Relative Placement*</th>
<th>Foster Family Care</th>
<th>Foster Group Care**</th>
<th>Supervised Apartment Living</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>2086</td>
<td>2116</td>
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<td>2011</td>
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<td>2182</td>
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</tbody>
</table>

Source: AFCARS Extract
* Largely unlicensed relative homes with some licensed relative homes included
** Includes shelter placements but excludes institutions

The period ending September 30, 2017 shows an increase in all placements but foster group care representing approximately 232 more children in care in these four placements than the previous year. Relative placement and foster family care are the placement settings preferred and utilized most often for children, which aligns with Iowa’s emphasis on utilizing lesser restrictive placement settings when appropriate.

- **Relative Placement:** “Relative placement” means placement of a child in the home of an adult, who is a member of the child’s extended family.
- **Foster Family Care:** “Foster family care” means foster care provided by a foster family licensed by DHS or approved by the placing state. The care includes the provision of food, lodging, clothing, transportation, recreation, and training appropriate for the child’s age and mental and physical capacity.
- **Foster Group Care (FGC):** Foster group care includes residential group care facilities for children unable to live in a foster family home or relative home. Emergency juvenile shelter care is also a congregate, out of home residential setting, although shelter care is short term and temporary care in a physically unrestricting facility during the time a child awaits final judicial disposition of the child’s case. Shelter care is a component of the Child Welfare Emergency Services array. Foster group care and shelter care are both important parts of the foster care system providing twenty-four hour substitute care for children needing either long term or short term out of home services.

Residential group care facilities offer a structured living environment for eligible children considered unable to live in a family situation due to social, emotional, or physical disabilities, but who have the ability to interact in a community environment.
with varying degrees of supervision. Children adjudicated either as a child in need of assistance (CINA) or for committing a delinquent act are court-ordered to this level of care. Some children cannot be maintained safely in a family 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 in addition to age appropriate and transitional child welfare services.

Beginning in SFY 2012, the first year under a competitive request for proposals (RFP) and procurement process for foster group care, the performance measures developed were to inform the DHS as to what reasonable and relevant expectations could be tied to fiscal and outcome incentives in the future. Collaboration with the DHS private contractor partners continues as it does for Child Welfare Emergency Services.

Unless otherwise noted, the following data covers the time period of the SFY 2017 (July 1, 2016 – June 30, 2017). The outcomes, performance measures, and results for FGC are the following:

- **Safety Outcome 1:** Children are protected from abuse and neglect while placed in Foster Group Care. **Performance Measure:** There will be no confirmed or founded cases of abuse or neglect by the contractor or subcontractor of children in Foster Group Care.

<table>
<thead>
<tr>
<th>Number of Placement Episodes</th>
<th>Number of Children Safe from Abuse or Neglect</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,039</td>
<td>2,039</td>
<td>100%</td>
</tr>
</tbody>
</table>

  

Table 2(w): Percentage of Children Safe from Abuse or Neglect in FGCS (SFY 2017)

Source: DHS internal utilization and abuse data

- **Safety Outcome 2:** For the duration of this contract, the contractor shall continue to work toward reduction of the number of critical incidents. **Performance Measure:** The contractor shall: annually evaluate its critical incident plan that identifies methodologies to achieve goals in reducing its critical incidents; update the plan as needed; and, submit the update to its assigned service contract specialist.

  During SFY 2017, there were 2,902 incidents reported in the following categories. Overall, this was about a 20% reduction in the number of critical

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15 “DHS internal utilization and abuse data” mean internal DHS data systems, e.g., FACS, that tracks utilization based on payments cross referenced with systemic tracking of, in this case, abuse or neglect. As with all data entry systems, integrity is affected by the accuracy and timeliness of entries. In this case, the information is believed to be valid.
incidents reported from SFY 2016 to SFY 2017. The “-” or “+” in the parentheses indicate a decrease or increase from the previous year.

<table>
<thead>
<tr>
<th>Type of Incident</th>
<th>Number Reported</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior by a child in care that results in injury to another child in care,</td>
<td>140</td>
<td>5%</td>
</tr>
<tr>
<td>contractor staff, or volunteer that requires treatment by medical personnel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>in or at a hospital, other medical clinic or urgent care provider, or a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>physician’s office.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior resulting in self-harm</td>
<td>181</td>
<td>6% (+)</td>
</tr>
<tr>
<td>Behavior resulting in damage to property</td>
<td>101</td>
<td>3%</td>
</tr>
<tr>
<td>Runaway or other absence without leave for any period of time16</td>
<td>380</td>
<td>13% (-)</td>
</tr>
<tr>
<td>Police calls made due to a child’s behavior or other action</td>
<td>134</td>
<td>5%</td>
</tr>
<tr>
<td>Placement into juvenile detention</td>
<td>20</td>
<td>&gt;1%</td>
</tr>
<tr>
<td>Use of physical restraint as defined and allowed by licensing regulations17</td>
<td>1,191</td>
<td>41% (-)</td>
</tr>
<tr>
<td>Use of control room as defined by licensing regulations</td>
<td>755</td>
<td>26% (-)</td>
</tr>
</tbody>
</table>

Source: DHS online reporting system where contractors self-report this data.18

Individual contractors annually develop individual reduction goals.

This process allowed both the DHS and its private partners to identify which incidents occur most, why they occur, and how they can best be addressed by changes in practice and understanding individual needs of children served.

Similar to reports in shelter care, incidents are often disproportionately committed by a limited number of individuals; that is, a high percentage of the reported

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16 “Runaway behaviors, when known at the time of placement, are identified by both the service provider and the referral worker. There is no uniform assessment that is used by service providers, but runaway behaviors that are identified should be addressed in the child’s service plan.”

17 Group care staff is trained to safely restrain juveniles in accordance with Iowa law and licensing regulations.

18 “DHS online reporting system where contractors self-report this data” means that contractors utilize self-reporting to an online system developed for their use in these contracted services. As with all self-entry data systems, integrity is affected by the accuracy and timeliness of the self-entries. The integrity of the data collected by this method has improved since the contracts’ inception in July 2012 with ongoing evaluation, updates to the online program, clarification by and for contractors and ongoing monitoring. This methodology also applies to CWES Permanency Outcome 1 (related to screening and diversions from shelter care) and FGCS Permanency Outcome 1 (connections to family and community) unless otherwise noted.
incidents may be committed by only a low percentage of the youth in placement. This process also informs the DHS and its partners in other ways critical incidents can be viewed and assessed in the future.

- **Permanency Outcome 1:** Connections to family and community are maintained while children are in Foster Group Care. *Performance Measure:* Contractors shall provide for two separate face to face visits with the child’s family or significant others during each calendar month for at least 60% of the children in care.

  For the SFY 2017, 3 of 13 contractors met the 60% target. This was a slight decrease from SFY 2016. Of note, last year one contractor purchased another contractor. For the latter, services remained in place in their original locations, but data from the two programs are reported together. One (1) of the other contractors was in the 57th percentile.

  Over the course of the six years in this funding and contracting cycle, individual contractor achievement varied for this measure. Some placements were not conducive to visiting family; e.g., when family or community visits was contradictory to the case plan or determinations were by the court, such as in the cases of youth placed in programs for sex offenders prohibited from contact with others or, when there was a termination of parental rights. An additional reason was unavailable transportation if a child was placed far from home, although some contractors take extra steps to alleviate this problem by transporting youth, providing easy access to local lodging for families, and using internet-based video communications (e.g., Skype).

  The DHS recognizes the benefit to children when they can maintain contact with their family and community if placed out of their home. New contracts that began on July 1, 2017, emphasize placing children closer to their home and keeping children in their schools of origin. This has always been an underlying principle, but practice between the DHS and Juvenile Court Services (JCS) has not always reflected this.

  The DHS encourages this by contracting for services within the DHS' Service Areas where facilities are located rather than on a statewide basis. Placement workers use those facilities first instead of others that are farther away. DHS’ arrangements with the Iowa Department of Education facilitate transportation to schools of origin unless determined not in a child’s best interest to remain in their home school. Further, requirements are more prescriptive regarding the facilitation of visits, both face to face and other methods, such as phone calls or internet-based meetings, with parents or guardians and siblings.

- **Well-Being Outcome 1:** All children in Foster Group Care who are required by state law to attend school shall attend scheduled school days. *Performance
Measure: Contactors will assure that children in Foster Group Care attend, at a minimum, 90% of all scheduled school days.

In SFY 2017, 66% of the contractors reporting met the 90% target for Well-Being Outcome 1. Others ranged from 36% - 86%.

Contractors self-reported this data quarterly using a report form developed between DHS and the contractors. Reasons given for missing scheduled school days included hospitalizations; medical appointments, court, or referral worker appointments; visits with family members; and, illness.

Well-Being Outcome 2: Information held by the contractor related to education credits earned or other educational accomplishments by a child while placed in FGC shall be provided to the referral worker and made available to the receiving school upon discharge. Children who remain in their home school during this group care placement are excluded from this measure. Performance Measure: The contractor shall provide and make this school information available for at least 90% of the children within 14 days of each child’s discharge.

In SFY 2017, 100% of the contractors reporting met the 90% target for Well-Being Outcome 2. Contractors self-reported this data quarterly using a report form developed between DHS and the contractors.

The source of the data for Well-Being Outcomes 1 and 2 is quarterly self-reporting by each contractor using a methodology of tracking and reporting uniform across contractors. As with all self-reporting data systems, accuracy and timeliness of self-entries affect data integrity.

- Supervised Apartment Living Foster Care: Supervised apartment living (SAL) offers older youth needing foster care the opportunity to transition to independent living while still receiving supervision and assistance. There are two types of living arrangements in the SAL program: 1) cluster site arrangements; and, 2) scattered site arrangements.
  - The cluster site arrangement houses up to six youth on a single site with around the clock supervision anytime more than one youth is present. Youth must be at least 16½ years of age to be eligible for SAL cluster site arrangements.
  - Scattered site arrangements are for youth in their own living arrangement; typically an apartment. Youth must be at least 17 years of age to be eligible for SAL scattered site arrangements.

The SAL foster care program’s main goal is to prepare youth to successfully transition to young adulthood by teaching them life skills necessary for successful transition. The DHS contracts with six child welfare agencies across Iowa to provide SAL services. The total number of youth in a SAL program during SFY 2017 was 149, a slight decrease from 184 during SFY 2016. Of the five contractors, most provided services in Iowa’s more urban areas; primarily due to availability of
apartment units and landlords willing to rent to youth under the age of eighteen and the availability of a richer array of community services.

Table 2(y) reflects data self-reported by the contractors to the DHS for the SFY 2017 (July 1, 2016 – June 30, 2017). Contractors provided monthly reports to complete the annual reports. The data in the following reflects contractors’ self-reports using a uniform format across all providers of this service. The DHS then assembles all the data. As with all self-reporting data systems, accuracy and timeliness of self-entries affect data integrity. Contractors are timely with this information.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Performance Measure</th>
<th>Cumulative averages for the five SAL contractors’ Contract Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>There will be no confirmed or founded cases of abuse or neglect of the children in the SAL contractor’s care by the contractor or subcontractor or by other children in the contractor’s SAL Foster Care program.</td>
<td>100%</td>
</tr>
<tr>
<td>Permanency Outcome 1</td>
<td>The contractor will ensure at least twice a month contact with a member of the child’s positive support system for 75% of the children served.</td>
<td>96%</td>
</tr>
<tr>
<td>Permanency Outcome 2</td>
<td>The contractor will ensure that 75% of children served participate in organized community activity at least four (4) times per month.</td>
<td>87%</td>
</tr>
<tr>
<td>Well-Being Outcome</td>
<td>Eighty percent (80%) of children served comply with satisfactory school attendance leading to a high school diploma or equivalency or have already obtained a high school diploma or equivalency.</td>
<td>94%</td>
</tr>
</tbody>
</table>

Source: DHS

Additional Services to Prevent Entry into Foster Care, Support Reunification, Adoption, Kinship Care, Independent Living and Other Permanent Living Arrangements

Wrap-Around Emergency Services
DHS allocates less than 20% of Promoting Safe and Stable Families (PSSF) funding for family preservation services. Iowa’s family preservation services are part of Iowa’s family centered services, specifically Family Safety, Risk and Permanency (FSRP) services, available statewide. A combination of state and federal SSBG, TANF, and Medicaid funds provide funding for Iowa’s family centered services.

The five DHS service areas receive PSSF funds to provide flexible funding for services to low income families who would have their infants or children returned to their care but for the lack of such items as diapers, utility hook-up fees, beds or cribs, or house cleaning or rent deposits on apartments, etc. Additionally, these funds may be used to provide services to allow children to remain in the home, such as mental health and/or
substance abuse treatment for children or parents, etc. Statewide, in SFY 2017, Iowa spent $134,255.99 for services and thus far in SFY 2018 spent $34,888 as of June 29, 2018.

**Parent Partners**
The Iowa Parent Partner Approach seeks to provide better outcomes around re-abuse and reunification. Parent Partners are individuals who previously had their children removed from their care and were successfully reunited with their children for a year or more. Parent Partners provide support to parents that are involved with DHS and are working towards reunification. Parent Partners mentor one-on-one, celebrate families’ successes and strengths, exemplify advocacy, facilitate trainings and presentations, and collaborate with DHS and child welfare professionals.

Parent Partners 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 Partnerships participation. Parent Partners work with social workers, legal professionals, community based organizations, and others to provide resources for the parents they are mentoring. Parent Partners frequent Family Treatment Court as support and coaches for participants. The goal of the Parent Partner Approach is to help birth parents be successful in completing their case plan goals. This is achieved by providing families with Parent Partners who are healthy and stable, and model success.

DHS contracted with the University of Nebraska (UN) to host and maintain the Parent Partner database and provide ongoing analysis of both the administrative and outcome data. The analysis of the administrative data is an ongoing quasi-experimental design and the outcome data is based on surveys using the protective factors as a framework. The outcome data is collected in a Parent Partner database program which is web-based.

**Parent Partner Evaluation and Research**
The DHS first implemented the Parent Partner mentoring program in four pilot sites in 2007. The pilot project was designed to provide better outcomes regarding re-abuse, length of placement, and reunification. The Parent Partner Program has since expanded to all 99 counties in Iowa. Researchers from the University of Nebraska-Lincoln’s Center on Children, Families and the Law provide quarterly reports on families involved with the Parent Partner Program. The data in these reports are retrieved from the Online Parent Partner Database. The Online Parent Partner Database stores data from seven forms: intake, contact log, client registration form, family self-assessment (entry), family self-assessment (exit), family feedback, and fidelity checklist. The quarterly reports provide analyses of the number of families entering and exiting the Parent Partner Program, family self-assessments, and fidelity to the Parent Partner model. Please see attachments 2A for the most recent Iowa Parent Partner Quarterly Report and 2B for another annual final report.
**Outcome 1: Time in Out of Home Placement**

Children with a parent who participated in the Parent Partner program averaged 466 days in out of home placement; children of matched non-participants averaged 459 days in out of home placement.

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>N</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Partner</td>
<td>466.3 days</td>
<td>500</td>
<td>206.4 days</td>
</tr>
<tr>
<td>Non-Parent Partner</td>
<td>458.7 days</td>
<td>500</td>
<td>239.2 days</td>
</tr>
</tbody>
</table>

There was no statistically significant difference in the number of days in out of home placement when comparing the children of Parent Partners with the children of non-participants; \( t (499) = .549, p = .58 \).

**Outcome 2: Reunification with the Parent (Iowa DHS “Return Home”)**

Children with a parent who participated in the Parent Partner program were discharged from foster care to “return home” 62.4% of the time. Matched children with a parent who did not participate in the Parent Partner program were discharged from foster care to “return home” 55.8% of the time.

<table>
<thead>
<tr>
<th></th>
<th>Returned Home</th>
<th>Other Discharge Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Parent Partner</td>
<td>312</td>
<td>62.4%</td>
</tr>
<tr>
<td>Non-Parent Partner</td>
<td>279</td>
<td>55.8%</td>
</tr>
</tbody>
</table>

The percentage of children reunified with their parent differed by Parent Partner program participation, McNemar \( (1, N = 500) = 4.39, p = .036 \). The children of Parent Partner program participants were significantly more likely to return home at discharge from their foster care placement than the children of matched non-participants. Chart 2(f) below provides a graph representing the results.
Outcome 3: Subsequent Removal from Home within 12 Months
The analysis of subsequent removal from the home includes only those children who met the following criteria: both the Parent Partner case and the matched non-Parent Partner case were closed by DHS and reflect a discharge from foster care to “return home.” One-hundred-seventy-nine (179) of 500 matched pairs met this criteria.

Children with a parent who participated in the Parent Partner program were subsequently removed within 12 months of returning home 13.4% of the time. Matched children of non-participants were subsequently removed within 12 months of returning home 21.8% of the time.

<table>
<thead>
<tr>
<th>N=179 for Each Group</th>
<th>NOT Subsequently Removed within 12 Months</th>
<th>Subsequently Removed within 12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Parent Partner Children</td>
<td>155</td>
<td>86.6%</td>
</tr>
<tr>
<td>Non-Parent Partner Children</td>
<td>140</td>
<td>78.2%</td>
</tr>
</tbody>
</table>
The percentage of children subsequently removed within 12 months of reunification (return home) differed by Parent Partner program participation, McNemar (1, N = 179) = 4.00, \( p = .046 \). Parent Partner program participants were significantly less likely to have a subsequent child removal within 12 months of the child returning home than matched non-participants.

*Chart 2(g): Comparison of Parent Partner Cases to non-Participant Cases - Percentage of Reunified Children Who Were Subsequently Removed within 12 and 24 Months*

**Protective Factors Retro and Exit Comparisons**
Family self-assessment scores from retrospective to exit are compared in the table below. Only self-assessments that had data for both a retrospective and an exit rating for the measure are included in each analysis; if the data are missing or the parent selected “I don’t know,” the data are not included. For each of the 11 self-assessment items, parents rated themselves as significantly higher on the exit self-assessment than on the retrospective self-assessment. This means that parents are rating themselves higher at completion of the Parent Partner program than they rate themselves when they think back to how they were at the beginning of the program. Items with an asterisk indicate a statistically significant difference between the Retro and Exit average ratings.

*Table 2(cc): Family Assessment Scores – Retrospective to Exit*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Retro Average</th>
<th>Exit Average</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1* I am able to find the community resources I need to keep my children safe.</td>
<td>3.2</td>
<td>4.6</td>
<td>304</td>
</tr>
<tr>
<td>2* I am able to complete the steps necessary to get the community resources I need.</td>
<td>3.1</td>
<td>4.6</td>
<td>305</td>
</tr>
<tr>
<td>3* I am able to effectively manage my situation to</td>
<td>3.2</td>
<td>4.6</td>
<td>304</td>
</tr>
</tbody>
</table>
Table 2(cc): Family Assessment Scores – Retrospective to Exit

<table>
<thead>
<tr>
<th>Statement</th>
<th>Retro Average</th>
<th>Exit Average</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>keep my child(ren) safe when times are stressful.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4* I am able to make the appropriate decisions for myself and my family.</td>
<td>3.2</td>
<td>4.6</td>
<td>305</td>
</tr>
<tr>
<td>5* I have others who will listen when I need to talk about my problems.</td>
<td>3.1</td>
<td>4.6</td>
<td>305</td>
</tr>
<tr>
<td>6* I have others who will support positive choices and changes I make.</td>
<td>3.2</td>
<td>4.7</td>
<td>305</td>
</tr>
<tr>
<td>7* I talk reasonably and honestly with others about my situation and problems.</td>
<td>3.2</td>
<td>4.6</td>
<td>306</td>
</tr>
<tr>
<td>8* If there is a crisis in my life I have someone I can talk to.</td>
<td>3.2</td>
<td>4.6</td>
<td>305</td>
</tr>
<tr>
<td>9* I am able to effectively speak up for myself and my family to DHS and other service providers.</td>
<td>3.0</td>
<td>4.5</td>
<td>306</td>
</tr>
<tr>
<td>10* I am able to listen to DHS and other service providers and understand their concerns with my situation.</td>
<td>3.0</td>
<td>4.5</td>
<td>305</td>
</tr>
<tr>
<td>11* I feel comfortable when talking with my DHS worker or other service providers.</td>
<td>2.8</td>
<td>4.3</td>
<td>302</td>
</tr>
</tbody>
</table>

Percentage of Families with At Least 1-point Increase from Retro to Exit on At Least Three Measures

Three-hundred-six (306) parents completed both an exit self-assessment and a retrospective self-assessment between July 1, 2016 and June 30, 2017. The current performance standard is 70% of parents must have at least a one-point increase from retro to exit self-assessment on at least three measures/items. Two-hundred-forty-seven (247) (80.7%) parents met this performance measure during this annual reporting period.
Scope of Parent Partner Activities:
The Parent Partner Approach completed its ninth full year of implementation and fourth year of the statewide contract in SFY 2017. As of the annual reporting period ending June 30, 2017, there were 159 Parent Partners* (including Parent Partners in mentoring training) assigned to 2,096 individuals in 99 counties. Parent Partners continue to provide support for families involved in Family Treatment Court. The types of support and number of times each was provided to families this year by Parent Partners includes, but is not limited to:

- Family team decision-making (FTDM) meetings: 1,064
- Support family in court: 4,511
- Support parent before/during/after visitation: 1,498
- Face-to-face contact (not including the items above): 26,007
- Committees related to child welfare: state 38, local 160
- Child welfare DHS new worker orientation: state 3
- Community Partnership for Protecting Children: state 6, local 290
- Speaking engagements and program awareness: state 1, local 108
- Other meetings, trainings and activities: state 33, local 526

*total number of PP = Yearend report: 1a + 1c -1b = there were 159 Parent Partners (including Parent Partners in mentoring training) assigned

Parent Partners and Diversity: Each Service Area Coordinator continually assessed the diversity of the Parent Partners in relation to the population and developed and shared a plan for recruiting Parent Partners in order to be more proportionally representative and serve populations more effectively. This plan included recruiting more men and diverse race and ethnicity populations to become Parent Partners. Local recruitment plans were implemented and as a result there has been an increase in diversity. A Cedar Rapids Service Area Parent Partner Coordinator has been successful in engaging members of
the Meskwaki tribe and currently Parent Partners are mentoring several tribe members and actively recruiting members to become a Parent Partner.

Summary of Parent Partner Collaborative Efforts and System Impact:

- **Strengths:**
  - Well trained Parent Partners successfully provide mentoring supports and are involved in hundreds of committees and trainings locally and statewide.
  - A systemic expectation is that Parent Partners have a voice in policy and practice.
  - Service Area Steering Parent Partner Committees meet regularly to review referral and intake data and set goals for implementation.
  - Parent Partner Management Team and State Parent Partner Steering Committee regularly review outcome data and administrative data to determine impact. This data analysis serves as a feedback loop for program improvement.

- **Opportunities for Improvement and Next Steps:**
  - Continue to build capacity and strengthen partnerships in selected areas as needed based on referrals and intake data.
  - Develop on-going financial literacy and career development opportunities for Parent Partners.
  - Increase funding to expand mentoring supports to all out-of-home cases.
  - Explore opportunities to expand mentoring supports to in-home cases and prevention approaches.
  - Examine opportunities to expand mentoring supports beyond case closure.
  - Begin piloting mentoring in-home cases and six-eight months after case closure.

**Iowa provides Time-Limited Family Reunification Services** to a child removed from home and placed in a foster care setting and to the child’s parents or primary caregivers, including relative caretakers where DHS has placement and care responsibility or supervision. In accordance with federal law (42 U.S.C. 629a(a)(7)(A)), these services are available only for 15 months from the date the child enters foster care. Time-limited reunification services facilitate the safe and timely reunification of the child with the family and/or prevent re-entry into placement.

Iowa allocates a minimum of 20% of the PSSF dollars to Time-Limited Family Reunification Services. For SFY 2018, DHS central office staff removed some of the funding, usually allocated to the five services areas, to include in the Family Safety, Risk and Permanency (FSRP) services contracts since these contracts included facilitation of family team decision-making (FTDM) meetings, which were previously included in the menu of services for Time-Limited Family Reunification Services. For the balance of the funding, central office staff allocated to the service areas funding based on the number of children in out-of-home placements for the service area out of all children in out-of-home placements for the entire state. All services to children and their families remain traceable to the eligible child. Service areas determine how their funds will be used and sub-contract with service providers. In some of the service areas, the service area’s Decategorization (Decat) committee has responsibility for projects funded under Time-Limited Family Reunification Services. The service areas utilize the funds and
monitor their contracts, with the Eastern and Western Iowa Service Areas declining to utilize the funding in SFY 2018 and 2019.

Iowa’s Time-Limited Family Reunification Services “Menu”:

- **Functional Family Therapy** – FFT is an outcome-driven prevention/intervention program for youth who demonstrate the entire range of maladaptive, acting out behaviors and related syndromes. Clinical trials demonstrate that FFT is effective.

- **Child Welfare Mediation Services** – a dispute resolution process seeking to enhance safety, permanency and well-being for children. When two or more parties are “stuck” on a position, DHS staff uses mediation to help get them “unstuck”. The goal of mediation is a fair, balanced and peaceful solution that allows the parties to move forward. Child Welfare Mediation cases often involve children in the middle or children whose parents need help with establishing parenting plans, often with the custodial and/or non-custodial parent. Mediation typically involves about six hours of billable time and sixty days of service.

- **Substance Abuse Services (non-Title XIX)** – Testing, evaluations, and treatment services

- **Mental Health Services (non-Title XIX)** – Evaluations, including psychosocial, psychological, and psychiatric, and treatment, including therapy and medications

- **Substance Abuse and Mental Health Counseling Services (non-Title XIX)**. Group and home substance abuse services combined with mental health services.

- **Domestic Violence Services.**

- **Respite Care.** Includes crisis nurseries

- **Fatherhood Programs, including Incarcerated Fathers** – more extensive, intensive and targeted services to assure that fathers, including incarcerated fathers, maintain an on-going presence in their child’s life

- **Motherhood Programs, including Moms Off Meth groups and Incarcerated Mothers** – support groups specifically for mothers with children, including those mothers with past drug usage problems (Moms Off Meth)

- **Child and Family Advocates** – Advocates supervise visits between the child and their siblings and/or parents and may provide other needed services.

- **Transportation Services** – Services may include but not be limited to gas cards, bus tokens, payment for services received through the Iowa Department of Transportation, transportation provided by Child and Family Advocates, etc.

<table>
<thead>
<tr>
<th>Services</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access and Visitation Services*</td>
<td>63%</td>
<td>29%</td>
<td>29%</td>
<td>60%</td>
<td>96.06%</td>
<td>56.69%</td>
</tr>
<tr>
<td>Family Team Decision-Making</td>
<td>5%</td>
<td>54%</td>
<td>55%</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Other Counseling</td>
<td>10%</td>
<td>14%</td>
<td>2%</td>
<td>-</td>
<td>0.03%</td>
<td>0.03%</td>
</tr>
<tr>
<td>Parent Partners</td>
<td>21%</td>
<td>--</td>
<td>--</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse (SA)</td>
<td>0%</td>
<td>3%</td>
<td>6%</td>
<td>14%</td>
<td>0.46%</td>
<td>16.75%</td>
</tr>
<tr>
<td>Services</td>
<td>2013</td>
<td>2014</td>
<td>2015</td>
<td>2016</td>
<td>2017</td>
<td>2018</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Mental Health (MH)</td>
<td>0%</td>
<td>0%</td>
<td>7%</td>
<td>22%</td>
<td>0.70%</td>
<td>3.22%</td>
</tr>
<tr>
<td>Services Combined</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SA and MH Services</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>-</td>
<td>4.43%</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>0%</td>
<td>0%</td>
<td>&lt;1%</td>
<td>3%</td>
<td>0.54%</td>
<td></td>
</tr>
<tr>
<td>Domestic Violence Assistance</td>
<td>0%</td>
<td>0%</td>
<td>&lt;1%</td>
<td>-</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: DHS *Includes Access & Visitation Services provided through FSRP
Note: Parent Partners is not an available service beginning in SFY 2014 due to statewide contract. Family Team Decision-Making is not an available service beginning in SFY 2016 due to statewide contracts.

Iowa utilized any unused funding in SFY 2018 in the FSRP contracts for FTDM facilitation.

With the enactment of the Family First Prevention Services Act (FFPSA) as part of the Bipartisan Budget Reconciliation Act (P.L. 115-123), effective October 1, 2018, this category of PSSF will be Family Reunification Services and services will be available to children and families, including relative caregivers, during the child’s foster care stay and up to 15 months after the child reunifies with the parents or relatives. There were no changes to the services covered by this category of PSSF.

Adoption Promotion and Supportive Services: The goal of adoption promotion and supportive services is to help strengthen families, prevent disruption and achieve permanency. Iowa utilizes a minimum of 20% of PSSF dollars for adoption promotion and supportive services.

The RRTS contracts provide post-adoption services. Designated RRTS staff in each service area provides post-adoption support to families with adopted children who receive or are eligible to receive adoption subsidy. Support services include, but are not limited to:
- Home visits to assess a family and child’s needs
- Develop service goals to stabilize a child’s placement and meet the family’s needs
- Provide behavior management plans and assistance
- Respond to crisis situations and crisis planning
- Assist and support the family’s relationship with a birth family or kin
- Advocate with the schools, DHS and service providers for a child’s treatment or needs
- Coordination with licensing staff or providers
- Referral assistance to community based providers
- Support and information on grief and loss and how to effectively parent
- Adoption support groups
- Cultural issues within adoption and reinforcing culturally competent parenting
- Transition issues related to adoption

Families can self-refer or be referred by DHS or other provider staff for post-adoption services through the RRTS contract. DHS staff and post-adoption support staff strive to meet with families prior to finalization in order to provide information about services that are available.

Post-adoption support services may be provided to any family who adopted one or more special needs children who are eligible for Adoption Subsidy. These services are available statewide and are voluntary. Each RRTS contractor tracks the number of referrals received in a month. Contracts require RRTS contractors to contact the family within 7 days of receiving a referral, and report these findings to DHS to determine contract compliance in meeting the time frame. This allows families to have supportive services without DHS involvement or feel they are reported to DHS if they request post-adoption services.

DHS receives information about the number of families served but not the specific service provided. The average number of families served from July 1, 2017 to April 30, 2018 is as follows:

- Western Service Area (1) 73
- Northern Service Area (2) 20
- Eastern Service Area (3) 28
- Cedar Rapids Service Area (4) 86
- Des Moines Service Area (5) 54

The Iowa Foster and Adoptive Parents Association (IFAPA) continues to provide resources and information on its website, which is easily accessible to adoptive families. IFAPA offers four trainings a month that are open to any adoptive family.

The number of families accessing post-adoption services remained fairly steady with the change to the RRTS contract. All service areas showed some decrease in the number of families accessing services at the beginning of the contract, but all showed increases since November 2017.

**Adoption Subsidy Program:** When a child adopted from the child welfare system has a special need, DHS provides on-going support and services through the adoption subsidy program. Approximately 95% of all children adopted through DHS receive an adoption subsidy payment, and an additional 4% are eligible for an at risk agreement, which means the child is at risk of developing a qualifying condition or disability in the future based on the child and family history.
Independent Living and Other Permanent Living Arrangements: See Chafee Foster Care Independence Program (CFCIP)

Services for Children under the Age of Five

Activities to Reduce Length of Stay for Children under the Age of Five in Foster Care

Iowa continues and will continue to analyze data regarding the length of time children under the age of five are in foster care without a permanent family in order to determine the need for specialized interventions. Chart 2(j) shows the percentage of children, who who were age four or under when they entered foster care, exiting care during each of the last eight FFYs. Performance increased substantially from 2016 to 2017 as evidenced by the increase in exits for 1-12 months (32% to 41%) and another 45% exited within 12-24 months. In comparison, Chart 2(k) shows that about 40% of all children exit foster care within 12 months and about 41% exit in 12 to 24 months while about 19% tend to stay longer.
**Chart 2(j): Children Who Entered Foster Care at Age 4 or less and Exited Care During the Year by Length of Stay (FFY 2010 - 2017)**

- **2010:**
  - 1 to 12 months: 43%
  - 12 to 23 months: 38%
  - 24 to 35 months: 13%
  - 36 months or more: 6%

- **2011:**
  - 1 to 12 months: 36%
  - 12 to 23 months: 43%
  - 24 to 35 months: 15%
  - 36 months or more: 6%

- **2012:**
  - 1 to 12 months: 33%
  - 12 to 23 months: 49%
  - 24 to 35 months: 13%
  - 36 months or more: 6%

- **2013:**
  - 1 to 12 months: 35%
  - 12 to 23 months: 46%
  - 24 to 35 months: 14%
  - 36 months or more: 5%

- **2014:**
  - 1 to 12 months: 36%
  - 12 to 23 months: 45%
  - 24 to 35 months: 14%
  - 36 months or more: 4%

- **2015:**
  - 1 to 12 months: 32%
  - 12 to 23 months: 49%
  - 24 to 35 months: 15%
  - 36 months or more: 3%

- **2016:**
  - 1 to 12 months: 32%
  - 12 to 23 months: 48%
  - 24 to 35 months: 16%
  - 36 months or more: 4%

- **2017:**
  - 1 to 12 months: 41%
  - 12 to 23 months: 45%
  - 24 to 35 months: 11%
  - 36 months or more: 3%

**Source:** SACWIS (AFCARS Extract)

---

**Chart 2(k): Children Who Exited Foster Care by Length of Stay (FFY 2010 - 2017)**

- **2010:**
  - 1 to 12 months: 47%
  - 12 to 23 months: 31%
  - 24 to 35 months: 11%
  - 36 months or more: 11%

- **2011:**
  - 1 to 12 months: 43%
  - 12 to 23 months: 34%
  - 24 to 35 months: 12%
  - 36 months or more: 11%

- **2012:**
  - 1 to 12 months: 39%
  - 12 to 23 months: 39%
  - 24 to 35 months: 12%
  - 36 months or more: 10%

- **2013:**
  - 1 to 12 months: 41%
  - 12 to 23 months: 37%
  - 24 to 35 months: 12%
  - 36 months or more: 9%

- **2014:**
  - 1 to 12 months: 40%
  - 12 to 23 months: 40%
  - 24 to 35 months: 12%
  - 36 months or more: 8%

- **2015:**
  - 1 to 12 months: 38%
  - 12 to 23 months: 40%
  - 24 to 35 months: 14%
  - 36 months or more: 8%

- **2016:**
  - 1 to 12 months: 37%
  - 12 to 23 months: 39%
  - 24 to 35 months: 14%
  - 36 months or more: 9%

- **2017:**
  - 1 to 12 months: 40%
  - 12 to 23 months: 41%
  - 24 to 35 months: 12%
  - 36 months or more: 7%

**Source:** SACWIS (AFCARS Extract)
**Chart 2(l): Children Who Entered Foster Care at Age 4 or less and Exited Care During the Year by Exit Reason (FFY 2010-2017)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Reunification</th>
<th>Adoption</th>
<th>Guardianship</th>
<th>Emancipation</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>57%</td>
<td>36%</td>
<td>7%</td>
<td>0.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>2011</td>
<td>51%</td>
<td>41%</td>
<td>8%</td>
<td>0.3%</td>
<td>0.3%</td>
</tr>
<tr>
<td>2012</td>
<td>49%</td>
<td>45%</td>
<td>6%</td>
<td>0.2%</td>
<td>0.3%</td>
</tr>
<tr>
<td>2013</td>
<td>52%</td>
<td>41%</td>
<td>6%</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td>2014</td>
<td>55%</td>
<td>39%</td>
<td>5%</td>
<td>0.2%</td>
<td>0.1%</td>
</tr>
<tr>
<td>2015</td>
<td>49%</td>
<td>46%</td>
<td>4%</td>
<td>0.0%</td>
<td>0.2%</td>
</tr>
<tr>
<td>2016</td>
<td>49%</td>
<td>44%</td>
<td>6%</td>
<td>0.4%</td>
<td>0.2%</td>
</tr>
<tr>
<td>2017</td>
<td>55%</td>
<td>38%</td>
<td>7%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: SACWIS (AFCARS Extract)

**Chart 2(m): Exit Reasons of Children Exiting Foster Care (FFY 2010 to 2017)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Reunification</th>
<th>Adoption</th>
<th>Guardianship</th>
<th>Emancipation</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>65%</td>
<td>17%</td>
<td>6%</td>
<td>11%</td>
<td>0%</td>
</tr>
<tr>
<td>2011</td>
<td>62%</td>
<td>20%</td>
<td>8%</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>2012</td>
<td>59%</td>
<td>25%</td>
<td>6%</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>2013</td>
<td>62%</td>
<td>21%</td>
<td>6%</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>2014</td>
<td>62%</td>
<td>22%</td>
<td>7%</td>
<td>9%</td>
<td>0%</td>
</tr>
<tr>
<td>2015</td>
<td>59%</td>
<td>24%</td>
<td>7%</td>
<td>9%</td>
<td>0%</td>
</tr>
<tr>
<td>2016</td>
<td>59%</td>
<td>23%</td>
<td>7%</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>2017</td>
<td>59%</td>
<td>22%</td>
<td>10%</td>
<td>9%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: SACWIS (AFCARS Extract)
Overall, outcomes for children under age 5 tend to be favorable with a little over half of them being reunified with their families (55%) while the rest are primarily adopted (38%). A higher percentage of children under age 5 tend to exit to adoption (38% vs 22%) which would account for the longer lengths of stay among the under 5 population.

**Provision of Developmentally Appropriate Services for Children under the Age of Five**

**EARLY ACCESS (IDEA Part C)**

**Background**
The reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA) under the Keeping Children and Families Safe Act of 2003 (P.L. 108-36) provides Early Intervention Services for any child under the age of three involved in a substantiated case of child abuse or neglect. States are mandated to have provisions and procedures in place to refer these children for services. State funding for Early Intervention Services is provided under Part C of the Individuals with Disabilities Education Improvement Act (IDEA).

**Early ACCESS Program**
Early Intervention Services or Early ACCESS as the program is referred to in Iowa is a collaborative partnership between three State agencies (*Iowa Department of Human Services (DHS), Iowa Department of Public Health (IDPH), Iowa Department of Education (IDOE)*) and the Child Health Specialty Clinics (CHSC). These agencies and clinics promote, support, and administer Early ACCESS services. The IDOE is the lead agency responsible for administering the program.

In addition to children under the age of three involved in a substantiated case of child abuse or neglect, Early ACCESS services are available to any child in Iowa from birth to three who demonstrates a 25% developmental delay or who has a known medical, emotional, or physical condition in which there is a high probability of future developmental delays.

Early ACCESS services are also open to infants that fall under the 2016 Comprehensive Addiction and Recovery Act (CARA). This population includes infants born and identified as being affected by substance abuse, withdrawal symptoms, resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder. This includes infants born with and identified as being affected by all substance abuse, not just illegal substance abuse.

**Early ACCESS Referrals**
DHS is responsible for referring any child under the age of three involved in a substantiated case of child abuse or neglect to Early ACCESS for services. Within DHS, child protection workers (CPWs) are responsible for informing families of Early ACCESS services during a child abuse assessment. Social work case managers (SWCM), who handle ongoing child welfare cases, may inform families’ of Early ACCESS services at any time during the provision of case management services. For those families interested in Early ACCESS services, the CPW or the SWCM will offer to make a
referral for the family or provide the family with information on how to connect with services. Referrals can be made to Visiting Nurse Services (VNS), CHSC, and any of Iowa’s nine Area Education Agencies (AEAs).

Early ACCESS Training
Early ACCESS training for DHS’ CPW and SWCMs focuses on potential developmental delays in children and provides instructions on how to encourage families to participate in eligible services and how to make meaningful referrals to the Early ACCESS program. Early ACCESS training is part of the basic training that all new workers receive. Ongoing training occurs in a mental health, substance abuse, and domestic violence screening training that is mandatory for all DHS supervisors, CPWs, and SWCMs. Early ACCESS information provided during this training assists workers in referring families to Early ACCESS services, even if there is not a substantiated case of abuse following the assessment (i.e., in the case of family assessments).

DHS continues to expand the training opportunities for Early ACCESS services. In January 2018, CAPTA funds were utilized to present Early ACCESS information and distribute materials to each of the five DHS Service Areas. Additional information was provided during this training to assist in referring families to Early ACCESS, even if there is not a substantiated case of abuse following the assessment as mentioned earlier. Liaisons from local AEA’s assisted the DHS Liaison with five presentations on Early ACCESS services and the collaborative efforts taking place under this program with a question and answer session afterwards.

Early ACCESS Data
The table below represents the number of CAPTA children (those referred following a child protective assessment) and the number of children who received services from Early ACCESS through an Individualized Family Service Plan (IFSP):

<table>
<thead>
<tr>
<th>SFY</th>
<th># of Children referred</th>
<th># of Children receiving services</th>
<th>Percent of children on IFSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>2390</td>
<td>172</td>
<td>7.2%</td>
</tr>
<tr>
<td>2016</td>
<td>2105</td>
<td>229</td>
<td>10.9%</td>
</tr>
<tr>
<td>2015</td>
<td>2001</td>
<td>279</td>
<td>13.9%</td>
</tr>
<tr>
<td>2014</td>
<td>2395</td>
<td>329</td>
<td>13.7%</td>
</tr>
<tr>
<td>2013</td>
<td>2817</td>
<td>363</td>
<td>12.9%</td>
</tr>
<tr>
<td>2012</td>
<td>3017</td>
<td>382</td>
<td>12.7%</td>
</tr>
<tr>
<td>2011</td>
<td>2766</td>
<td>404</td>
<td>14.6%</td>
</tr>
</tbody>
</table>

During SFY 2017, the number of children (2390) following a CPA referred to Early ACCESS increased by 285 as compared to SFY 2016 (2105). In the same time period, there was a decrease in the number of children who ultimately received services (from 10.9% to 7.2%). The decrease in the number of children receiving services may indicate
the children who experienced a CPA did not have a developmental delay or that they already were receiving services in the community.

The decrease realized from SFY 2014-2016 was likely the impact of Differential Response (DR) implementation in Iowa’s child welfare system. With the implementation of DR, some families are diverted from formal child welfare services to more community-based services, such as Community Care. While a number of children who received community-based services may have been referred to Early ACCESS, their receipt of services under an IFSP may not be reflected in the data set.

<table>
<thead>
<tr>
<th>SFY</th>
<th># of children in foster care below age three</th>
<th># of Children receiving services</th>
<th>Percent of children on IFSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>1935</td>
<td>299</td>
<td>15.5%</td>
</tr>
<tr>
<td>2016</td>
<td>1773</td>
<td>352</td>
<td>19.9%</td>
</tr>
<tr>
<td>2015</td>
<td>1654</td>
<td>384</td>
<td>23.2%</td>
</tr>
<tr>
<td>2014</td>
<td>1641</td>
<td>405</td>
<td>24.7%</td>
</tr>
<tr>
<td>2013</td>
<td>1637</td>
<td>456</td>
<td>27.9%</td>
</tr>
<tr>
<td>2012</td>
<td>1798</td>
<td>459</td>
<td>25.5%</td>
</tr>
<tr>
<td>2011</td>
<td>2430</td>
<td>788</td>
<td>32.4%</td>
</tr>
</tbody>
</table>

During SFY 2016, there was an increase (162) in the number of children below the age of three in foster care. Despite this increase, there was a decline in the number of children receiving Early ACCESS services, as reflected in the percent of children on an IFSP (19.9% to 15.5%). This reflects a trend since SFY 2013.

The higher number of children receiving Early Access services in SFY 2011 and SFY 2012 were the result of IDOE rules at the time that allowed services for all children in foster care. If a child was in foster care, they were automatically referred to Early ACCESS and received services whether or not they met the eligibility criteria. IDOE rules subsequently changed. To receive Early ACCESS services, a child must meet the eligibility criteria whether or not they are in foster care. For additional information, please see Iowa’s FFY 2019 CAPTA report.

**Services Provided to Address the Developmental Needs of All Vulnerable Children Under Age Five**

Iowa utilizes the child welfare service array to meet the unique needs of the children and families served, which includes children under the age of five remaining in the home or in foster care. These services include but are not limited to Community Care, Family Safety, Risk and Permanency (FSRP) services, child care, referrals to Early ACCESS, referral of parents to mental health, substance abuse, domestic violence, employment, disability services, etc. Additionally, children and families also may receive SafeCare®, provided by Community Care or FSRP providers, as mentioned earlier in this section. Another public service available to families is Head Start and
Early Head Start. Social work case managers may discuss these services with families, with the families accessing services through direct application to the programs.

The DHS’ CPWs, as part of their assessment of child abuse allegations, inclusive of safety and risk assessments, assess the strengths and needs of the children and the family. The DHS’ case managers build upon the initial assessment by working with the family to continually assess the strengths and needs of the children and family, connect the children and family to the appropriate services, and monitor the effectiveness of those services to meet their needs with the goal of achieving safety, permanency for these children in accordance with the Adoption and Safe Families Act (ASFA, P.L. 105-89) guidelines, and child and family well-being. Through clinical case consultation with social work case managers, supervisors provide oversight of the social work case managers’ assessment of and provision of age-appropriate services to children.

Iowa will continue to utilize its child welfare service array to provide developmentally appropriate services to this population. Please see FFY 2015-2019 Updated Health Care Oversight and Coordination Plan for more information on health care services provided to children in foster care.

Services for Children Adopted from Other Countries
Families who adopt children from other countries have the ability to access support groups through the Iowa Foster and Adoptive Parent Association (IFAPA) and Iowa’s Recruitment, Retention, Training, and Supports (RRTS) contractors Lutheran Services in Iowa and Four Oaks. Training through IFAPA is also open to any adoptive family, including families who adopt from other countries. Families may receive services through the child welfare system through a CINA assessment or through allegations of abuse or neglect, or through Medicaid based on Medicaid eligibility criteria.

DHS recognizes the need for strong post-adoption supports and services in order to prevent disruptions and dissolutions of all adoptions, including children adopted from other countries. Limited resources and very diverse racial and cultural needs are significant barriers to expanding post-adoption services for families who adopt from other countries. However, DHS continues to do the following:

- Work collaboratively with private adoption agencies to identify gaps in services by engaging the Iowa Association of Adoption Agencies in gathering information from families who adopt from other countries and identifying gaps in services.
- Work collaboratively with private adoption agencies to creatively explore how services and supports can assist families who adopt from other countries within current funding and service provision constraints.
- Should additional funds become available, DHS will work collaboratively with private adoption agencies to prioritize, develop and implement services and supports to assist families who adopt from other countries.
John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee program)

Service Description Update
The purpose of the transition planning program is to provide services, supports, activities and referrals to programs that assist children currently or formerly in foster care in acquiring skills and abilities necessary for transition to successful adulthood. The transition planning program offers a life skills assessment, transition plan development, and transition-related services, supports, activities and referrals to programs.

The population served in SFY 2018 includes all of the following:
(1) Is currently in foster care and is 14 years of age or older.
(2) Is under the age of 21 and adopted from foster care at 16 years of age or older.
(3) Is under the age of 21 and placed in a subsidized guardianship arrangement from foster care at 16 years of age or older.
(4) Was formerly in foster care and eligible for and participating in Iowa’s aftercare services program as described at 441 Iowa Administrative Code (IAC) § 187.
(5) Was formerly in foster care and eligible for and participating in Iowa’s postsecondary education and training voucher (ETV) program as described at 42 U.S.C. § 677(a)(6-7).

Services are available on a statewide basis. The population to be served in FY 2019 includes all of the above.

Option to expand the eligible population: The Department of Human Services (DHS) does not currently have an approved title IV-E plan amendment to serve youth in foster care up to age 21. However, DHS contracts for a comparable state funded program for former foster care youth up to age 21. This program is the Iowa Aftercare Services Program and is described in detail later in this report. Therefore, for FY 2019, the population eligible for services includes all those served in 2018 (above), plus potentially, those age 21-22.

DHS is hereby exercising the option described in ACYF-CB-PI-18-06 to serve foster care alumni age 21-22, based on evidence of a program comparable to foster care to 21. DHS appreciates this flexibility, even though we may not provide direct services to the new population immediately. DHS will not provide services without Children’s Bureau approval as required by ACYF-CB-PI-18-06.

The newly eligible:
(1) Is age 21-22 and exited foster care after having reached at least age 17 and six months.
(2) Is age 21-22 and was adopted from foster care at 16 years of age or older.
(3) Is age 21-22 and exited foster care to a subsidized guardianship arrangement at 16 years of age or older.

The estimated number of youth served in SFY 2018 was 4,028, which was based upon an unduplicated count of 3,183 youth served in foster care ages 14 and older in SFY 2017 (DHS FACS service payment data) and 845 youth served in the Iowa Aftercare Services Program in SFY 2017 (collected from monthly aftercare provider billing claims). In SFY 2017, 1,195 children entered foster care age 14 and older, whereas 1,269 exited foster care at age 14 and older during the same time period (DHS FACS service payment data).

It was noted in last year’s APSR that the Iowa Aftercare Services Program saw a 10% increase in SFY 2016 over the prior year and a record number of young adults served in a year. During the most recent year (SFY 2017), aftercare increased by only 9 youth (836/845). This is consistent with numbers of children age 14 and older, which was also fairly stable (3,112 to 3,183). Aftercare data in this paragraph is from monthly provider claims and foster care data is from FACS.

The DHS funds the Iowa Aftercare Services Program with approximately half of our state’s total Chafee funds. Over the years, we used the success of the Aftercare program to leverage over four million state dollars, to complement the Chafee funds to provide a monthly stipend to children aging out of licensed foster care and also to provide the only juvenile justice system transition supports for youth who aged out of Iowa detention centers and the Iowa Boy’s State Training School in Eldora.

DHS service areas are responsible to maintain transition committees in accordance with Iowa Code §235.7. Each area maintains two or more local transition committees to address the transition needs of those children receiving child welfare services who are age fourteen or older and have a case permanency plan as defined in Iowa Code §232.2. The department adopted rules (441 IAC §202.18) establishing criteria for transition committee membership, operating policies, and basic functions. The rules provide flexibility for a committee to adopt protocols and other procedures appropriate for the geographic area addressed by the committee. Cases are reviewed no later than the child’s age 17 and six months.

Even though not all service areas do things exactly the same, typically the Transition Planning Specialist (TPS) for each service area tracks all youth in out of home placement. Transition Plans are requested for youth who are in placement at age 17 and 4 months so that the reviews are conducted by the time the youth is 17 and 6 months. DHS/JCS workers join the Transition Committee meeting at their scheduled time (in person or via phone) and present the Transition Plan for the youth and discuss the case with the Transition Committee. The Transition Committee asks and answers any questions, and provides feedback, resources, and recommendations to the worker about their case and documents this on the Transition Committee Review form during the review. Some workers who do not “pass” the first time are required to return with an improved plan.
See more information about local transition committees in “Specific Accomplishments”.

**State Independent Living (IL) Coordinator:**
DHS maintains a full time Independent Living (IL) Coordinator. The Independent Living Coordinator, within the Division of Adult, Children and Family Services (ACFS), is responsible for multiple programs and activities centered on the DHS services and supports for youth transitioning from foster care to adulthood. Responsibilities include:

- Ensuring projects, policies, and practices serve transitioning youth efficiently and effectively, resulting in positive outcomes for youth formerly in foster care;
- Managing contracts for the:
  - Iowa Aftercare Services Program, which utilizes combined state and federal funding to serve transitioning youth through a network of child welfare agencies;
  - Education and Training Voucher program, which utilizes combined state and federal funding to support education attainment of current and former foster care recipients;
  - Foster Care Transportation for Education Stability Contract with the Iowa Department of Education; and a
  - Memorandum for data sharing with state and local education entities, for the purposes of education stability.
- Managing a contract with the Iowa Finance Authority to administer the rent subsidy program.
- Coordination duties for the Chafee funded Transition Planning Specialists as well as the regional Point of Contact (POC) for education and child welfare partnerships to implement Fostering Connections and Every Student Succeeds Act foster care stability provisions.

**Transition Planning Specialists (TPS):**
DHS maintains one full time employee for each of the five service areas, who are responsible for understanding the programs, policies, and processes for foster care transition. TPS are the go-to people for case managers and juvenile court officers, who work to ensure youth under their responsibility have all of the supports they need to be successful. Because of the variety of eligibility criterion in the different programs, their working knowledge of the system is invaluable to DHS staff, as well as youth and public and private partners. Despite an already heavy load making sure all the transition requirements are met (plans completed, etc.), the TPSs manage many local activities and connections, such as the following:

- Connect youth with mental health and behavioral issues to the services they need through Integrated Health Homes (IHH), which are available for Medicaid enrollees in all of Iowa’s 99 counties.
- Maintain local transition committees, per Iowa Code §235.7, to review transition plans of every youth in care prior to age 17 ½. Iowa aftercare services, service supervisors, and mental health professionals are just some examples of the public and private sector experts who take time away from their day to day work to ensure the transition planning occurs for older youth.
• Promote and help coordinate infrastructure at the service area level for youth centered planning meetings.
• Facilitate information sharing about transition services with tribes and other partners.
• Coordinate with Iowa Workforce, colleges and universities, and trade programs to highlight training opportunities available to meet the needs of youth.
• Increase connection to workforce centers and be active on the State Plan for Workforce Innovations and Opportunities Act, so children in foster care and alumni receive the supports needed to help them achieve education and career goals.
• Assist management in assuring foster care transition compliance indicators are met.
• For two years, DHS central office has made limited funds available to DHS service areas for transition projects. “Project Transition” has been a successful intervention that capitalizes on local passion and creative spirit. TPS have taken lead to ensure transition training and resource fairs are annual and in every service area.
• New for 2019, TPS will be joining case managers on home visits to evaluate transition activities and answer questions the child may have about transition supports. We are piloting this activity for children age 17 and older.

Foster Care Transition Tracking System:
Iowa has a tracking system for transition planning activities, to ensure youth get the support they need and that DHS remains in compliance with all requirements for case planning of transition aged youth. Iowa Code § 232.2(4)(f) lays out the requirements. TPS are responsible to record such things as the date when youth over the age of 14 complete the Casey Life Skills Assessment; the date of the Local Transition Committee’s approval of the youth’s transition plan; and the date the case manager meets with the youth 90 days prior to the youth’s 18th birthday. TPS send email reminders to case managers when any required item is due. It all starts with a checklist of transition responsibilities for a child reaching age 14 or entering care after the age of 14. These emails are intended to ensure all youth have a viable plan whether leaving at age 18 or whenever they leave foster care.

Improving reporting and use of data: In 2017, DHS contracted with the Department of Human Rights (DHR) to utilize the Division of Criminal and Juvenile Justice Planning (CJJP) to survey youth, track data, and create reports for the NYTD federal requirement. CJJP effectively promotes research based practices in the arena of juvenile justice. They also increasingly promote best practices in child welfare. CJJP collects, manages, and analyzes a variety of data focused on improving the juvenile justice system in Iowa. Iowa maintains most of this data in the Iowa Justice Data Warehouse (JDW). The data used includes graduation rates, suspensions, complaints (referrals to JCS), charges, diversions, petitions filed by JCS, adjudications, detention holds, formal probations, waivers to criminal (adult) court, and studies of unique populations. One of CJJP’s priorities is “Effective and Promising Practices”, with the following goals:
• Goal One: Adoption of evidence and research based juvenile justice practices statewide.
Goal Two: Collaborate with key juvenile justice entities to support innovative and promising practices that show the potential to develop a research/evidence base, particularly for marginalized populations.

Therefore, one of the appeals of CJJP is their extensive experience evaluating and reporting data to the public, state agencies and lawmakers.

CJJP’s work exceeded DHS expectations. Not only have they kept Iowa in compliance with federal NYTD requirements (Iowa has received no penalties since inception of NYTD), DHS observed the intergovernmental contract maintains our NYTD participation rate and contributes to our use of data to inform stakeholders and to improve programs. NYTD activities will be described in detail later in this report.

Collaboration and Program Support
See information below under Specific Accomplishments Achieved to-date in FY 2018 and Planned Activities for FY 2019.

Specific Accomplishments Achieved Since the 2015-2019 CFSP and the 2018 APSR Submission for FFY 2015-2019 CFSP Goals:

Goal 1: Meet the transition needs of youth in foster care, age 14 and older, for successful transition into emerging adulthood.

Objective 1.1 Ensure all youth in foster care, age 14 and older, have an individualized transition plan that is considered a working document and is reviewed and updated for each permanency hearing by the court or other formal case permanency plan review, and according to state and federal law by end of year 4. The transition plan is to be developed and reviewed by the department in collaboration with a youth-centered transition team.

All benchmarks (statewide training to DHS staff and providers and YTDM meetings statewide) were completed and reported in previous reports. Questions received in the Children’s Bureau’s response from last year’s APSR regarding how Iowa would continue training activities motivated the transition team to lock down ongoing training activities for staff and providers. The transition team identified staff to lead training efforts in the five domains (education, health, housing, employment and relationships) and contracted with a vendor to produce some videos on each subject. These videos will be directed at providers, but TPS also will go out to group and shelter sites at the request of the providers to provide additional training when necessary.

Due to completing provider trainings and implementation of ongoing training in FFY 2017, described in later benchmarks, Iowa successfully and timely completed this goal. The current training process, now taught to all DHS foster care case management and foster care provider teams, includes requirements around the five primary components of transition planning: 1) housing; 2) positive support system; 3) education; 4) employment; and 5) health care and access to health care. TPS share information on all state and federal laws regarding transition planning and what must be done including:
youth-centered planning;
planning inclusive of the five primary components mentioned above;
ensuring smooth access for youth who need services and supports from the adult disability system; and
a written transition plan for each youth in foster care age 14 or older, with review and update completed at each six month case review (or more often if needed), within 90 days of a youth turning 18 years of age, and within 90 days of departure for a youth who elects to stay in voluntary foster care past 18 years of age to complete a high school diploma or obtain their high school equivalency.

Additionally, materials developed comprised:
samples of transition plans/guidelines that caseworkers may use to supplement the DHS transition plan within the case permanency plan;
specifics for caseworkers on how to electronically (hard copy for those without the internet) send a Casey Life Skills Assessment (CLSA) for children in family like foster care settings;
monthly transition topic conversations to have with youth;
information about what a Power of Attorney for Health Care is and why it is important for youth aging out of foster care to understand this process;
resources available to youth aging out of care;
transition eligibility scenarios;
ways in which the TPS may assist the caseworker with difficult cases regarding transition; and
a thorough checklist by ages 16, 17, 17½, and 18 and what specific required transition processes occur during each of these ages. The checklist is in each youth’s case file as a measure to track progress during one-on-one meetings between the caseworker and their supervisor.

In addition to face to face, statewide DHS and provider trainings, TPS created and delivered a webinar that addresses changes to transition and reinforces existing practices, such as the new start date for formal transition planning and enhancements to the youth centered transition process.

The webinar (http://training.hs.iastate.edu/course/view.php?id=577#section-3) is available for viewing by DHS/JCS, all providers, and to the public. To reach foster and relative care families, training is available using various approaches. In addition to the available webinar described above, training can be conducted during foster family support group meetings and training is provided by the recruitment and retention contractor (RRTS) staff.

TPS are continuing to do outreach to providers (foster group, shelter, supervised apartment living (SAL), RRTS) to make our training services available and we will continue to have the transition webinar available to staff and providers.
This webinar covers:

- Specifics of the Strengthening Families Act, that lowered the age of transition planning requirements for youth in out-of-home placement from age 16 to age 14 and older
- Casework practice activities and obligations
- Tools and resources to assist caseworkers in meeting requirements for transition planning

New for 2019, ACFS drafted five “job aids” that describe tasks a caseworker needs to complete to accomplish transition requirements. The job aids are around documents provided to youth, higher education for children in foster care, completing a credit check, health care proxy and referrals to Iowa Aftercare Services. These will be released for use by caseworkers via a manual and forms shared folder, as soon as final reviews are complete in 2019. We will also be directing new staff to job aids in new worker training.

TPS continue to visit DHS county offices throughout their service area on a periodic basis, some monthly and some less frequently, but always as needed to support the area. They provide formal trainings, attend team meetings, and just “take work and camp out” in order to get some work done while available for questions as needed. TPS train staff at on-going in-service staff trainings and work with caseworkers throughout their area on an individual basis on difficult cases regarding transition needs.

All new case managers in Iowa travel to Des Moines for comprehensive training. Each training includes a presentation on all aspects of foster care transition planning and connects the new workers to the tools and the TPS who will be their resources for transition in the service areas.

The process for assessment of life skills took a step forward in 2018, when DHS contracted for CISR (Foster Group Care Services, Child Welfare Emergency Services including Shelter, and SAL), which included a requirement that all SAL and Foster Group contractors complete a Casey Life Skills for children in their care at entry, exit, and within 30 days of age 14, 16, and 18. Not only does this new process rely on a single tool statewide (which Iowa had not done), but it puts the responsibility of the assessment with those who are directly providing the services. The process, due to the frequency and the age range, exceeds federal requirements.

DHS case managers will continue to send links for children in care to complete the CLSA for children in family foster care and shelter. Also for FFY 2018, providers are responsible to set up their own Casey accounts and give DHS access, for purposes of monitoring. It has been a challenge to ensure TPS and contract monitors have access to the provider accounts. It turned out the providers frequently have more than one account, making it difficult for DHS to find their account and check to see that assessments are complete. Fortunately, the provider also has an obligation to send each completed assessment to the case manager within ten days of completion. We are hearing that is happening, and will be building a process with contract specialists and
TPS in 2019, so we are able to identify if assessments are completed on case and aggregate levels.

**Goal 2:** Review and update the transition plan within the case permanency plan.
- **Benchmark 2.1.a:** Develop a workgroup of key stakeholders by the end of year 5.
- **Benchmark 2.1.b:** Workgroup develops recommendation for a revised transition plan and receives feedback from DHS Service Business Team (SBT) by the end of year 5.
- **Benchmark 2.1.c:** Roll out agreed upon revised transition plan by the end of year 5.

In 2017, the Service Business Team (SBT), as planned, developed a written Charter to identify goals, objectives and membership of a workgroup to evaluate and make recommendations for necessary and desired enhancements to the Transition Plan sections of the Case Permanency Plan.

A workgroup (12 members) convened in early 2018. The workgroup capitalized on combined experience from child welfare policy, field social work, information systems, and juvenile justice. Expertise from IT explained how and if desired changes can be made to information systems. Supervisors and caseworkers attended. A foster care alumni representative captivated the team with her story. She was a great resource for the team, particularly during discussions about the real impacts and perceptions of case planning.

Prep materials for the workgroup included the *Fostering Connections to Success and Increasing Adoptions Act*, the *Preventing Sex Trafficking and Strengthening Families Act*, the Children's Bureau's IM regarding Families First, as well as new AFCARS data reporting requirements.

The value of workgroup membership was readily apparent. For example, when in DHS care, the youth representative was fortunate to have foster parents and contracted services that promoted and created new opportunities around her passion, photography. With the appropriate support, her photography hobby later led to a career and startup business in wedding and graduation photos. Her story was also showcased on the DHS website earlier this year. The results of input from this young person and others on the workgroup led to recommendations, which contemplated not only the information required by policy, but the usability and readability of our customers.

The information systems expert gave the group an idea of how much work certain changes would take. For example, the current transition plan is not organized by the “five fostering connections areas” and the group thought it should be, so similar items are combined. Re-organizing the whole plan by domains is a big undertaking. The specialist suggested less time intensive changes that also got the necessary information in the plan.

The workgroup completed their recommendations finishing in March of 2018. They successfully explored format changes and highlighted errors. They made
recommendations for training structure and training content that would be needed to implement changes. One of the challenges was if and when to include certain new data elements from the AFCARS required reporting that is not already in our information systems, namely pregnancy and sexual orientation.

Workgroup recommendations were captured in notes and formal recommendations by the facilitator and then sent to SBT for review and decision making. SBT has already approved changes to the Transition Plan, which promise to be built in 2019. DHS intends to align the case plan revisions with other case plan changes or information system upgrades.

**Goal 3:** Utilize NYTD and other existing data to improve service delivery.  
**Objective 3.1:** Analyze the results of existing and on-going data.

DHS recognizes that the end goal of NYTD is to utilize existing data to improve programming as well as to identify where we have service or data gaps. We are committed to continued efforts to engage partners, including advocates, providers, and youth, to make better use of existing data.

DHS continues to provide contractors and citizens who request data basic information provided in ROM. ROM is a collation of data for state and federal reporting requirements. ROM has extensive historical records about assessments and children in placement. Data include child welfare outcomes and tend to be more up-to-date than federal sources which can run two years behind.

To more effectively collect data in Iowa, DHS contracted with the Department of Human Rights (DHR) in 2016 to survey youth, track data, and create reports for the NYTD federal requirements. DHS chose the DHR as a partner based on their effective researched-based practices. Through grant projects and oversight of state level coalitions, like the statutorily recognized Iowa Collaboration for Youth Development (ICYD), DHR makes an impact on child welfare and juvenile justice. Thus, DHS believes this intergovernmental contract will help to increase NYTD participation rate, access to data, and intends to capitalize on the skills of DHR staff to help DHS and providers use data to improve services. In fact, since hiring a NYTD contractor in Iowa, the youth are more engaged through the implementation of a website, social media, activities, etc.

Furthermore, the contract now includes an annual report requirement (to align with the CFSP), so we can use the data for community discussions. The DHS intends the community discussions primarily for youth and Chafee funded providers, but may include others. The intent, of course, is to look at the data together, discuss it, and determine how to use that information to improve programs and services. DHS’ goal is to primarily 1) inform stakeholders that we now have and are using the data, 2) inform Chafee funded providers that we believe they need to work together to improve transition outcomes, and to 3) take what they learned back to their teams.
DHS released the first report last year and had an engaging discussion with providers. Youth discussed the report at their AMP meetings. DHS will release another report this year in November, so similarly, we'll host a public discussion with providers, youth and others. DHS also anticipates that part of the discussion will include how to track outcomes.

Social media is a powerful tool to engage youth. Iowa NYTD utilizes the social media platforms of Facebook, Twitter, YouTube, and Google to promote the NYTD survey and youth activities. Iowa NYTD's online presence has grown since its inception on October 1, 2016.

**Goal 5:** Update statewide adoption packets with information concerning CFCIP benefits to youth who are adopted (or placed in subsidized guardianship if Iowa has such a program in the future) from foster care at the age of 16 or older.

As described in previous APSR, Section IX - Chafee Foster Care and Independence Program (CFCIP), DHS staff developed a written document explaining the CFCIP benefits available to youth from foster care at the age of 16 or older (the same CFCIP benefits for youth in foster care ages 16 and older who age out of foster care). The DHS adoption program manager sent the document to all DHS adoption supervisors with the instructions to ensure adoption caseworkers place the document in each adoption packet that adoptive parents receive upon adoption.

Although DHS achieved this benchmark last year, DHS continues to monitor implementation of this practice to ensure all children adopted at age 16 and older have the information. The DHS adoption program manager is confident the document is in the adoption packet and explained to the child and adoptive parent(s). The adoption program manager discussed this form with DHS supervisors and followed up with them after implementation to ensure the information is in the packet. DHS will continue to monitor implementation in the next reporting period. The DHS program manager meets quarterly, at least, with the contractor, ensuring materials and training are provided to prospective parents and youth.

**Goal 6:** Improve understanding of and align efforts to address human trafficking, with expansion of access to services utilizing a victim-centered approach.

The DHS completed implementation of required policy, procedure and processes by September 29, 2015. Guidance from the U.S. Department of Health and Human Services (DHHS) and the SFA informed DHS efforts to explore ways to improve screening for victims of human trafficking, address possible trafficking involving runaway and homeless youth, and generally, ensure that any worker, state employee or contractor, receives the training to identify and report trafficking. Contractors and subcontractors will be expected to provide trauma informed services, meeting the unique needs of sex trafficking victims.
In child abuse reports where DHS believes trafficking involved a child, DHS conducted a full child abuse assessment. Victims of trafficking then have the ability to access necessary trauma informed, restorative services.

Safe at Home (SAH) is an address confidentiality program under the umbrella of the Iowa Secretary of State. It provides a substitute legal address for survivors of domestic violence, sexual assault, trafficking, or stalking to use on all public records and first class mail. Any adult survivor of domestic violence, sexual assault, trafficking, or stalking can apply to the SAH program; along with any family member living in the same home with the victim, any minor child or children, or an incapacitated person who is in fear for his or her safety. Appropriate use of SAH was addressed with staff and Chafee funded providers. Meeting notes are in the files for “CIDS calls”.

DHS continues to use three guidance documents entitled “child trafficking assessment guidance”, “child trafficking intake guidance”, and “child trafficking indicators”. Caseworkers, who identify a child victim of sex trafficking, make a report to child abuse intake and to local law enforcement immediately. Staff also report to the National Center for Missing and Exploited Children (NCMEC) within 24 hours.

DHS conducted webinar training on child trafficking for all social work case managers, child protective workers, service supervisors, social work administrators, etc., in July 2015. The webinar remains on the DHS Training website for viewing by staff.

DHS continues to collect and analyze the total number of children and youth in foster care who are sex trafficking victims, effective September 29, 2015. Information that follows is an excerpt from the guidance provided and available to DHS staff and providers on information they need to collect and assess when engaging a runaway youth:

**Primary Factors that Contribute to a Child Running Away**

- Reason why child is placed out of home (e.g., child kicked out of their parents'/relative’s home).
- Extended lengths of stay in placement.
- Type of placement (elopement is more likely from group care placement versus foster home placement).
- Placement that is terminated due to child’s behavior.
- Substance abuse issues.
- Mental health issues.
- Youth identifies him/herself as LGBTQ

**Legislation to address trafficking in Iowa:**

Former Governor Branstad proclaimed January as human trafficking awareness month.

DHS developed new tracking processes, including assessment entries for victims of sex trafficking to ensure collection of reliable state level data to accomplish the provisions in the SFA. These changes are in place for identification of victims, at intake, when a child
returns from run, or anytime in the life of a case. DHS started collecting this information required by the SFA on October 1, 2015.

Very late in the 2017 Iowa legislative session, a bill passed to crack down on human trafficking in Iowa's massage parlors. Governor Branstad signed HF161 into law Wednesday, May 10th. This bill gave Iowa cities the authority to require licenses and to levy restrictions and/or requirements on massage businesses and therapists. For example, cities can now require criminal background checks on massage business employees, including management. Cities can ask to see credentials of practicing massage therapists and review previous license suspensions or denials. Cities can now write local ordinances to regulate and inspect these businesses.

DHS remains connected with the Iowa Attorney General's Office, to align efforts to end trafficking, serve victims, and hold perpetrators accountable; and to the regional Human Trafficking Networks existing in Eastern Iowa (known as Braking Traffik) and Western Iowa (known as the Innocence Lost Task Force). DHS has representation on these groups.

DHS extensively utilizes resources and trainers from provider networks against trafficking, such as the Polaris Project and the Central Iowa Service Network Against Human Trafficking. DHS is a partner in the growing Central Iowa Services Network Against Trafficking.

Strong networks with the provider community allows DHS staff to be better informed, so when partners ask questions, staff have the ability to connect them with networks, guidance and inspiration. For example, Achieving Maximum Potential (AMP) has information regarding the prevention of, and identification of victims of child sex trafficking on their website, [http://www.ampiowa.org/en/shots__clips/human_trafficking/](http://www.ampiowa.org/en/shots__clips/human_trafficking/).

Definition of “at risk of being a victim” will influence the process and reported numbers of victims. The working definition is as follows:

**At risk of being a sex trafficking victim** means a child who is assessed to have one or more of the following potential risk factors:
- Reason for entry into foster care
- Length of stay in foster care
- Type of placement
- Previous runaway from care
- Three or more foster care placements
- Gone from foster care for 30 days or more

Additional information about victims’ services are throughout this report. For example, trauma informed care training is available to all DHS staff.
See the 2017 APSR\textsuperscript{19} for detailed changes to policies and forms.

Specific Accomplishments Achieved Since the 2015-2019 CFSP and the 2018 APSR Submission (beyond meeting specific CFSP Goals):

As mentioned in previous service description updates in this report, DHS competitively procured out-of-homes services, including Foster Group Care Services and Child Welfare Emergency Services (which includes Emergency Juvenile Shelter), with new contracts effective July 1, 2017. New contracts for Supervised Apartment Living (SAL) took effect October 1, 2017, in four of the five DHS service areas. While the Cedar Rapids service area does not have its own SAL contractor within its boundaries, six of its 17 counties are considered part of the SAL coverage area of two of the other SAL contractors in adjoining service areas due to the proximity of these counties to those program bases. There are a number of elements from the out of home contracts listed here that will impact the foster care transition process. Below are a few listed:

- Regionalized contracts
- Requirements for contractors to engage parents and siblings immediately and ongoing
- Required services plans, including exit planning starting the first month
- No reject, no eject protocols mean children who need out of home care will be placed closer to home
- Education specialists
- Increased capacity for cluster site SAL, which was a local transition committee need identified in last year’s APSR

Local Transition Committees
Case managers present the transition plan to local transition committee for any teen in foster care on their caseload prior to the youth turning 17 ½ years of age (or within 30 days of case planning if the youth comes into care at age 17 ½ or older). The local transition committee is a standing membership of stakeholders involved in youth specific systems, including DHS staff, JCS staff, adult service system staff, education staff, care provider representation, and others knowledgeable about community partners. Additionally, non-standing membership may include those knowledgeable about the specific youth, including the youth’s court appointed special advocate (CASA), guardian ad litem (GAL), and care providers.

Iowa Aftercare providers made a big push to be involved in these committees, with it being the norm to have an aftercare provider on the committee. This allows them to contribute program expertise and better connect with youth and their caseworkers prior to the youth aging out of foster care. Aftercare staff is a valuable resource for the transition committees. They know about programs and resources, but more importantly, they are very much attuned to the experiences and pitfalls of transitioning youth. Aftercare providers, in 2018, attained membership at every local transition committee.

\textsuperscript{19} Available at \url{http://dhs.iowa.gov/sites/default/files/FFY_17_APSR.pdf}
In reviewing a youth’s transition plan, the committees identify and act to address gaps existing in services or supports available that would assist the youth towards a successful transition. The transition committee may approve a plan or not approve a plan and send it back to the caseworker with concerns and any suggestions for a more evolved plan specific to the youth. If the plan is not approved, the caseworker must work on the issues identified, by the transition committee, with the youth and their team of support and then resubmit it to the transition committee. The caseworker and their supervisor receive a copy of the committee’s review notes for each case reviewed. Each of the five DHS service areas has at least two or more local transition committees with a monthly convening of each.

Additionally, each DHS service area submits an annual report to the Division of Adult, Children and Family Services (ACFS), reporting geographical area covered by each committee, standing committee membership, number of cases reviewed, identification of barriers to successful transition and gaps in community services or supports, and suggestions for ways to improve the transition process. In 2017, 529 youth had their transition plans reviewed by a local transition committee, up from 400 in 2016. This data was from annual transition committee reports. Local transition committees identify needs for improvement in our foster care system. Some examples are below. The local transition committees contribute significantly to planned activities described later in this section.

The following opportunities for improvement were selected from those identified by Iowa local transition committee membership in 2017-2018:

- There’s a lack of mental health services available, especially in more rural areas.
- There’s a lack of mental health providers and doctors accepting new patients or patients with Medicaid (or particular MCO). It can take a long time to get an appointment, get prescriptions, and obtain evaluations.
- We experienced a gradual and overall increase of youth with much more complex needs, including serious mental health needs, and more youth with borderline functioning and intellectual disabilities.
- There is a lack of SAL and transitional housing options in Iowa; this is a barrier to youth being able to remain in their home school and community.
- It is hard to find landlords willing to work with minors and young adults, with no rental history, cosigners, references, and lack of financial resources, which makes it difficult for transitioning youth to find an apartment to transition. Most landlords do not allow youth to fill out an application or sign a lease until they are 18 years old.
- Youth struggle to maintain employment. They lack employment skills and job etiquette. Some youth are not motivated to obtain or maintain employment.
- Our transitioning youth could use more information and assistance in exploring trade programs and certificate careers that could be viable options for young people who do not see themselves completing a post-secondary degree.
- Committees continue to encourage all plans to include on-going searches for natural community supports for transitioning youth.
• Concerns with long waiting list for Intellectual Disability (ID) waiver services and habilitation housing which limits the supports available for youth aging out of structured settings at age 18.

• Committees identified needs to better connect with school systems regarding individualized education plans (IEPs) and transition services. Committees note that transitioning youth who are lower functioning with aggressive/difficult behaviors often are difficult to connect to adult services systems.

• Many times youth are under the impression that if they simply apply for the education grants that their entire college education will be paid, regardless of where they attend.

The following are issues previously identified as barriers, but were resolved during this past year (2017-2018):

• The committee noted that it is best practice to work to keep youth within their school system if a change in placement must be made. Reducing the number of times a youth enters a new school system will improve academics and graduation rates. This is addressed with new ESSA requirements and through CISR and RRTS contracts. Although not completely resolved, there are obvious structures in place to help improve this area.

• The transition committee recommended that for youth exiting group care, it would be helpful to search for a family foster home earlier than the current 30 days. This would allow for the youth to develop a relationship with the foster family and be better prepared for discharge. The new RRTS contract is addressing this issue. Placements into foster homes out of group care can be requested at 45 days, an increase from the previous 30. There will also be the availability of enhanced homes in the future, with pre-placement visit requirements. Contract performance measures reinforce the value of family like settings (RRTS, CISR).

• The committee felt that youth would benefit from more SAL agencies and an increase in the number of habilitation service providers in rural areas. This would allow more youth to stay in their home communities with access to supportive, skill-building services as they transition to greater independence and young adulthood after age 18. While this remains an important need, the new SAL contracts allow scattered site SAL placements in more counties than before, which will be beneficial in the next fiscal year.

Public meetings and internal discussions continue in Iowa. Iowa remains committed to engaging youth, families, and providers to improve the array of services for children and youth in foster care. Keeping youth close to home, in the most family like setting, and with the service supports they need are just a few of the “guiding principles” of this effort.

The information provided from the local transition committees is invaluable to understanding the needs of transitioning youth. The opportunity we have to address transition planning, out-of-home placement options, engagement of family, and normal activities for teens in care is not lost on the transition committees, or the out-of-home placement services planning committees.
**Transition Information Packet** - DHS reported in the 2017 APSR that young people like and use the TIP, but it needed to be freshened up. In 2015, the TIP was fully revised, with youth friendly language and art.

In the youth TIP binder, there are developmentally appropriate skill-building topics for older teens as they prepare for job interviewing, college, cooking, budgeting, purchasing a car, etc. The TIP binder includes specific resources for youth in foster care such as risks for sex trafficking, eligibility for Aftercare services and Education and Training Vouchers for college. TIP resources also include information for disabled or special needs youth, including information on Iowa Vocational Rehabilitation, Integrated Health Homes, Social Security Disability, and how to connect to the adult services system. The TIP packet provides information for LGBTQ youth, with statewide resources they can explore and make connections for support.

See the TIP online at: [http://dhs.iowa.gov/sites/default/files/TIP_1.2016.pdf](http://dhs.iowa.gov/sites/default/files/TIP_1.2016.pdf)

**DHS Promotes Youth Life Skills Events:**
As a result of Project Transition, started in 2017 that allows Chafee funds to be used in the service areas for “one off” or “special’ transition projects, every service area TPS planned, delivered, and documented results of an event for teens in 2018. The trend this year was to have the events on college campuses. Doing a life skills event has many benefits, for example:

- Youth get to experience a college campus
- Some events allow them to sleep in dorms
- College tours
- Lessons from trained and experienced instructors

Per Section 1.3.1-18 of the Iowa Aftercare contract, aftercare leadership is required to develop and implement a training plan for direct staff and supervisors. Training priorities identified for the FFY 2017 year: safety for advocates and participants; suicide prevention; effective methods of engaging youth in services; and issues related to pregnancy and parenting.

- In July 2017, the Youth Policy Institute of Iowa (YPII) released a toolkit they developed to Iowa aftercare providers. The “What it Takes: Preparing Young People for Adulthood” toolkit identifies a set of competencies (knowledge, skills, and abilities) appropriate for the young adults participating in Aftercare. The competencies are organized in seven domain areas: health, education, employment, financial literacy, relationships, housing, and general life skills, and range from basic, intermediate, to advanced levels. A selection of resources and activities that coincide with each of the competency areas are also included.

- In October 2017, an all staff meeting occurred that included normal business, contract updates, and information on NYTD 21 surveys, ETV, and SSI. A mini training/interactive discussion focused on practice in the field and interaction with participants, facilitated by Joan Havel (aftercare) and Doug Wolfe (DHS).
- A half-day Supervisor meeting, led by the IASN Quality Improvement Review Team (Meis, Youth Shelter Services (YSS); Wolfe, DHS; and Havel, Youth Policy Institute of Iowa (YPII), occurred on January 31, 2018.
- IASN Coordinator implemented a phone call to touch base with each Aftercare supervisor individually to review data, discuss caseload trends, and provide support at least quarterly.
- The final all staff meeting of FY 2018 provided a four-hour training on Suicide prevention. YPII facilitates periodic conference calls intended for all advocates that provide an opportunity to solicit feedback and recommendations from advocates and supervisors or review various IASN policies and procedures, especially if there are updates. For example, the conference call on August 15, 2017 focused on a review of the college aid refund protocol.
- IASN monthly newsletter, Network Notes, informs the network of resources, trainings, meetings and other news.

**No APPLA permanency goal for children under age 16:**
DHS tracks use of APPLA, as a permanency goal. Per the Strengthening Families Act, DHS avoids the use of APPLA for all children, but restricts APPLA to youth age 16 and older. Because DHS does not have authority to overrule the court, when a judge overrides a DHS decision and orders the permanency goal to be APPLA for a child under age 16, DHS records this as APPLA “court override”.

**Ward of Court:**
Caseworkers and Aftercare advocates request the TPS, as needed, to provide a statement on DHS letterhead when a youth enrolls in college and qualifies as an “independent student”. TPS writes a letter that the youth was under the care, custody and control of the state of Iowa for placement in foster care over the age of 13 and should be considered an “independent student” for financial aid purposes. Some colleges ask for a court order, which the TPS’s believe provides more information than necessary. The TPS provide this documentation in a statement which assists the youth in divulging only needed information and verification of “independent student” status for college financial aid.

**Credit Reports:**
It is a federal requirement that DHS check and clear credit issues of a child in foster care annually, through all of the credit reporting agencies (Experian, Equifax, and Transunion). The goal is to help young people whose identity has been stolen, enter adulthood free of these problems.

Child Welfare Information Systems (CWIS) staff quarterly identify teens age 14 and older in foster care from FACS foster care service information and request credit checks at the three credit reporting agencies. DHS created a new report that provides detailed statewide and service area data on the number of files sent, the number of “hits”, and the number of resolved credit issues. The data is FACS identified served youth, returned files from the credit agencies with “hits”, and JARVIS entries from the child’s caseworker indicating if the issue was resolved (see data below). The report can
be created when desired, by approved administrators, and provided to ACFS in December of each year, with federal fiscal year data that will be used for this report and in quality assurance discussions. This new report started foster care program leaders down the road to aggregate level discussions about credit issues and our effectiveness in getting issues resolved for young people, so that they may enter adulthood without the burden of credit issues.

If there is a problem identified when DHS sends a quarterly file to the CRAs, caseworkers receive emails with “hits” and work with youth to resolve inaccuracies. TPS lead activities to support, train, and problem solve issues with caseworkers.

The TPS’ send dispute letters to the appropriate CRA(s) explaining that the particular credit debt(s) is not of the youth’s doing, ask for it to be removed from the youth’s credit history, and ask for the youth’s credit report to be suppressed (per TransUnion policy) or for the youth’s credit report to be protected (per Equifax policy). Both CRAs ensure that suppression or protection does not allow for credit debt to show up on the youth’s credit report as long as they are a minor.

TPS facilitate training for caseworkers on how to interpret the credit report with the youth and assist the youth in clearing up any inaccuracies to ensure youth continue to have their credit reports accurate once they leave foster care.

In the report below, there are credit check totals, with 5,196 checks done in CY 2017. Many times there is no information in the file, indicating there is a match at the CRA but there is nothing for the worker to do. We found that the workers enter in narrative that they found there is no issue to resolve over 90% of the time, but they are not clicking the category of actual resolution in the system, thereby leaving many “pending” results. In 2019, we will better explain what they need to do and monitor so the review and resolution is appropriately noted.

JARVIS system data on credit checks 2017 calendar year:

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<td>Total Hits of 2017</td>
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</tr>
</tbody>
</table>

April 2017; DHS submitted a request for a background check to each of the three credit reporting agencies for youth. 768
January 2017; DHS submitted a request for a background check to each of the three credit reporting agencies for youth. 768
July 2017; DHS submitted a request for a background check to each of the three credit reporting agencies for youth. 3285
October 2017; DHS submitted a request for a background check to each of the three credit reporting agencies for youth. 375

A concern is that creditors, even after the CRAs clear the credit issue of a child, still have this history on their books and may sell the “bad credit” to credit buyers (for pennies on the dollar). We reported this concern in the previous APSR, but we are not
seeing this actually happening. We discussed credit issues with aftercare and have found no “red flags” in this regard. Nonetheless, we intend to continue providing this packet to youth who experienced a credit issue:

- All CRA correspondence regarding resolving a credit report;
- A cover letter explaining the need to keep all CRA correspondence indicating inaccurate credit history resolved;
- The federal foster care credit report mandate;
- Caseworker’s contact information; and
- A one-pager explaining credit rights and responsibilities.

Resources provided to caseworkers include:

- Previous worker training - CC 351 Youth Credit Reporting.
- Contacts to the DHS child welfare information system (CWIS) Help Desk
- Federal Trade Commission (FTC) documents:
  - Credit Repair – Helping Yourself, available at https://www.consumer.ftc.gov/articles/pdf-0034-credit-repair.pdf, How to Right a Wrong,

Youth Rights document:
DHS staff developed a document, which describes for youth in foster care, ages 14 and older, their rights with respect to: visitation; court participation; health; education; provision of documents, and; the right to stay safe and avoid exploitation. The caseworker reviews this document with the youth, explaining their rights, and the youth signs the document acknowledging their rights were explained to them in a way that they understood. Youth receive a copy of the signed document, with the original as part of the case plan. As we embark on a revision of the transition plan (In Chafee 5 year plan), we will need to make sure we maintain the practice of providing and discussing rights with youth.

Iowa Aftercare Services Contract (Aftercare):
Iowa Aftercare is the Comparable Program: As stated at the beginning of this section, DHS is exercising the option to extend services to older transitioning youth based on a program “comparable” to foster care to 21 (if approved in accordance with ACYF-CB-PI-18-06). Aftercare is the comparable program. The following information describes services provided by aftercare, as is typical reporting for the APSR, and is also intended to meet the obligation for “information documenting that the state provides such services and assistance to youth” age 18-21 (p.11, ACYF-CB-PI-18-06).

Since 2002, DHS designated a portion of the state’s federal Chafee funding to create the Iowa Aftercare Services Program, which serves youth age 18 to 21 years old who aged out of foster care. Beginning in 2006, the Iowa Legislature authorized additional support for these youth and appropriated state funding to create the Preparation for Adult Living (PAL) program.
The DHS contracts with Youth and Shelter Services Inc. (YSS) to provide services for youth and young adults who exit foster care at or near the age of 18. In addition to providing direct services through four of its central Iowa locations, YSS subcontracts with seven other youth-serving agencies to provide aftercare services to eligible youth throughout the state. Iowa’s aftercare program achieves consistency statewide, with the local community connections, through subcontracts with the child serving agencies.

YSS also subcontracts with Youth Policy Institute of Iowa (YPII) that provides a coordinator for aftercare and handles primary aspects of data collection, analysis, and program improvement. The YPII, YSS CEO, and DHS staff collaborate to ensure services are consistent across the state. Formal leadership meetings and direct case management staff meetings are regular, planful, and effective.

DHS conducts on-site reviews for all aftercare service providers annually. In 2017, they all met or exceeded program expectations. DHS and contracted staff use site visits to review performance, monitor compliance with documentation and service requirements, and discuss concerns. Site visits traditionally involve a review of case files assessed against DHS/Aftercare-established standards and expectations. As a quality assurance activity, the site visits provide a valuable opportunity for DHS and contractors to discuss ways to improve the delivery of Aftercare services and address any concerns. In addition, DHS reviews personnel files for child safety and rule compliance. Individual site visit reports are completed for each site visit and corrective action plans, while not common, are used as needed.

**Aftercare Services Provided:**
The design of Aftercare services helps young adults move toward stability and self-sufficiency in six key areas:
- education,
- employment,
- housing,
- health,
- life skills, and
- relationships

Each young person participating in Aftercare works individually with a Self-Sufficiency Advocate. These Advocates meet with participating youth face-to-face a minimum of twice a month (often much more frequently), assessing needs and helping youth set goals, identify action steps, and assist youth in achieving those goals. Advocates offer support, guidance, and provide a range of information and services to each youth depending on their unique needs and interests.

Aftercare services address both the immediate needs and long-term goals and aspirations of young adults. Beyond simple case management, Aftercare Self-Sufficiency Advocates support participating youth by:
- Helping to ensure that their basic needs are met;
• Providing social and emotional support and connections;
• Working with them to establish goals and develop action plans; and
• Helping them develop the knowledge and skills necessary to become competent adults.

Pre-services can be provided up to six months in advance to ensure the youth connects to aftercare providers, understands services available, and can initiate service planning activities. Pre-services does not duplicate services, rather aligns with and sustains system provided case management services.

All aftercare participants receive case management to focus on education, employment, health, housing, and relationship goals, as directed by the participant, and financial supports. Financial support comes in the form of either the PAL stipend or financial support of up to $1,200 per year, depending on eligibility.

Chafee funds approximately $132,000 in vendor payments each year. Such assistance is short-term and designed to be a “safety-net” that no other community resource can meet. Vendor payments are most frequently used for rent and rent deposits, with food and household items also being a significant need. DHS has, on occasion, approved requests for additional vendor funds above the allotted $1,200 per participant. However, there were none requested the fiscal year ending June 30, 2017.

In addition to basic case management services, youth who age out of state paid foster care at 18 or older are eligible for an additional living stipend, known as PAL, of up to $602.70 per month. PAL stipends may be provided to a youth who meets the aftercare services program eligibility requirements demonstrating a need for funds as indicated by a budget the youth completes with their advocate, and the youth must meet one or more of the following criteria:
1. Be enrolled in or actively pursuing enrollment in a postsecondary education or training program or work training;
2. Be employed for 80 hours per month or be actively seeking that level of employment; or
3. Be attending an accredited school full-time pursuing a course of study leading to a high school diploma; or
4. Be attending an instructional program leading to a high school equivalency diploma.

Aftercare Participation:
A total of 845 young adults participated in services provided by IASN in SFY 2017, a slight increase over the prior year for a new record number of young adults served by the Network in a single year.
• Of the 845 youth served, 290 accessed services for the first time during the fiscal year, a drop from 317 new participants the previous year.
• Five-hundred-thirteen (513) young people participated in Aftercare each month during SFY 2017. On average, of these, a monthly average of 332 youth received PAL and an average of 181 youth participated in Aftercare without PAL. These
numbers include an average of 51 State Training School (STS) youth per month receiving PAL and 27 STS youth participating in Aftercare without the PAL stipend.

- Among those first accessing Aftercare during the year were 51 young people whose last placement was the STS or court-ordered detention.
- Young people participate in the voluntary program over an average period of slightly more than one and a half years.
- The Network’s statewide coverage afforded young people from 90 counties the opportunity to participate, with a majority of those in urban areas.

Source: 2017 Iowa Aftercare Services Annual report, as prepared by Youth Policy Institute of Iowa.

Aftercare Data Collection:
Youth Shelter Services (YSS) subcontracts with the Youth Policy Institute of Iowa (YPII) for quality assurance (QA), which include QA activities, such as annual site visits, file reviews, and extensive training opportunities. YPII also handles all of the data collection, analysis and reporting of status of participants and outcomes. YPII is an excellent partner in data, as evidenced by high quality semi-annual progress reports and annual outcomes reports, all of which are available on the aftercare website. The information provided in this section is from the Outcomes Summary SFY 2017 report and Aftercare semi-annual progress reports, developed by YPII and endorsed by YSS leadership.

Analysis of the outcomes are a comparison between the original intake data collected when youth first accessed services and the last exit interview data for those youth who exited during SFY 2016 and did not return before July 1, 2017.

Aftercare Data from Youth (2017 Annual Outcomes Report Data):
About 78% of young people completed an intake into Aftercare within three months of being discharged from their last placement in foster care or STS/detention. The median lapse between exit from a formal placement and Aftercare intake was just 17 days – evidence of the success of efforts by DHS caseworkers, Juvenile Court Officers, and others to help connect young people to Aftercare.

About 62% of new intakes were males and 38% females. The gender distribution, in part, reflects the eligibility and involvement of young men exiting the State Training School. Even among new intakes who had been in a foster care placement, however, more males (54%) than females (45%) initiated Aftercare services. This is different from previous years when the majority of intakes from foster care placements were female.

“Transgender”, “Other”, and “Not sure” were added to the intake survey at the start of SFY 2017 to better accommodate all participants’ gender identities. Less than 1% of new intakes identified as transgender.

Notable data from intake interviews with the 290 young people who accessed aftercare for the first time include:
A majority (63%) of new intakes, including STS youth, reported spending more than two years in out-of-home placements. Close to a third (31%) of intakes reported six or more placements.

More youth entered Aftercare with a high school diploma (62.4%) compared to the previous year (53.3%), but fewer youth entered with a high school equivalent degree (3.8%) compared to SFY 2016 (7.9%).

Nearly 41% of females report a previous suicide attempt, and over half (51%) report having inflicted self-harm (compared to 21% and 21%, respectively, of the male population at intake).

About 95% of foster care youth accessing Aftercare reported having Medicaid.

Of particular concern are the mental health challenges and high risk behaviors among new intakes compared to the previous year, including:
  - Overall, 29% (31% of foster care and 20% of STS youth) report having ever attempted suicide;
  - Almost 65% of all youth have been referred for or received a mental health assessment, and 62% have been prescribed a medication in the last year for mental or physical health maintenance;
  - Among STS youth, one in five (20%) have used marijuana in the past 30 days, and over half (53%) have been referred for or received an assessment for substance abuse (compared to 11% and 46% in SFY 2016, respectively).

**Planned Activities for FY 2019:**

DHS’ overarching transition program goal is to meet the transition needs of youth in foster care, age 14 and older, for successful transition into emerging adulthood. To accomplish this, we will ensure all youth in foster care, age 14 and older, have an individualized transition plan that is a working document and reviewed and updated in accordance with timelines and in compliance with the law. In pursuit of these goals, in 2019 DHS and partners will:

- In 2019, DHS plans to continue funding Iowa Aftercare Services and AMP, through separate contracts with Youth and Shelter Services, Inc., utilizing Chafee funds and state funds. Services will be as described in this report and on the Iowaaftercare.org or AMPiowa.org websites.
- DHS recently reviewed and updated the Iowa DHS Foster Care Transition pages of our website. In 2019, we plan to keep the site up to date, to improve the access to information about services. See information about all the Chafee funded programs at: http://dhs.iowa.gov/transitioning-to-adulthood.

**Planned activities for 2019, as recommended by the Local Transition Committees:**

- Prior to a youth centered or YTDM meeting, have the Social Work Case Manager or JCO coordinate with the Transition Planning Specialist to determine what services and benefits the youth will be eligible to receive.
- Ensure that each youth has had a Youth Centered Family Team Meeting or Youth Transition Decision Making Meeting and that it includes establishing a support system or an identified person whom they can turn to after they leave care.
- Develop a “youth friendly” method of accessing transition information. Potentially an app or a way of accessing information through their phones or the internet.
- Ensure that the youth is involved in the transition plan and has a voice in planning for their future.
- If a youth has a qualifying mental health diagnosis, ensure that they have been connected with an Integrated Health Home agency.
- Provide youth with their medical information and ensure they have the contact information for the MCO which they are assigned to.
- The Ottumwa Job Corps is near the Indian Hills Community College. There are several programs at the Job Corps, which specific youth in foster care find appealing (certified nursing, materials handling, and building maintenance). Iowa DHS and providers are working with Job Corps to continue a pilot; we hope for 2 or 3 groups of 4 youth each in 2019.
- In FY19, DHS plans to utilize our data from the Iowa Foster Care Transition Annual Report and discussion to inform stakeholders and improve programs. DHS will share the report with transition programs, tribes, and foster care providers in a face to face/phone discussion and also send the report out for those who are unable to attend.
- Futurefest or similar life skills event for teens in foster care in every service area in 2019.
- Outcomes for transitioning youth will improve due to at least quarterly office visits by TPS to DHS. Develop a plan to include JCS in the quarterly office visit process.
- New for 2019, TPS will be doing home visits with the caseworker of children in foster care age 17 and older.
- Increase frequency of permanency roundtables to reduce use of APPLA for children in foster care, with priority for children under age 16. There were 32 out of 297 children in foster care under 16 who had APPLA as their permanency goal. (Source: Results Oriented Management, 5/14/18)
- Continue to provide training and resource information to tribal partners, courts, DHS and JCS on the transitioning process to ensure each child in out of home placement has a plan for their adulthood.
- Continue to include $33,000 in the Iowa Foster Care Youth Council Contract to be available to fund social or developmental activities for youth in foster care who are 14 years of age and older. The max request remains at $300 per youth, 14 years and older. DHS ensures this additional funding is used for activities to support adolescents in foster care in engaging in band, sports, clubs, and other activities of their choosing.
- More work needs to be done to preserve adoptive families and keep them safely intact. More comprehensive post adoption supports and more training on adoptive issues i.e. trauma & attachment.
- Secure an adult mental health diagnosis in a timely manner.
- Continue educating DHS workers with basic training on adult service resources. When would youth be eligible? What would they be eligible for? What can Aftercare provide & not provide?
- Ensure all youth have a safe and affordable place to live when they leave the foster care system.
- Emphasize the importance of informal support systems and permanent connections. Youth need to have a support system in place before leaving foster care.
National Youth in Transition Database (NYTD) - On January 13, 2017 the Children’s Bureau issued ACYF-CB-PI-17-01 announcing the implementation of NYTD Reviews.

Describe the state’s plan to inform stakeholders and others of the NYTD Review for the state. States with NYTD Reviews scheduled in FY 2017 or 2018 should discuss steps to begin to prepare for their review.

See additional information in Chafee section, Specific Accomplishments, Goal 3.

According to successful CFSP Goal #3, DHS will continue to create and review the Annual Foster Care Transition Report. Additionally, with the assistance of the Department of Human Rights/NYTD contractor, DHS is able to commit to an annual completion of and public sharing of the annual transition data report.

Teens in foster care and alumni, aftercare and AMP, as well as state agency are necessary participants in the sharing of data, but we expect a broader audience. The intent is to formally and strategically look over the data and explore programmatic benefits derived from lessons in the report. The report is a fluid tool, which adapts over time to meet the needs of the group and to best inform policy and practice in foster care transition.

A first of its kind transition data convening occurred in Ames, Iowa on January 10, 2018, at a child serving agency, to discuss the data results. This was the first formal opportunity for the larger transition team (including the NYTD contractor, homeless programs, Chafee funded services, and DHS staff) to discuss:

1) Program results,
2) Challenges and successes,
3) Strategies, and
4) Ways to validate and encourage youth participation.

Attendees verbalized their appreciation for the data and also validated our feeling that transition programs can use data to work together to improve outcomes for transitioning youth, regardless of the Chafee programs in which they may participate.

Some examples of data from the annual transition report (2018) completed by the NYTD contractor are below:

- Confinement:
  - Fifty-three point seven percent (53.7%) (N=188) of participating youth reported being incarcerated, which is higher than the national average (35%) for participating 17-year-olds.
  - Forty-four point three percent (44.3%) (N=155) of participating youth reported never being incarcerated.

- Substance use:
Thirty-seven point one percent (37.1%) (N=130) of participating youth reported being referred for substance abuse assessment or counseling, which is higher than the national average (27%) for 17-year-olds in FFY 2011.

- Housing:
  - Seventy-six percent (76.0%) of participating youth reported never being homeless, while 23.1% (N=81) youth reported being homeless.
  - Female youth comprised 55.6% of youth who reported being homeless.
  - Nationally for children in foster care, 16% of 17-year-olds reported having an experience with homelessness in FFY 2011.

Source of data is Iowa’s NYTD survey data and, for national data, the NYTD Data Brief #1, available at https://www.acf.hhs.gov/sites/default/files/cb/nytd_data_brief_1.pdf.

Describe how the state, since the 2015-2019 CFSP and subsequent APSR submissions, has informed partners, tribes, courts and other stakeholders about NYTD data and involved them in the analysis of the results of the NYTD data collection or NYTD Review. Describe how the state has used these data and any other available data in consultation with youth and other stakeholders to improve service delivery in the last year.

Provide information on how the state has improved NYTD data collection, based on the plan outlined in the 2015-2019 CFSP and subsequent APSR submissions or NYTD Review.

States are reminded that information related to NYTD can be viewed in “snap shot” format and can be requested by emailing: NYTDhelp@acf.hhs.gov. While the “snap shot” only provides an overview of the NYTD data, it can be a resource to talk with youth, providers, the courts, and other stakeholders about services and outcomes of youth transitioning out of foster care.

See also Goal #3

DHS shared NYTD data, specifically with the Youth Policy Institute of Iowa (YPII), who used this data to flag pregnancy and parenting data. Utilizing the pregnancy and parenting data, YPII developed a survey and focus groups on the subject currently in progress. During the past year, YPII explored this and other data questions, with implications for services, discharge planning, and program eligibility requirements. The final report will be submitted soon to DHS.

NYTD is an increasingly important data set for exploring the status of youth in foster care. NYTD allows program staff and trainers to pull data about the education status of the baseline population. When examining graduation rates of 19 year old youth and 21 year old youth, for example, it became apparent that it takes alumni of foster care a bit longer to get a diploma or equivalency than their same aged peers. Such information informs decision making to improve education outcomes of children in foster care. For more information about the education of children in foster care, please see the ETV section of this report.
NYTD services data is collected from case managers of children in foster care age 14 and older via quarterly emails. DHS central office tracks to ensure compliance. We achieve approximately 70% completion of surveys.

Iowa Aftercare providers and the Iowa College Aid Commission (administering ETV) collect data on the types of services provided to individual youth and reports it to DHS in time for semiannual federal reporting. Aftercare uses definitions established by NYTD to document services provided to individual youth. Aftercare transmits data to DHS monthly. Iowa College Aid reports semiannually.

According to the NYTD contractor, below are the methods of data collection and FY 2017 results:

Iowa offers three methods for completing the survey. The youth may take the survey via phone, mail, or online (see instructions below). To reach the youth, the NYTD coordinator mails a paper copy to each address received. If the NYTD coordinator has an email address for a youth, a link to the online survey is emailed to the youth as well. Lastly, depending on the contact information available, the NYTD coordinator calls the youth and/or any acquaintances the youth may have listed under their contact information.

Options given to the youth to complete the survey:
Mail: Return or request the paper copy and return the completed survey in a business reply envelope.
Online: Go to bit.ly/IowaNYTD, click on 'Take the Survey' and then click on the respective survey option.
Phone: Call the toll free hotline at 1-888-228-4912 or the NYTD coordinator at 515-725-4050.

Figure 1. Method of Participation
Participation Method Observations:
Forty-three percent (43%) of 17-year-old youth completed the survey on the Internet. DHS received a file once all survey responses were collected for a cohort. This information will be reviewed and utilized to make improvements to Iowa’s foster care system. Additionally, the results remain on file with the contractor to provide DHS with an analysis of the trends in the data as the youth complete the survey again when they are 19 and finally when they are 21.

Incentives
Youth who complete the Iowa NYTD survey receive an incentive for participating. Survey participants receive incentives as a way to increase the survey participation rate, as well as to thank youth for taking the time to thoughtfully answer the survey questions. Iowa NYTD offers participants six different options for an incentive.

Gift Cards
The baseline population (17-year-old youth) received a $25 gift card to Casey’s General Store or Hy-Vee. Survey participants in the follow-up population of 19-year-olds will receive a $40 gift card, and survey participants in the follow-up population of 21-year-olds will receive a $50 gift card. Participants at age 17 and age 19 are also offered an additional $10 gift card to provide names and contact information for individuals who will know how to contact the youth in two years to take the next survey. Due to requests from the 21-year-old participants, Walmart gift cards are now available.

Youth may opt to receive a care package instead of a gift card. Youth may select to receive the NYTD Sports Package, the NYTD Arts Package or the NYTD Health and Wellness Package. The contents of the packages are approximately the same value as the gift card.

Website
Much more information about NYTD is on the Iowa NYTD website, https://sites.google.com/a/iowa.gov/national-transition-youth-database-nytd/. Notice, in addition to a place to submit their survey, young people can view and click foster care transition information, posters, engaging contests, and fun!

2017 participation
The third cohort of surveys for 17-year-olds began October 1, 2016. There were 392 youth in Iowa’s third baseline population cohort. Three of these youth were ineligible to participate in the survey; two youth were not in the sample and one was incapacitated.
Of the 389 youth eligible to complete the survey, a total of 350 youth participated, and each of them completed one survey. Comparison data derived from the U.S. Department of Health and Human Services, Children’s Bureau\textsuperscript{20}. FFY 2011 data is used as participants from the FFY 2014 cohort are still being surveyed.

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</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

**Collaboration with Youth and Other Programs**

Report activities performed since the 2018 APSR submission and planned for FY 2019 include:

A small grant from the Annie E. Casey Foundation to the Youth Policy Institute of Iowa (YPII) in June 2017 supported a collaborative effort to increase our understanding of the reproductive health education, pregnancy, and parenting experiences of young people transitioning from Iowa’s foster care system to adulthood. In addition to YPII and DHS, other stakeholders involved in the project include representatives from the Iowa Department of Public Health, Child Welfare Research and Training Academy at Iowa State University, private organizations, and others. YPII collected survey data from more than 80 young people who aged out of foster care and are expecting or parenting. Two focus groups from this population occurred. The information generated will be used to inform policy, program and practice recommendations to address the high rate of unintended pregnancies and early child-bearing among this population. Research results and recommendations will be shared in an upcoming report. The project is also creating a resource directory of state programs that could be leveraged to improve reproductive health and parenting supports for youth transitioning from foster care to adulthood.

In addition, the department prioritized serving current and former foster youth for pregnancy prevention services in a contract for the administration of the state’s Community Adolescent Pregnancy Prevention grants. For more information on this, please see the CAPTA section of this report.

*Involve youth/ young adults in the CFCIP, CFSR, NYTD, and other related agency efforts.*

Data in the following AMP section is from the AMP Final Report (2018) as required by contract for the time period July 1, 2017-June 30, 2018. Narrative information, written

\textsuperscript{20} https://www.acf.hhs.gov/cb
by Youth Policy Institute of Iowa (YPII), also came from the report and modified for this APSR.

**Iowa Foster Care Youth Council Contract (AMP):**
DHS contracts with Youth and Shelter Services, Inc. (YSS) for the Iowa Foster Care Youth Council, known as “Achieving Maximum Potential (AMP)”. DHS funds the program with just over $90,000 federal Chafee dollars and nearly $320,000 state dollars. Some of the state funds support youth adjudicated delinquent in the state training school for boys. SFY 2018 is the first year of a six-year contract (conditional on annual extensions).

Eight non-profit youth-serving agencies comprise a statewide collaboration known as the Partnership of Iowa Foster Care Youth Councils. For the 2017-2018 contract period, there are fifteen AMP Youth Councils (including a Mobile Council and a Council at the State Training School). The eight partner agencies and the locations of the Councils they support are:

- YSS (Ames, Davenport, Des Moines, Eldora/State Training School (STS), Marshalltown, and Mobile)
- American Home Finding Association (Ottumwa)
- Children’s Square USA (Council Bluffs and Sioux City)
- Foundation 2 (Cedar Rapids)
- Four Oaks (Waterloo Council and Iowa City)
- Hillcrest Family Services (Dubuque)
- Youth Shelter Care of North Central Iowa (Fort Dodge)
- Young House (Burlington/Mt. Pleasant)

**Description**
AMP (Achieving Maximum Potential) is a youth engagement program for current and former foster and adoptive youth summarized by the motto “Nothing about us, without us.” The primary purpose of AMP is to empower young people to become advocates for themselves and give them a voice in system-level improvements in child welfare policies and practices. When supported through productive partnerships with adults, youth can be authoritative advocates for making the foster care system more responsive and effective.

AMP offers leadership opportunities, service learning projects, speaking opportunities, and educational/vocational assistance to youth ages 13 to 21 who have been involved in foster care, adoption, or other out-of-home placements. AMP also offers participating youth opportunities to learn various life skills and shares information with youth on resources available to them as they transition from foster care to adulthood.

In addition to the partner agencies, the Partnership has links to three consulting organizations, ISU – RISE (Research Institute for Studies in Education) to conduct program assessments; the Child and Family Policy Center (CFPC) for legislative advocacy; and the Youth Policy Institute of Iowa (YPII) for data collection and reporting.
assistance. In addition, AMP networks with a variety of other stakeholders including, but not limited to, the Iowa Foster and Adoptive Parent Association, Four Oaks and Lutheran Services in Iowa (LSI) Fostering Connections, the Iowa Aftercare Services Network, and group homes/psychiatric medical institutes for children (PMICs) and shelters.

MEMBER CHARACTERISTICS
Paid staff who lead local councils, called facilitators, collect member information from as many participating youth as possible on an annual basis, starting in July for the current fiscal year. Based on facilitators' attendance logs, approximately 1,057 young people attended one or more AMP meetings from July 1, 2017 to February 28, 2018. Des Moines and Davenport councils did not submit member information with demographic information, and therefore, are not represented in the following charts and tables.

AGE
Ages reported by members range from less than 12 years old, to 22 or older, though just 6% fall outside of the intended range of 13-21 years old. The majority of AMP members are under 18, with 62% between the ages of 15 and 17.

Youth attending AMP at the Eldora-STS are predominantly 16 or 17 – nearly three-quarters of members are this age. A much wider range of ages exists within the community-based councils, most likely because of the age limitations at the state training school. About a quarter (24%) of community council members are 14 or younger and 14% are 19 or older.

Figure 2. Ages of all AMP members (n=437)
RACE AND ETHNICITY
AMP membership is generally representative of the foster care population in Iowa, although the council at the state training school has a greater proportion of youth of color compared to community councils. The majority of AMP members identified as White (72% of community-based councils and 42% of Eldora-STS), and a greater proportion of Eldora-STS members identified themselves as Black or African American compared to the rest of the statewide councils. Youth were instructed to select the one race or ethnicity they most closely identify with. Some selected more than one race or ethnicity, thus some totals do not add to 100%.

<table>
<thead>
<tr>
<th></th>
<th>All Members n=439</th>
<th>Community Councils n=330</th>
<th>Eldora-STS n=106</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>65%</td>
<td>72%</td>
<td>42%</td>
</tr>
<tr>
<td>African American or Black</td>
<td>20%</td>
<td>14%</td>
<td>40%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>12%</td>
<td>13%</td>
<td>9%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>7%</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>3%</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Asian</td>
<td>1%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>1%</td>
<td>0%</td>
<td>3%</td>
</tr>
</tbody>
</table>

GENDER

Almost half (49%) of the community council members are male and just under half are female (46%), compared to SFY 2017 when 42% of community council members were male and 56% were female. All of the Eldora-STS members identified as male; including these members, the total AMP membership is 62% male and 35% female.
**PLACEMENT TYPE**
About 67% of AMP members live in a congregate foster care setting, i.e. state training school, shelter, residential treatment, or PMIC. Nearly a quarter (23%) of AMP members attend the Eldora-STS council and 19% are not in foster care or another out-of-home placement. Another 9% live in a family-like setting (foster home, adoptive family, or relative foster home). Some AMP councils hold one or both of their monthly meetings on-site at a residential or shelter facility, which partially explains the high frequency of youth in these placement types. Compared to SFY 2017, more AMP members are currently at the STS and fewer are in shelter or residential treatment.

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>SFY 2018 (n=442)</th>
<th>SFY 2017 (n=514)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State training school</td>
<td>23%</td>
<td>11%</td>
</tr>
<tr>
<td>Shelter</td>
<td>20%</td>
<td>34%</td>
</tr>
<tr>
<td>Not in foster care or placement</td>
<td>19%</td>
<td>16%</td>
</tr>
<tr>
<td>Residential treatment</td>
<td>19%</td>
<td>22%</td>
</tr>
<tr>
<td>Other(^1)</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>PMIC</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Foster family</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>Adopted (or with adoptive family)</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Relative foster family (kinship care)</td>
<td>1%</td>
<td>2%</td>
</tr>
</tbody>
</table>

**DURATION OF INVOLVEMENT**
In an effort to collect information from both existing members as well as newly participating youth, facilitators have youth complete the information form during one of the first meetings of the fiscal year (beginning July 1, 2017), or as new members started attending meetings during the year. As a result, over half (59%) of members said they were brand new to AMP meetings, reporting it was their first or second time attending.
About 19% report involvement with AMP for six months or longer. In comparison, 40% of youth who completed the annual satisfaction survey reported involvement for 6 months or longer.

![Figure 5. Length of involvement of all AMP members (n=435)](image)

**COUNCIL MEETINGS AND PARTICIPATION**
From July 2017 – February 2018, 183 meetings occurred across the state and recorded using the meeting summary. The number of meetings held is lower than this time last year, although overall attendance increased.

Across all councils, at least 1,057 unique young people attended AMP meetings for 3,235 points of contact over the report period. Average attendance at meetings is 18 youth (compared to 11 youth per meeting in SFY 2017). This is mostly due to the increase in attendance at the Eldora-STS council and in part from additional members at community councils.

The figure below shows monthly attendance of all councils during SFY 2018 compared to SFY 2017. On average, monthly attendance is about 10% higher compared to last year.
Council facilitators follow the attendance of individual youth from meeting to meeting during the year, recording names from their sign-in sheets on a spreadsheet. This provides a more reliable method to gauge involvement over time, as opposed to the self-report, static question on satisfaction surveys or member information. It also may indicate if members re-engage after missing a few meetings, although the current report covers a relatively brief timeframe.

Half (50%) of all members attended one meeting during the report period, a third (33%) attended between two and five meetings, and the remaining 17% of members attended six or more meetings. It is reasonable to assume that the higher proportion of youth in
congregate care settings like shelter and residential treatment may account for many of the youth attending for only one meeting as their participation is likely tied to their placement.

Each council tracks individuals’ attendance and are not added to a master list. Thus, youth who attended or are attending meetings and events at another council are not easily cross-referenced between councils. In addition, facilitators use a variety of ways to identify youth (e.g., first and last name, first name and last initial) when submitting attendance sheets. While this helps protect confidentiality, there is potential for errors based on incomplete or incorrect identifying information and overlooking previous participation as facilitators track individual youth.

MEETINGS
Because facilitators were encouraged to make their councils “mobile”, we updated the summary sheet to ask whether the meeting was stationary or mobile; about 6% of summaries entered were for a mobile meeting from July to February.

The following figures and tables provide information on the types of activities, topics, and partners involved in the numerous meetings across the state. All councils, except Davenport, had at least one meeting entry. Three councils submitted just one (Council Bluffs) or two (Mason City, Des Moines) meeting summaries over the report period.

SOCIAL AND DEVELOPMENTAL ACTIVITIES

Many AMP facilitators combine more than one activity during a meeting, as indicated by the figure above. Social activities occur most often, followed by a speaker or specific topic of discussion, AMP-related information, and skill-building activities. Service activities occurred the least often at 8% of meetings. Facilitators also have the option to include additional information on the activity type or briefly describe what kind of social or speaker activity it was (e.g., holiday party, CrossFit, goal-setting, working on AMP legislative agenda).
TOPICS ADDRESSED

The information-sharing and skill-building functions of AMP are partially met through presentations, activities and discussions on various topics during regular AMP meetings. Facilitators selected the primary topic and had the option to comment on additional topics addressed or indicate something other than a category given. Within the “Other” category, the majority of the topics were related to AMP projects and activities (e.g., new member training, yearly planning, survey, legislative agenda).

Conducting AMP-related business during Council meetings provides opportunities for youth to practice communication, decision-making and advocacy skills and reinforces AMP’s commitment to a youth-driven approach. When AMP-related business was included as part of the meeting, facilitators identified the primary AMP-related topic, as shown in the table below.

<table>
<thead>
<tr>
<th>Table 3(d): AMP Related Topics</th>
<th>n=71</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMP-related business/activity</td>
<td></td>
</tr>
<tr>
<td>AMP Camp</td>
<td>2.8%</td>
</tr>
<tr>
<td>Day on the Hill</td>
<td>22.5%</td>
</tr>
<tr>
<td>Legislative agenda</td>
<td>33.8%</td>
</tr>
<tr>
<td>New member training/What is AMP</td>
<td>22.5%</td>
</tr>
<tr>
<td>Planning for other AMP or council events</td>
<td>25.4%</td>
</tr>
<tr>
<td>Satisfaction survey</td>
<td>19.7%</td>
</tr>
<tr>
<td>Preparing or supporting AMP youth speaking at event</td>
<td>19.7%</td>
</tr>
</tbody>
</table>

AMP is well-supported by community organizations, businesses and individual volunteers. When volunteers or community members were present at meetings, an average of four people attended.
AMP facilitators understand the importance of engaging youth in multiple ways for positive youth development and relationship-building. Over half (53%) of meetings included a large group discussion, 35% included breaking into small groups for discussion, and nearly a third (30%) of meetings involved a young person leading a discussion or activity. Other opportunities for youth to engage with adults and their peers in meaningful ways included sharing individual talents, a creative activity (like art, music or writing) and recognizing youth in front of the council.

**Figure 10. Youth engagement in AMP meetings (n=161)**

- Large group discussion: 53%
- Break into small groups for discussion: 35%
- Youth led a discussion or activity: 30%
- Sharing individual talents: 21%
- Creative activity: 14%
- Recognition of youth, award: 8%
- AMP member graduation: 1%

**SUMMARY of MAJOR PROJECTS**
The statewide Partnership seeks to unleash the full potential for personal growth among foster and adoptive youth in Iowa. AMP pursues this goal through regular meetings, special events and major projects. Youth train to become advocates for themselves and others, and participate in valuable leadership opportunities. Among the most important benefits of participation in AMP is the chance for youth to build social capital. Youth share their stories with each other, provide understanding and support for one another, gain life skills necessary to become healthy, independent adults, and build partnerships with adults in the community. This section of the report summarizes major activities conducted by AMP since July 2017.

**Providing Normalcy – Variety AMP Camp**
Preparations for the 2018 AMP Camp are underway. AMP Camp will take place June 20-26, 2018 (with mentors arriving on the 19th) at Forrest Lake Camp, located south of Ottumwa in northern Davis County. This camp has a lake, canoes, paddleboats, fishing, hiking trails, a multipurpose building with a full size gymnasium, industrial kitchen and dining room. There are multiple cabins, a chapel, and arts and crafts room. Along with a large outside space for sports and fire rings for evening campfires. Sports activities, crafts, speakers and life skills lessons are planned for the week of camp.
The plan is to increase camper numbers if possible and maintain the same number of mentors (frequently foster care alum) and staff as in previous years. Mentors will arrive a day early to develop leadership skills and learn their responsibilities as mentors. Local Councils will receive the paperwork to invite youth to create an AMP Camp logo for the Camp shirt. As in past years, AMP youth will be guided to learn how to tell their individual stories, which will be documented by the videographer who attends camp.

**Informing Public Policy – AMP Day on the Hill and Foster Youth in Action**

An important opportunity for AMP members to share their views and discuss issues with elected officials is the annual AMP Day on the Hill. This year it occurred on January 22, 2018 with more than 80 youth attending. Each year AMP members, with support and guidance from AMP staff and partners, develop a legislative agenda through an iterative process of brainstorming, reviewing, and prioritizing issues of importance to youth in foster care. The process culminates in a legislative agenda that AMP members share with legislators during the Day on the Hill event, including these key items:

1. AMP youth request additional specialized housing options be available for youth; for minors with mental health needs and for all youth transitioning out of foster care.
2. AMP youth request the State of Iowa requires all public schools implement a prevention-oriented child sexual abuse program.
3. AMP youth request that all youth in the state of Iowa, who are educated in their homes, be dual-enrolled in a local community school for at least physical education or extra-curricular activities. This is for safety.

**Annual Foster Care Youth Conference – Plugged In and Charging**

The 3rd Annual AMP “Plugged In and Charging” Conference occurred on February 16 and 17, 2018 at Indian Hills Community College (IHCC) in Ottumwa, Iowa. AMP facilitators collaborated with the college to provide a venue for youth to learn about the college experience. Eighty-one youth, facilitators and support staff were part of this year’s event, including youth from eleven AMP Councils.

Through the generosity of IHCC, youth experienced dorm life Friday evening before the conference and enjoyed time with other AMP youth from around the state. The morning of the conference on Saturday, February 17th included a college tour and breakout sessions for exploring different degree/diploma programs. Youth had hands-on learning opportunities in the laser department, mechanics, criminal justice, and health science field.

Krista Tedrow, the keynote speaker, was in the foster care system and has a passion for helping young adults achieve their maximum potential. From the good, the bad, even the ugly, Krista shared her journey of how she overcame the odds to prove them wrong. Krista also created a great interactive activity for all the youth to take part in.

Following lunch, the participants attended afternoon breakout sessions. At the conclusion of the afternoon sessions, youth went to Job Corps for a campus tour and to hear about the Job Corps Program. Following dinner back at IHCC, many of the youth
and facilitators enjoyed the college basketball game that evening before their return home.

Youth completed surveys sharing their thoughts on the conference and what they enjoyed and learned, as well as what they would change. Positive feedback was again received from youth on how to improve the event, but overall youth reported enjoying and learning from their participation in the conference.

**Mini-Camps & Mini-Conferences**

AMP has both mini-camps and mini-conferences as a means to draw youth into AMP and link them with opportunities in higher education. They learned a day long event is more accessible for youth and more manageable for caretakers. This has proven successful and it is growing in popularity.

Three mini-camps occurred for 2018. The first was a camp reunion at Forest Lake Camp near Ottumwa; the second was at a church campground in Newton; and the third was at the Buckels farm near Story City in May. AMP “mini” camps offer a fun Saturday that provides a taste of what Variety AMP camp offers all week during the full summer camp session.

Here are a few examples of mini-camp and mini-conference activities:

**Forrest Lake Ottumwa Mini-Camp:**
The first mini-camp was at the Forest Lake Camp south of Ottumwa in rural Wapello County on October 15, 2017. Over 45 youth attended this event from around the state. After sharing highs and lows (an AMP constant), AMP Camp attendees from 2017 shared with the youth their camp experiences, then showed the AMP Camp video and led the group in camp songs. The mini-camp participants went back to the main building where they took part in large group team building games. Following dinner and conversation, Ruth Buckels, State AMP Coordinator, led a discussion on the AMP Legislative Agenda and talked about the future of AMP Camp. Youth split into small groups and spent time brainstorming what they would like to see at future AMP Camps.

**Newton Mini-Camp**
The second mini-camp was on February 3, 2018, at the Christian Camp and Conference Center in Newton. Twenty-five youth from four different AMP councils took part in this fun day. An artist engaged youth in creating their own mini-masterpiece to bring home with them. Other activities included large and small group games and team building experiences. The attendees viewed the 2017 AMP Camp video and got to ask questions about 2018 AMP Camp.

**Southeastern Community College (SCC) Mini-Conference**
The SCC mini-conference kicked off with Dr. Michael Ash addressing the 53 youth in attendance, followed by the keynote speaker, Dr. Kris Meyers. After the lunch provided by SCC, the young people attended three different breakout sessions and group building challenges in groups of 2-4. The day ended with a campus tour, presentation
by the West Burlington Fire Department/Paramedics, and lots of door prizes and freebies. Numerous SCC, Young House Family Services (YHFS) and community volunteers “worked” the mini conference. SCC and YHFS hope to offer this mini conference again next year, with some small tweaks to make it even better.

**WEBSITE and COMMUNICATION ACTIVITIES**
AMP maintains a website, www.ampiowa.org, which serves as a vehicle to share information about AMP councils, statewide activities, and creative, original work of its members. On the main website, there are stories of personal journeys written by AMP teens and close to 100 poems submitted by youth. New stories and poetry are added throughout the year. Youth in each council are able to update their local council page with the assistance of their local facilitator.

Many of the new photos are by an AMP youth who started her own photography business this year. This youth offered to take senior pictures for foster teens, as a means to “give back” to a program that helped promote her talent.

AMP has a new resource section that contains three new videos from Wells Fargo Bank on financial advice about opening a checking or savings account, using a debit card, building your credit and the importance of your credit report. Iowa Legal Aid has three new presentations that teach youth about the law when it comes to bullying, renting an apartment/dealing with landlords, and domestic violence situations.

The website is contractually required and intended to share information from AMP meetings with teens who live in a rural setting and who cannot attend. Given the susceptibility of youth in care to human trafficking, two additional videos are stories from human trafficking victims. These videos help youth look for the warning signs from traffickers and understand how traffickers can use the feelings of being a teen in foster care as a recruitment tool.

Facebook is an additional communication channel AMP uses to connect with young people. At last count, there were 288 friends of the “Achieving Maximum Potential – Group” Facebook page. Facilitators and youth use Facebook to show other teens what happened at their AMP council meeting or advertise an event. Resources, contests, scholarships and information are posted to the Facebook page.

**COMMUNITY CONNECTIONS**
Across the state, AMP councils regularly seek out and maintain partnerships with local or regional partners in various capacities. Following the 2017 Plugged-in and Charging conference, AMP worked with Job Corps in Ottumwa to have an AMP council on site to support AMP youth enrolling in Job Corps in groups of two or four. AMP reached out to Job Corps after hearing about their hands-on learning opportunities with which AMP youth thrive. Matching this learning style with a partnership with Indian Hills Community College for an associate’s degree is an outstanding opportunity.
AMP reached out to Buena Vista University in Marshalltown, Southeastern Community College in Burlington, and DMACC in Ankeny. In the next fiscal year, AMP plans to reach out to five more community colleges for mini-conferences in hopes of encouraging youth to put college on their life-path. AMP is reaching out to multiple educational facilities to address challenges to post-secondary enrollment that young people identified, e.g. fear of college and not understanding resources.

AMP also has an on-going relationship with Variety, The Children’s Charity in Iowa. Each year they fund Variety AMP Camp and 35 to 55 youth attend and learn multiple skills during the week at camp. The goal for the 2018 camp is 80 youth to attend daily (some will be shelter youth so they will sleep at the shelter and attend daily activities) to learn leadership, healing, advocacy and community building skills.

**RECRUITMENT EFFORTS**
AMP continually works to be accessible and inviting to all eligible youth. Local councils and state leadership are involved in ongoing recruitment efforts to ensure that young people are aware of AMP opportunities. Each partner agency promotes AMP within their organization and in their respective communities. Many youth attend AMP because of their placement or involvement with one of the partner agencies.

To reach youth in foster homes, AMP and Four Oaks (RRTS contractor) work together each month to make a list to reach out specifically to foster family homes that take in teenagers.

AMP also continues to attend foster parent training sessions in an effort to encourage families to take in teenagers as foster placements. Evaluation sheets turned in to trainers reported this exposure to AMP youth positively impacts future foster parents’ perceptions on fostering teens.

AMP continues to utilize print-media, radio and television opportunities to promote AMP as they are available. AMP Day on the Hill received significant exposure, for example.

**Youth Satisfaction Survey**
The purpose of the youth survey is to solicit feedback from a representative sample of AMP members; therefore, facilitators were encouraged to conduct the survey at just one of their regular meetings with the youth present at that time. Eleven AMP councils participated in the annual satisfaction survey during February and March 2018 and 157 youth completed the survey.

By age, gender, and race/ethnicity, the youth who completed the survey are mostly representative of AMP’s total membership. Just over a third of youth reported attending AMP meetings for less than 2 months, suggesting that the majority are familiar with AMP’s activities and experiences. Compared to the previous year, more youth who took the survey were first-time attendees.
Table 3(e): Length of Involvement in AMP Meetings

<table>
<thead>
<tr>
<th>Length of involvement</th>
<th>SFY 2017</th>
<th>SYF 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>First meeting</td>
<td>9.5%</td>
<td>20.3%</td>
</tr>
<tr>
<td>Less than 2 months</td>
<td>11.9%</td>
<td>16.3%</td>
</tr>
<tr>
<td>Between 2 and 6 months</td>
<td>25.4%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Between 6 and 12 months</td>
<td>11.9%</td>
<td>14.4%</td>
</tr>
<tr>
<td>Between 1 and 2 years</td>
<td>17.5%</td>
<td>11.8%</td>
</tr>
<tr>
<td>More than 2 years</td>
<td>23.8%</td>
<td>15.0%</td>
</tr>
</tbody>
</table>

The 2018 survey featured questions patterned after a survey produced by Foster Youth in Action, a national network of foster youth councils, of which AMP is a partner. Each question begins with “Because of my participation in AMP…” to ask about AMP’s influence on each opportunity.

Over 80% of youth agree or somewhat agree that because of AMP, they have positive relationships with peers (86%) and developed skills for later in life (88%). Just slightly fewer youth agree or somewhat agree that because of their participation in AMP, they engage with their community (80%) and make positive change in foster care policy (72%).

Table 3(f): Impact of Youth’s Participation in AMP

<table>
<thead>
<tr>
<th>Question</th>
<th>Agree</th>
<th>Somewhat agree</th>
<th>Not sure</th>
<th>Somewhat disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have had a chance to develop skills that may be useful later in life.</td>
<td>66%</td>
<td>22%</td>
<td>8%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>I have had new opportunities to engage with my community.</td>
<td>58%</td>
<td>22%</td>
<td>12%</td>
<td>0%</td>
<td>8%</td>
</tr>
<tr>
<td>I feel like I have built some positive relationships with my peers or made new friends.</td>
<td>68%</td>
<td>18%</td>
<td>8%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>I feel like I can help make positive change in foster care policy.</td>
<td>50%</td>
<td>22%</td>
<td>21%</td>
<td>1%</td>
<td>6%</td>
</tr>
</tbody>
</table>

In addition, four contract-required (paid performance measures) questions asked youth, who were given options to respond with “Yes”, “No”, “Too soon to tell”, or “Decline [to answer]”. Those who responded with “Too soon to tell” or declined to answer are excluded from the percentages.

- Do you feel like you have a meaningful relationship with at least one adult?
  - 97.8% Yes; 2.2% No
- Has AMP provided you information about supports and services available to you?
  - 90.9% Yes; 9.1% No
- Do you think AMP staff understand the foster care system (or juvenile justice system)?
  - 94.5% Yes; 5.5% No
• Have you had at least one experience in the past year where you practiced leadership in AMP?
  o 70.7% Yes; 29.3% No

An open-ended question asked youth about how their participation in AMP makes them feel and the opportunity to express other thoughts about AMP.

_in one word or a short phrase, how does being part of AMP make you feel?_ [Selection of responses]:

• “A part of the world, accepted, amazing, cared for, confident, connected, family, good, grateful, happy, respected in the community, important, included, involved, like somebody worth of everything, powerful, supported, useful, wanted, welcomed”

Additional results from the satisfaction survey are in tables in the Appendix and upon request.

GENERAL OPPORTUNITIES AND BARRIERS EXPERIENCED
The number one barrier AMP faces in almost every council (except Mobile and Eldora-ST) is getting the youth transported to AMP meetings. Most AMP youth do not have their own vehicles so transportation comes from someone else. Unfortunately, many foster parents will not transport. Currently, the council facilitators and their support staff take up to an hour before and after council meetings to pick up and return youth to their homes. In central Iowa, the AMP Mobile Facilitator takes AMP to the youth in the facilities, which works well.

Another barrier is that many youth in family foster homes do not want to meet on agency grounds with youth who are still in the system. AMP facilitators were asked to secure two meeting locations so one is on-site and one is in the community so youth can get to one meeting location that is comfortable to them.

_Involve the public and private sectors in helping adolescents in foster care achieve independence (section 477(b)(2)(D) of the Act)._  

Collaboration with Courts:
DHS transition experts frequently receive invitations to speak with our court partners. This is especially true when new federal law passes, such as the recent Family First Prevention Services Act. One example of a collaboration opportunity was a recent “Law Over Lunch” on April 10, 2018. This is an open group in Cedar Rapids, mostly of attorneys and GALS that meet monthly over the lunch time and have various guest speakers to educate attorneys. So for April, one of the Cedar Rapids transition caseworkers and the TPS shared information about transition planning and things to think about when working with teenagers. Misconceptions were apparent. For example, some judges thought the designation of APPLA made the transition aged youth eligible for benefits and not the actual "aging out" of the system. Our TPS provided clarification. The group discussed barriers and some offered suggestions for how to address transportation, mental health, and lack of housing options, for example. The attorneys who participated were engaged and had good questions.
**Tribal Connections:**
One of our TPS recently attended a Pow-wow with the Sac and Fox Tribe of the Mississippi in Iowa (Meskwaki). Meskwaki Family Services and one of their foster/adoptive parents sponsored the event. A licensing worker attended the event with the TPS. DHS staff greeted and introduced themselves to some of the people at Meskwaki Family Services that we had not met in person yet. They had a few resource tables, one of them was Four Oaks Family Connections and a table for Meskwaki Family Services. The Pow-wow was at Meskwaki’s Veterans Convention Center, which was in the Casino/Hotel. Participants sat and ate dinner and then stayed to watch the Pow-wow get started. It is important for Meskwaki to offer partners to see the culture/customs. TPS were grateful for the opportunity. One of the Meskwaki case managers invited DHS staff to come back in August when they have their large annual Pow-wow. We are confident the shared experience will improve relations between the tribe and the DHS staff, and that it helps TPS and casework staff to be mindful of the impact of decisions on individuals and groups.

**DHS Collaboration with 11 state agencies:**
The Iowa Collaboration for Youth Development (ICYD) Council members are leaders of 12 state entities with the vision that “All Iowa youth will be safe, healthy, successful, and prepared for adulthood.” The ICYD Council oversees the activities of the State of Iowa Youth Advisory Council (SIYAC) and sought input from these youth leaders in the development of more effective policies, practices, programs, and this Annual Report. SIYAC consists of youth between 14 to 21 years of age who reside in Iowa, with the purpose to foster communication with the governor, general assembly, and state and local policymakers regarding programs, policies, and practices affecting youth and families and to advocate on important issues affecting youth.

In 2009, legislation passed formalizing the ICYD Council and SIYAC in Iowa Code Section §216A.140. The ICYD Council prioritized the following youth issue: By 2020, Iowa will increase the graduation rate from 89% to 95%. According to the Iowa Department of Education’s 2017 Annual Condition of Education Report, the high school graduating class of 2016 four-year cohort graduation rate was 91.3%, the highest in the nation.

Even with this achievement, several issues remain (e.g. substance abuse, family, employment, teen pregnancy, and mental health) that may prevent youth from graduating from high school. ICYD Council members work to address these issues through their individual agencies and together as a team to maximize efficiency in state government and make the best use of existing resources. The five year fixed cohort graduation rate in 2015 was 93.3%; in 2014 it was 93.1%.

The ICYD Council has several emerging activities for 2019 that will help youth achieve education goals and transition successfully to adulthood. One that stands out is that the state develop more effective strategies to eliminate the educational achievement gap for underrepresented students.
DHS is grateful that during 2018 the State of Iowa Youth Advisory Council (SIYAC) is working to strengthen partnerships with other youth-led councils, including our foster care youth council, AMP. By involving more youth in discussions of youth issues, youth from different groups and backgrounds will be able to learn from each other and move on issues in which they agree. The 2017-2018 SIYAC planned activities varied and not all things appealed to AMP. However, one stood out as aligned with Iowa Foster Care Youth Council values:

Require suicide prevention training for public school faculty for license renewal, development of a suicide prevention advisory board, and the creation of a suicide action plan by each school.

We look forward to seeing all that the youth can accomplish when they get together.

Source of ICYD information:

Collaboration with Educators and Transportation Services:
On December 10, 2015, President Obama signed into law the Every Student Succeeds Act (ESSA). ESSA reauthorizes the Elementary and Secondary Education Act (ESEA), a 1965 federal law governing education last reauthorized as the No Child Left Behind Act in 2002. Among its provisions, the law requires states to ensure protections for vulnerable youth in foster care. These include provisions around child welfare ensuring education stability by partnering with schools to keep youth in foster care in their school of origin, unless not in the child’s best interest.

Fostering Connections to Success and Increasing Adoptions Act (2008) included provisions around child welfare ensuring education stability by partnering with schools to keep youth in foster care in their home school, unless not in their best interest.

Children in foster care face education challenges before, during, and after their experiences with child welfare. DHS identified lead staff in policy and field operations at central office, as well as Points of Contact in each of DHS’ five service areas to accomplish the following:

- Children in foster care remain in the school of origin, unless it is determined that it is not in his or her best interest to do so;
- If determined the child needs to change schools, the child shall be immediately enrolled;
- DHS and Department of Education designate a Point of Contact (POC) at the state level;
- DHS designated service area points of contact (POC) and all school districts designated a Point of Contact (POC) at the district level;
- Districts and local DHS have a Memorandum of Agreement that identifies key aspects of the law, transportation guidelines, and dispute resolution processes.
• Information Released January 2017:
  o Comprehensive Guidance
  o Best interest determination
  o Transportation
  o Problem resolution
  o Provide listing of all POCs
  o Publish Q and A

• Completed in 2018:
  o Initiate regional POC calls
  o Transportation claiming process
  o Manual and forms
  o State and federal reporting
  o Consider batch data sharing/possible web based tool

• Planned for 2019:
  o Ongoing POC calls
  o Refine manual
  o Continue contract for transportation claiming
  o More outreach to local levels as there is time and interest

DHS maintains a contract with the Iowa Department of Education to ensure transportation funding is available for children in foster care who need transportation from a foster care placement to their school of origin. ACFS wrote the contract with a maximum of $300,000 per year, but it was hard to gauge how much money would be needed. We found in year one that over $20,000 was spent on transportation since July 1, 2017, based on mileage claims from the Iowa Department of Education. Up to 30 children were transported in a quarter. It is very expensive to transport children when they are out of their school bussing zone. For example, local school districts contracted for transportation services, costing more than five thousand dollars for a child in a quarter. The “bottom line” of this issue is clear, that child welfare agencies need to keep children safely at home, or keep them in close proximity to their home school, if they are going to be able to afford education stability.

Casework responsibilities around Education Stability:
• Caseworkers received guidance and training to coordinate with the local education agencies to identify how the child could remain in the educational setting in which the child is enrolled at time of placement.
• Ensure immediate enrollment of the child in the new educational setting. Make sure that the local education agencies transferred the child’s educational records to the new educational setting within five days of notice that the child is changing schools.
• Document in the case permanency plan:
  o Evaluation of the placement’s proximity to the child’s home school and the appropriateness of the child’s educational setting while in placement.
  o An assurance that DHS:
    ▪ Coordinated with the child’s school to identify how the child could remain there during placement; or
• If remaining in the home school is not possible, document the reasons why and that the child’s educational records were transferred to the new school.

• Caseworkers understand they are to utilize their POC or the guidance provided (including caseworker responsibilities document and the local MOA) to facilitate transportation and to problem solve, as needed.

**Education Supports in CISR and RRTS:**
Contracts renewed for July 1, 2018 will enhance efforts to address education stability for children in foster care. Clear roles and aligned education purposes for parents, providers, and DHS is core to DHS’ plan to improve education outcomes for children in foster care.

**Table 3(g): How ESSA and Contracts Align**

<table>
<thead>
<tr>
<th>ESSA</th>
<th>CISR and RRTS</th>
<th>DHS Responsibilities</th>
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<tbody>
<tr>
<td>Children in foster care shall remain in the school of origin, unless it is determined that it is not in his or her best interest to do so. If it is determined the child needs to change schools, the child shall be immediately enrolled, even if they don’t have the required documentation. DHS and Department of Education are each required to designate a Point of Contact (POC) at the state level and the district level. Districts are required to develop clear, written procedures for how transportation will be provided and funded.</td>
<td>Place children within service area Increase family placements Single Caseworker Model Reduce length of stay in residential care Prudent Parenting decisions by caretakers facilitate youth engagement in school and community activities Use of Education Specialists in CISR Utilize uniform Service Plans in CISR to address the education of child Standardized referral packets include education information</td>
<td>Coordinate with the local education agencies to identify how the child could remain in the educational setting in which the child is enrolled at time of placement. Ensure immediate enrollment of the child in the new educational setting. Make sure that the local education agencies have transferred the child’s educational records to the new educational setting within five days of notice that the child is changing schools. If remaining in the school of origin is not possible, document the reasons why and that the child’s educational records were transferred to the new school. Use service area and state level POC and Memorandum of Agreement (MOA) to facilitate transportation and to problem solve, as needed.</td>
</tr>
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**SEE Also Guiding Principles**

DHS staff created, trained staff on, and posted to its SharePoint a host of ESSA materials.
Coordinate services with “other federal and state programs for youth (especially transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974,) abstinence programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies” in accordance with section 477(b)(3)(F) of the Act.

Iowa Department of Public Health:
The Iowa Department of Public Health and the Department of Human Services (DHS) collaborate on the State Youth Treatment Implementation Grant (STY-I). The purpose of this partnership is to expand and enhance evidence-based treatment and recovery support services for substance use disorders and/or co-occurring disorders among adolescents and transitional aged youth and their families. Specifically, the DHS routinely participates in the Adolescent Steering Committee meeting, which takes place on a quarterly basis. In addition, the DHS agreed to participate in the Youth and Family Subcommittee, which focuses on developing strategies to increase adolescents and family involvement in treatment services.

ICYD:
The Iowa Collaboration for Youth Development (ICYD) Council members are leaders of 12 state agencies with the vision that “All Iowa youth will be safe, healthy, successful, and prepared for adulthood.” Iowa DHS representative staff participates in the ICYD. The ICYD Council oversees the activities of the State of Iowa Youth Advisory Council (SIYAC) and seeks input from these youth leaders in the development of more effective policies, practices, programs. DHS representatives are members of ICYD’s State Council and the Results teams.

DHS is a key partner with ICYD in a grant from the Office of Juvenile Justice and Delinquency Planning grant to develop a reentry plan/aftercare services for Foster Group Care and State Training School youth returning to their community. The planning is underway to find the best ways to address job skills, education, and other needs to affect recidivism. Multiple task teams are currently developing recommendations for improved transition policy and practice. The experience of looking at the supports in juvenile justice and child welfare, when it comes to services and supports for teens, has been enlightening and informative for all involved. It is likely we will see better and more frequent youth centered planning, improved consistency across the state, and provider networks that value and share lessons from evidence based programs.

FYSB:
DHS has a close working relationship with the Iowa FYSB Homeless programs. All of the FYSB funded providers in Iowa are also DHS contracted child welfare providers.

Transition Age (16-22) Homeless Youth Services, The Iowa aftercare services and AMP contractor, Youth and Shelter Services (YSS), receives three sources of Health and Human Services FYSB funding: a Transitional Living grant, Maternity Group Home grant, and the Basic Center grant. All of these DHHS grants allow the agency to provide
a continuum of services for homeless transition age youth in Iowa. YSS also receives HUD grant funds in support of transition age youth. Some of the strategies implemented to ensure the federally funded programs and child welfare programs work together and learn from each other are as follows:

- YSS transitional living staff typically receives cross training opportunities to provide supportive services for homeless youth that access multiple programs.
- The aftercare Des Moines based staff help provide weekend on call support for Des Moines Transitional Living residential sites. Iowa Aftercare Network staff knows the agency’s transitional living referral process and can help youth access emergency housing options in their communities.
- Aftercare staff has the ability to refer program youth to YSS’ Youth Opportunity Center to access food, clothing, showers, and free laundry services.
- YSS holds quarterly Quality Improvement meetings for all transitional living programs and CWES agency programs. In addition, their Des Moines location holds a monthly cross-program coordinator meeting where the Lead Aftercare staff, TLP residential program coordinators, Youth Emergency Bed program coordinator, and the program coordinator for the Youth Opportunity Center come together and discuss common youth, challenges, successes, new community connections/partnerships, and any other resource information or applicable staffing/client issues.
- Staff from their Transition Age Youth Services and aftercare sites participate on local community boards and attend community meetings such as the Polk County Continuum of Care Board, Polk County Coordinated Intake committee, Provider Services Committee, Director's Council, Provider’s Council, homeless coalition meetings, etc. Different coordinators and program directors go to different meetings and use their all staff meetings as a time to share information and bring back best practices to the group.

**Iowa Finance Authority Partnership for Housing:**

DHS contracted with the Iowa Finance Authority (IFA), a state agency, for the past ten years to implement and administer the Aftercare Rent Subsidy Program for youth in Iowa’s aftercare program. Rent subsidies (100% Chafee funded) can go as high as $450 per month. Aftercare self-sufficiency advocates assist youth in completing the IFA aftercare rent subsidy application. Aftercare staffs submit requests for rent subsidy to IFA, based on a budget created with the youth. IFA funds the youth’s housing in accordance with program rules and submits monthly claims to DHS. The data in this section is for SFY 2017 and is from IFA monthly claims information.

This has been an innovative partnership since IFA also partners with local housing authorities and Section 8 housing. Since IFA is basically the “state’s mortgager”, this partnership also raised awareness for low rent housing; IFA is the state entity that awards tax credits to low-income housing projects on a statewide basis.

In SFY 2017, Aftercare participants in 17 different counties utilized $158,000, up from $95,000 in SFY 2016. These funds helped to cover their housing costs and ensure foster care alumni did not become homeless. On average, 38 youth each month
received an IFA rent subsidy, up from 25 in the previous year. The amount of the subsidy is calculated individually for each participating youth and is the difference between the lesser of the actual rent or fair market rent and 30% of the youth’s monthly gross income, not to exceed $450.00. DHS accepted the suggestion from youth and advocates in aftercare, that the cost of housing has gone up and therefore youth need more money to become housing stable. In SFY 2017 the rent subsidy averaged $335 per month. In SFY 2016 it was $316.66/month.

According to Iowa Finance Authority rent subsidy program claim data, the total amount spent on room and board for the period October 1, 2016 through September 30, 2017 was $36,261.58. The total number of youth receiving room and board for FFY 2017 (October 1, 2016 through September 30, 2017) was 86. Youth who exit foster care prior to age 18 are not eligible for room and board.

Because of the relationship with IFA, Aftercare providers, youth served and the families of youth may benefit, not only from the rent subsidy program, but a host of other programs offered by IFA. Described below are some of these programs.

- **IowaHousingSearch.org** (Iowa's free rental housing locator) - The search fosters collaboration among Iowa landlords, various housing organizations and Iowans seeking rental housing. An advisory group of representatives from agencies, organizations and professional associations from across the state supports the initiative. The service provides free searching and listing of rental housing. Detailed listings can include pictures, maps, eligibility requirements and information about nearby amenities, such as hospitals and schools.

- **Housing Tax Credits** - The IRS annually allocates tax credits to states based on their populations through the Federal Housing Tax Credit Program. More than 21,000 working-class Iowa families have been given access to affordable rental housing opportunities through the Housing Tax Credit program since its inception in 1986. There are currently 580 projects in 83 Iowa counties.

- **Multi-family Housing Loan Program** - The Multifamily Housing Loan Program is a vital tool in the preservation of Iowa’s aging affordable housing stock and fosters the production of new affordable units in Iowa.

**Section 8** - IFA holds a performance based Section 8 Program contract with HUD. Section 8 has 230 projects in 73 counties that provide housing for 12,085 individuals.

**FUP:**
DHS partners with the Des Moines Housing Authority to administer a federal Housing and Urban Development funded program; the aptly named, Family Unification Program (FUP), which helps families struggling to stay together mainly through housing stability. The Des Moines Housing Authority and DHS created a Memorandum of Understanding (MOU), most recently signed February of 2015 extending the MOU to December 1, 2018. Iowa DHS identifies families and youth, then the Des Moines Housing Authority awards up to 100 vouchers to assist FUP qualified applicants. DHS established and implemented a system to identify FUP eligible families and FUP eligible youth within the agency's caseload and to make appropriate referrals to DMMHA. Joint efforts are to
involve landlords and the community in identifying local housing units, counseling services and expanding services when necessary for additional needs. We believe this program is effective at preventing child abuse and neglect, as well as avoiding the unnecessary separation of children from their families. Foster care transition programs benefit from the opportunity to empower youth aging out of the foster care system to seek and obtain housing units and to become self-sufficient.

**Iowa College Aid Partnership:**
Since 2004, DHS contracted with the Iowa College Student Aid Commission (College Aid) to implement and administer the Chafee ETV program, which is an invaluable partnership. The only Chafee ETV expense for College Aid to administer the ETV program is the cost of one FTE and any costs to the National Clearinghouse regarding student data.

For 2019, the ETV Program will continue to be coordinated by Iowa College Aid. The big new thing in ETV is the change from the federal Family First Prevention Services Act to extend Chafee benefits to age 26 and put a cap on the number of years the child can receive the ETV benefit. This activity will be described in the ETV section of this report. DHS provides access via a data sharing contract for College Aid to view the Family and Children Services (FACS) screen to verify eligibility. College Aid staff work closely with field and policy staff to ensure information is getting out about FAFSA and ETV. College Aid coordinates communication between child welfare, youth and the schools they attend.

**Medical Connections for Children in Foster Care and Young Adults:**
For children with a serious emotional disturbance who receive Medicaid, care coordination is available through an integrated health home (IHH). IHH provides integrated, whole-person care to Medicaid-eligible individuals living with a serious mental illness and to children with serious emotional disturbances. The IHH works with the individual’s assigned Managed Care Organization (MCO) to ensure that all health and mental health care needs are met.

The interdisciplinary team involved in developing the person-centered service plan may include the child, family, DHS social worker, the managed behavioral health contractor, integrated health home or community-based case management providers, service providers, education or employment providers, and mental health and disability service (MHDS) regional representatives. The team determines the strengths, needs, and preferences of the individual and their parent/guardian, and develops an appropriate service plan which also addresses transition needs as appropriate.

For children with intellectual disabilities, developmental disabilities, brain injuries, or other disabilities, the same process would apply. However, children in those disability groups receiving HCBS waiver services have community-based case management in place of an IHH. For individuals ages 18 and older who are not eligible for Medicaid-funded services, the MHDS region may provide service coordination as well as funding for services. An individual receiving publicly funded children’s services may be eligible...
for MHDS regional services three months prior to their 18 birthday to allow for a transition from children’s services to adult services.

**Social Security for Children with Disabilities:**
DHS contracts with Maximus to assist with Social Security applications, and DHS elected to contribute CFCIP funds to focus on the case management for older youth, which contributes to additional understanding of the Social Security Administration (SSA) and disability services. TPS guide case managers for older children in foster care to contact Maximus and apply for SSI, if there is any indication the child may qualify. Maximus, and as appropriate SSA, is systematically notified of placement changes, entry to foster care, and exits, in order to maximize SSI services and financial supports for individuals with disabilities. Maximus helps with the application of SSI benefits, when appropriate, handles appeals, is involved in staff training efforts, and has in general, been a good partner to help the child welfare system connect youth in care to SSA benefits, when needed.

**Health Care Coverage for Youth Aging Out of Care:**
Youth who are under the age of 26, were in foster care under the responsibility of DHS at age 18, and were enrolled in federal Medicaid are eligible for Iowa’s EMIYA program. The aptly named EMIYA (Expanded Medicaid for Independent Young Adults) extended Iowa’s existing MIYA program to a larger population of youth (youth exiting all foster care placements) and prolongs the length of Medicaid (from 21 to 26) for youth aging out of foster care. EMIYA expanded effective January 2014. As of the writing of this section (April 2018), Medicaid for those who aged out of care and are under age 26 is at 866 members, up from 704 just a year earlier. Eight-hundred-sixty-six (866) is the highest enrollment ever. Ensuring health care coverage is available to youth who age out of foster care is an area of strength. The aftercare section of this report demonstrates that over 90% of the youth who participate in aftercare have health care coverage.

**Pregnancy Prevention with IDPH:**
DHS and Iowa Department of Public Health (IDPH) collaborates on the Community Adolescent Pregnancy Prevention (CAPP) program to promote evidence-based programs and ensure services are not duplicated.

The IDPH receives federal funding for the Abstinence Education Grant Program (AEGP). Iowa’s priority population for the AEGP includes youth residing in areas with high teen birth rates and a high percentage of youth in foster care. IDPH completed a prioritization process to look at multiple indicators to identify the areas of the state where youth were most at risk.

The purpose of the AEGP is to provide abstinence-based education, and, where appropriate, mentoring, counseling and adult supervision to promote abstinence from sexual activity to youth aged 10-19. The AEGP in Iowa has local contractors delivering programming in five central Iowa counties, including Linn and Muscatine. These
contractors implement Wyman’s Teen Outreach Program® (TOP®) evidence based curriculum to youth through a mix of school and community-based settings.

According to Iowa Aftercare’s Annual Report SFY 2017, early childbearing and parenting are relatively common among youth who age-out of foster care. Among youth completing exit interviews, 5.9% entered Aftercare as parents; by the time they exited, 24.5% are parenting. At exit, 71% of the parenting participants have their children living with them.

Based on risk factors presented at Aftercare intake, the percent of females responding “yes” to “have ever had an unintended pregnancy” is down to 18.2% in 2017 from a staggering 29.1% in 2013. Although there is still work to do, we are seeing an improvement.

For more information, please see references to NYTD contract with DHR (CJJP).

DHS is on committees like the Juvenile Justice Advisory Committee and Special Education Advisory Committee with employees from workforce and vocational rehabilitation. Last year, DHS’ Independent Living Coordinator provided training to Vocational Rehabilitation staff across the state, about foster care and transition. Local service areas have tip sheets and other tools to prompt referrals to vocational rehabilitation. Vocational Rehabilitation staff frequently assist with local transition committees.

Consultation with Tribes (section 477(b)(3)(G) of the Act)
Provide results of the Indian tribe consultation (section 477(b)(3)(G) of the Act), specifically as it relates to determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth in care:

Describe how each Indian tribe in the state has been consulted about the programs to be carried out under the CFCIP.
DHS is making efforts to ensure tribal youth are getting the same transition program supports as described for all teens in foster care. Tribal children in Iowa foster care typically have a state caseworker (either through DHS or JCS) due to no tribe requesting to develop an agreement to administer, supervise, or oversee the CFCIP program with respect to Indian children.

The only federally recognized tribe in Iowa, the Sac and Fox Tribe of the Mississippi in Iowa (Meskwaki), has a settlement in Tama County, Iowa (northeast part of Iowa). Additionally, there is a concentration of Indian families in northwest Iowa (primarily Woodbury County). All child welfare agencies, including tribal ones, are continuously in the loop concerning the CFCIP purposes and programs funded under CFCIP (including the ETV program). DHS Transition Planning Specialists are the point of contact for CFCIP services and transition process questions.
The Meskwaki Nation has Meskwaki Family Services located within the settlement in Tama County. The TPS for the DHS service area in which Tama County is located meets with the Meskwaki Family Services staff to train on the new transition planning protocol and provide all transition materials developed as outlined in the CFSP Goal #1.

The Meskwaki Family Services staff is continuously in the loop concerning Iowa’s transition planning protocol, practices, and resources for youth still in care and aftercare resources, including the ETV program, for youth who age out of care.

The TPS in the Cedar Rapids Service area visits with the Meskwaki case manager periodically at the settlement to assist with resource ideas and to help develop transition plans for Meskwaki youth. Case plans for Native youth are also included in the transition review meetings.

Woodbury County has a significant self-identified Native American population from the Winnebago, Omaha, Ponca, Santee Sioux and Rosebud tribes. DHS has a Native unit based in Sioux City which includes four caseworkers and two Native Liaisons. The liaisons role is to exchange cultural and case information between tribes, DHS and the Native families. CINCF (Community Initiative for Native Children and Families) continues to meet on a monthly basis which now includes an educational component for its members. DHS also continues to hold Advisory meetings with the Native community every two months. The purpose of this meeting is to be open and transparent with the Native community in Woodbury County. This is an opportunity for DHS staff to sit down with community members and share updates about DHS and answer questions regarding the child welfare system from the community. Quarterly staffings continue with the Winnebago, Omaha and Santee Sioux Tribes.

Describe the efforts to coordinate the programs with such tribes.
Activities currently happening to coordinate with tribes include:

- The Native Unit in Sioux City’s DHS office meets quarterly with the Santee Sioux, Winnebago and Omaha Tribes. An advisory group meets every two months.
- The Native unit meets with the tribes on a yearly basis to work on system issues.
- CINCF is a community collaboration to address Native issues.
- Four Directions-Native Community Resource Center provides parenting classes and advocacy to Native families; Jacob Harlan with the Sioux City School system facilitates support groups for Native teens and provides programming for Native youth.
- Native Youth Standing Strong - Native youth in Woodbury County are encouraged to participate in cultural and recreational activities. NYSS is a collaboration between the Native community, Sioux City School District, Four Directions Community Center, Juvenile Court Services, DHS, Goodwill Industries, Big Brothers Big Sisters and counseling and support services.

As described above, all caseworkers receive training on coordination and sharing of all CFCP related programs and resources to ensure youth on their caseload, including Native children, 14 years and older, are not only receiving services, activities, referrals
to programs, and resources related to successful transition to adulthood but are also at the center of their transition planning.

To ensure contractors make efforts to demonstrate and celebrate the diversity of youth in foster care, DHS contracts require the program to validate the racial and ethnic diversity of youth in the system and to engage youth from all the various foster care placement types.

Discuss how the state ensures that benefits and services under the programs are made available to Indian children in the state on the same basis as to other children in the state.
The State of Iowa ensures that benefits and services under the CFCIP programs are available to all youth in foster care who are 14 years of age and older which includes Native youth in the state’s foster care system. All services, benefits, activities, and referrals to programs under the CFCIP programs are for eligible youth (currently youth in foster care who are 14 years and older), regardless of race or ethnicity, and individualized according to each youth’s strengths and needs per the youth’s transition plan and overall case permanency plan.

Report the CFCIP benefits and services currently available and provided for Indian children and youth in fulfillment of this section and the purposes of the law.
As stated above, all CFCIP benefits and services available under Iowa’s Transition Planning Program are available to all youth in foster care who are 14 years of age and older. This includes a life skills assessment (Iowa uses the Casey Life Skills Assessment - CLSA) to start the transition planning; but much more goes into transition planning than just the results of the CLSA. The CLSA is a good way to view strengths and needs of a youth regarding life skills and to open conversations between the caseworker, the youth and their support system, and the care provider. All caseworkers receive notification from the TPS in their service area, when a youth turns 14 years of age, that the youth and ideally the care provider, need to complete the CLSA and begin to address the transition plan that is part of the overall case permanency plan. New for the current state fiscal year, contractors and DHS will request the CLSA be completed not just once at age 14, but at age 14, 16, and 18.

After the assessment is complete, the case manager works with the youth centered team around the child to develop the transition plan, which lays out goals and action steps for the youth and those who will assist. The plan is reviewed and updated with the overall case plan at a minimum of every 6 months. TPS are available to assist in specific transition planning for youth who will most likely have a difficult transition (this could include youth who will need adult disability services, youth who experienced a number of placement disruptions, youth who have substance abuse issues, etc.).

There is a statewide contract for Youth in Transition Decision Making (YTDM) meetings, where at key junctures in the life of a youth’s case (minimally at age 17 and 18), caseworkers can refer for a team facilitated meeting, engaging the youth in planning service and supports for the five Fostering Connections areas of transition planning:
Housing, Education, Employment, Medical and Supports. The TPS participates as a resource person to the youth’s team.

Likewise, youth eligible for CFCIP benefits and supports have their transition plan reviewed beyond court and agency review by a local transition committee prior to turning 17 ½ years of age (or if entering foster care after the age of 17 ½, within 30 days of completion of the transition plan).

Currently, all youth in foster care 14 years and older have credit reports ran for them on a quarterly basis. If a credit report comes back for a youth, the caseworker goes over the credit report and any credit debt listed that is not the youth’s is disputed with the credit reporting agencies to take the inaccurate debt off the credit report. Iowa implemented a number of steps into the credit reporting requirement to ensure youth have a clean credit report when they leave foster care and that it remains clean from credit debt not belonging to the youth.

Caseworkers currently complete NYTD life skill services surveys on a quarterly basis for all youth on their caseload who are 14 years of age and older.

DHS staff refers youth aging out of foster care to Iowa’s aftercare program and ETV program according to the youth’s decisions.

Describe whether and how the state has negotiated, in good faith, with any tribe that requested to develop an agreement to administer or supervise the CFCIP or an ETV program with respect to eligible Indian children and to receive an appropriate portion of the state’s allotment for such administration or supervision. Describe the outcome of that negotiation.

No tribe requested to develop an agreement to administer, supervise, or oversee the CFCIP or ETV program with respect to Native children and to receive an appropriate portion of the state’s allotment for such administration or supervision.

Describe any concerns raised by the tribes during consultation on accessing Chafee services and how the state plans to address these concerns. Based upon the communication with the TPS, who are in the field and work with the tribes and caseworkers working with tribal youth eligible for Chafee services, tribes and native youth are well informed and connected to Chafee services. It was brought to our attention last year that a representative from Meskwaki said communication was not the best. It was a critique we took seriously, and upon contemplation, may have been a result of change in staff. Since that time, TPS have been alerted to the concern and made an extra effort. Also, staff from Meskwaki visited DHS’ central office in Des Moines, which helps with relationship building. Recently, the ETV Coordinator reached out to ensure our partners feel the communication from College Aid is acceptable.
Education and Training Voucher (ETV) Program

*Program Service Description:* The Iowa Department of Human Services (DHS) partners with the Iowa College Student Aid Commission (Iowa College Aid) to administer the Education and Training Voucher (ETV) program. An intergovernmental contract, administered by DHS, ensures there is one full time Coordinator, employed by Iowa College Aid.

Each year Iowa’s ETV application is available online beginning in October, to coincide with the early Free Application for Federal Student Aid (FAFSA) release. Students must submit both a FAFSA and the Iowa Financial Aid Application annually with awards made until depletion of funds. Students renewing their awards prior to March 1st receive priority consideration. Once all funds for a particular academic year are committed, a waiting list begins. However, a waiting list has not been necessary for the past few years. Students enrolled less than full-time receive a prorated amount. The college or university receives the awards directly, by term, and in most cases by Electronic Funds Transfer. Once tuition, fees, and room and board charges are paid in full, the student then receives any remaining funds to assist in paying for the costs of attendance.

The ETV Coordinator maintains a database to track the number of ETV applicants, determine and document eligibility, and track the number of awards, including the award amount. The ETV Coordinator also reviews and updates ETV promotional materials, website, brochures and pamphlets and distributes materials statewide to numerous audiences. Students in Iowa receive information about ETV’s existence in a variety of ways and learn to apply early in the application cycle.

Former foster youth may also qualify for the All Iowa Opportunity Scholarship (AIOS). The State of Iowa funds this scholarship and it is available to students who have financial need and are attending an eligible Iowa college or university within two years of graduating high school. Students who self-identify as a current or former foster youth are given first priority for the AIOS. This scholarship is renewable for four years as long as the student is continuously enrolled.

*Collaboration:* The ETV program continues to collaborate by sending materials and receiving calls from:

- Iowa Foster Care Youth Council
- College and university financial aid staff
- Other state scholarship and grant program administrators
- Iowa Aftercare Network
- DHS Transition Planning Specialists (TPS)
- Gear Up
- Achieving Maximum Potential (AMP)
Program support:
The ETV Coordinator provides technical assistance, upon request, to college/university staff, Iowa Aftercare Network staff, as well as the TPS and DHS policy staff.

Accomplishments:
**Goal 1:** Provide an effective comprehensive outreach program on a statewide basis.

**Objective 1.1:** Ensure all youth in foster care likely to be eligible for the ETV program are given information about the program, including clear instructions on how to apply.

Activities continue regarding making additional improvements to the DHS website and to services provided to students transitioning to college out of foster care. There were a variety of efforts to provide students with additional information about college and assistance with the financial aid process. These efforts include the Course to College, which focuses on building a college-going culture in Iowa. This program focuses on five key areas including early college awareness, college applications, FAFSA completion, college decision, and summer transition. In Iowa, there are 264 high schools participating in at least a portion of Course to College.

Iowa College Aid also provides school districts with real-time information about individual students’ FAFSA completion status and provides the public with the ability to see the percentage of FAFSA completion per school or district in Iowa. There are also privately funded programs throughout Iowa that assist students with completing the FAFSA including College Goal Sunday, which offer students across the state individualized assistance with FAFSA completion.

When surveyed, a majority of youth receiving ETV feel they had enough information to make informed financial decisions for college.

Further details about Iowa’s ETV program can be found at:

**Benchmark 1.1.b:** The ETV coordinator will work with the DHS TPSs and the Aftercare Program to target any underserved areas and populations with greater emphasis on program outreach during years 1 and 2. The ETV coordinator shares information with the TPSs, who make a conscientious effort to ensure promotional material is sent to those who come in direct contact with the youth served.

In Iowa, there continues to be a need for developed, targeted outreach for minority students. Iowa College Aid has translated the ETV brochures into Spanish to assist both students and parents with the college planning process.

**Benchmark 1.1.c:** Promotional information is reviewed annually and updated as needed.
Promotional materials have been reviewed. Minor updates are described under other benchmarks.

**Benchmark 1.1.d:** The ETV coordinator shares information with the TPSs, who make a conscientious effort to ensure promotional material is available to those who come in direct contact with the youth served.

The ETV Coordinator updated the DHS website with clear instructions and a direct link to the FAFSA and Iowa Financial Aid Application.

**Benchmark 1.1.e:** Continue to send reminder emails and texts to students reminding them to apply for their FAFSA and complete the Iowa Financial Aid Application.

The ETV Coordinator emailed monthly reminders to complete the FAFSA and the Iowa Financial Aid Application to all previously awarded students. Along with emailing reminders, the ETV coordinator provided TPSs with information on application status throughout the year. The ETV Coordinator continued the texting initiative with ETV students. The ETV Coordinator sent a text message to students reminding them to complete the application(s). When surveyed, it was determined a majority of youth would like to receive information and reminders through email. While email is the preferred method by students (according to 2017 survey data), the ETV coordinator will make an effort to provide information through multiple platforms to ensure maximum exposure.

**Benchmark 1.1.f:** Continue to monitor application numbers; by end of year 2, monitor application numbers by DHS service area or county.

See map below for the Academic Year 2016-2017 Academic Year (July 2016 – June 2017) data by county.

**Source:** Iowa College Aid State Scholarship and Grant Reporting System

**Method of data collection:** Application data pulled from the Scholarship and Grant system and joined with payment data from the same system. If an applicant received any dollar amount in any term/semester, they were included in this report. Data is aggregated by zip code.

**Any known data quality or limitations:** A small percentage of zip codes were erroneously reported by applicants and therefore are not included in any county.
Goal 2: Increase students’ retention rate and obtainment of certification (includes post-secondary degree).

Objective 2.1: Student retention rates and obtainment of certifications will increase for Iowa students receiving ETV benefits.

Benchmark 2.1.b: The ETV coordinator, along with other Chafee Foster Care Independence Program policy staff, Aftercare staff and ETV students, formed a retention work group in year 1 and held meetings during year 2 with the final recommendation to improve student and retention outcomes for youth receiving ETV in the state of Iowa.

Staff monitors national research and higher education articles in regards to retention in order to stay relevant to what today’s youth needs in order to stay in school. Preparation is one of the key elements to ensuring a student will remain in school. Due to this, Iowa College Aid is developing a checklist of steps that need to be taken prior to and after enrolling in a post-secondary program. This is a low cost/high impact recommendation made by the retention work group that will may help retention rates in Iowa. Data will be collected on the number of downloads and website “hits” this checklist has in order to see if the tool is being utilized and making an impact. Staff is also in process of working on implementing recent legislative changes from the “Families First Prevention Services Act” for the 2019-2020 school year.
SECTION IV: PROGRAM SUPPORT

Describe the state’s training and technical assistance provided to counties and other local or regional entities that operate state programs and its impact on the achievement of CFSP/APSR goals and objectives since the submission of the 2018 APSR. Describe training and technical assistance that will be provided by the state in the upcoming fiscal year. (See 45 CFR 1357.16(a)(5).)

Training
The training plan, referenced in Section X: Targeted Plans, describes training available through the Iowa Department of Human Services (DHS) for staff development. Training courses described in the training plan provide information related to the knowledge, skills, and abilities needed by staff for successful goal and objective obtainment. The training courses described in the training plan address practice areas, such as assessment, family engagement, provision of services, etc., which support the goals and objectives in Iowa’s five year plan. Please see Systemic Factors, D. Staff and Provider Training, pages 90-109, of Iowa’s Child and Family Services Review (CFSR) Round 3 Statewide Assessment, dated February 15, 2018, available at http://dhs.iowa.gov/sites/default/files/iowa_2018_CFSR.pdf, for more information on how training supported achievement of the CFSP/APSR goals and objectives.

Technical Assistance
DHS front line staff and supervisors receive technical assistance to help with the day-to-day management of their child welfare caseload and to keep them informed of the CFSR outcome measures. The Child Welfare Information System (CWIS) Help Desk, the SPIRS Help Desk, and the Service Help Desk are available to assist staff with questions regarding policy, practice, and data systems usage. For example, over the last year, Service Help Desk staff provided clarifications regarding legal revisions to categories of child abuse, guidance on the use of the TOP assessment tool, contract updates and related protocols, use of new culturally oriented resources, updates to CAPTA/CARA, ESSA and best interest determinations, domestic violence related resources, etc. Policy and technical staff are available to assist Service Help Desk staff in answering questions of a more complex nature.

The Bureau of Quality Improvement conducts case reviews and provides statewide trend feedback to state and local leadership. In addition, they provide support for custom reports from the administrative data systems (State Automated Child Welfare Information System (SACWIS)) to assist staff in managing their workflow and caseloads. The Bureau of Quality Improvement also facilitates program and process improvement sessions to assist staff in identifying problems and developing specific solutions, which may be implemented and monitored. The Division of Field Operations reports monthly on a key set of performance measures that track the CFSR outcome measures as well as caseworker visits and a set of state specific outcomes. The Division of Adult, Children and Family Services (ACFS) provides answers to policy questions that field staff have. DHS holds a bi-monthly meeting with policy staff and front line supervisors to advise, inform and gather feedback regarding policy changes and their impacts on practice in Iowa.
Iowa conducted these activities over the past year and will do so in the future as well as look for other opportunities to assist our front line staff in accomplishing the goals of safety, permanency and well-being for children and families of Iowa.

Describe the technical assistance and capacity building needs that the state anticipates in FY 2019 in support of the CFSP/APSR goals and objectives. Describe how capacity building services from partnering organizations or consultants will assist in achieving the identified goals and objectives. (See 45 CFR 1357.16(a)(5).) States that have engaged with the Capacity Building Center for States, the Capacity Building Center for Courts, and/or the Capacity Building Center for Tribes are encouraged to reference needs and planned activities that were documented during assessment and work planning.

Partnering Organizations or Consultants
Iowa anticipates receiving technical assistance from the following organizations or consultants in FFY 2019:

- The Child Welfare Policy and Practice Group (CWPPG) – CWPPG is a non-profit technical assistance organization, which has been involved in child welfare reforms throughout the country since 1996 by conducting evaluations in more than two dozen states. It focuses on system evaluation, crafting effective implementation strategies, and strengthening the quality of front-line practice through training and coaching. The CWPPG will examine those areas mentioned in their recommendations, tier 2, of their report22 on Iowa’s child welfare system.

- Friends National Resource Center – Technical assistance provided to Iowa, as part of national technical assistance inclusive of conference calls, webinars, regional meetings (Sept. 2018 in South Dakota), etc., for Iowa’s child abuse prevention programs. Iowa anticipates this TA will continue into FFY 2019. (See Section II, Service Description Update, Prevention, Iowa Child Abuse Prevention Program (ICAPP) and Community Based Child Abuse Prevention (CBCAP) program for more information.)

- Casey Family Programs – DHS received TA from Casey Family Programs:
  - to examine national and Iowa data and provide research based best practices and strategies to decrease foster care entries, decrease lengths of stay, and increase permanency for Iowa’s child welfare population, particularly minority children (projected to continue into FFY 2019); and
  - to assist local community assessment of needs through survey development and focus group participation (projected to continue into FFY 2019).

Capacity Building Center for States
Although DHS has a work plan with the Capacity Building Center for States (CBCS), the DHS does not plan to continue activities mentioned in the plan. Due to Iowa’s Child and Family Service Review (CFSR) occurring during FFY 2018, the likely need for a Program Improvement Plan (PIP), and the new Child and Family Services Plan (CFSP)

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due next year, Iowa will consider technical assistance from the CBCS to develop the PIP and/or the CFSP.

Describe child and family services related research, evaluation, management information systems, and/or quality assurance systems that have been implemented or updated since the submission of the 2018 APSR or will be implemented or updated in the coming year. Specify any additions or changes in services or program designs that have been found to be particularly effective or ineffective based on the state’s evaluation of programs. (See 45 CFR 1357.16(a)(5).)

Management Information System
DHS’ service business team (SBT) leads efforts to replace Iowa’s child welfare information system (CWIS). The vision is not just to replace Iowa’s current CWIS but to build the new system in such a way that it enhances data collection and reporting, streamlines billing, and enhances/supports/informs practice for staff. To move forward, SBT chartered a design team. The design team listened to and evaluated presentations from several other states regarding their systems, with the purpose of identifying and considering elements Iowa might want to include in the design of the new CWIS. Additionally, in December 2017, the DHS issued a Request for Information (RFI) regarding solutions to develop and build a Comprehensive Child Welfare Information System (CCWIS). Subsequently, respondents made presentations, which included an explanation of the modules that their system supports and a limited demonstration of system functionality from the perspective of the life of a case, including, but not limited to, case management and case closure. The SBT utilized information from the RFI responses, RFI respondent presentations, and design team feedback to move forward the development of the new CWIS, which included submitting a CCWIS Planning – Advance Planning Document (P-APD) and hiring a project manager to oversee the project. Throughout the last year, the SBT worked with applicable Children’s Bureau staff as part of the P-APD process, including indicating to the Children’s Bureau Iowa’s intent to move forward with a CCWIS.

Evaluation and Research
SafeCare®
Please see Section II: Service Description Update, Intervention, SafeCare®, of this report.

SECTION V: CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

Describe the process used to gather input from tribes since the submission of the 2018 APSR, including the steps taken by the state to reach out to all federally recognized tribes in the state. Provide specific information on the names and tribal representatives with whom the state has consulted. Please provide information on the outcomes or results of these consultations. States may meet with tribes as a group or individually. (See 45 CFR 1357.15(l) and 45 CFR 1357.16(a)).

The Sac and Fox Tribe of the Mississippi in Iowa (Meskwaki)
The Sac and Fox Tribe of the Mississippi in Iowa (Meskwaki) is the only federally recognized tribe located in Iowa. Meskwaki Family Services (MFS) provides services and supports to tribal families located on and off the settlement. DHS and MFS developed a strong working relationship for Meskwaki families involved in state court proceedings and tribal court proceedings. Mylene Wanatee, director of MFS, and DHS leadership for Linn and Tama Counties discuss ongoing case specific and systemic issues, as needed.

MFS is the contractor for the DHS' Indian Child Welfare Act (ICWA) Training and Technical Assistance contract. DHS and MFS partner to develop strategies for monitoring and improving ICWA compliance. MFS staff continues to focus on case reading for ICWA compliance and participation in statewide workgroups.

Since last year’s Annual Progress and Services Report (APSR), DHS staff (central office and Cedar Rapids Service Area (CRSA) staffs) and MFS staff (Ms. Wantee, Ms. Pam Degener, Mr. Brian Walker, and Ms. Samantha Benson) collaborated on the following activities:
   - October 18, 2017 – DHS staff, including Director Jerry Foxhoven, met with Meskwaki individuals, including MFS staff, Meskwaki’s Attorney General, Prosecutor, and Child Support staffs to discuss strengths and opportunities for improvement in the collaboration between Iowa’s child welfare system and Meskwaki Nation.
     - Strengths: Good working relationship with DHS, especially the Cedar Rapids Service Area’s staff; the DHS and Meskwaki established Protocol; and MFS serving all Meskwaki children
     - Opportunities for Improvement: Involvement of MFS in committees/group meetings, e.g. Child Welfare Partners Committee, Child Welfare Advisory Committee, Child Protection Council, etc.; Other IA counties struggling with noticing Meskwaki Nation; and ICWA training needed with the County Attorney’s Association

Meeting participants also discussed:
   - Revisions to the Intergovernmental Agreement between the State of Iowa, DHS, and Meskwaki Nation; IV-E Guardianship Assistance; Meskwaki developing their own IV-B plan; training DHS staff on the Agreement and Protocol with Meskwaki; etc.
December 13, 2017 - DHS and MFS staff met and discussed the following:
  o Training staff on “active efforts”, qualified expert witnesses, historical trauma, including possibly through Ms. Degener conducting in person trainings in the service areas
  o Revising the ICWA case review compliance tool and revising the ICWA case review process to include having a worker available at the time of the review
  o Revising the Intergovernmental Agreement and Protocol
  o Discussing MFS staff conducting the TIPPS-MAP training on settlement
  o Identifying strengths and opportunities for improvement in the child welfare system:
    ▪ Strengths: FSRP providers are good at engaging with Meskwaki and practicing active efforts; Medicaid for children in foster care; enhanced foster homes; healthy relationships between DHS and MFS workers
    ▪ Opportunities for Improvement: Lack of support for relative placements, e.g. foster care payment for them; services provision reaching active efforts; barriers for Meskwaki families to access services, such as difficulty getting to DHS drug testing sites, MFS staff interfacing with provider staff to assist families in connecting with services, etc.
  o Discussing Ms. Degener job shadowing DHS caseworkers, which occurred over the winter months

January 9, 2018 – DHS staff, MFS staff, and provider staff met and discussed how MFS and provider staff could work together more effectively to engage Meskwaki families in the provider’s services. Participants came to consensus regarding a process of provider staff contacting MFS staff if they have difficulty engaging Meskwaki families. Additionally, provider staff requested Ms. Degener or other Meskwaki individuals train their staff on MFS, active efforts, etc. during a scheduled meeting.

May 1, 2018 – DHS and MFS staff met to discuss details of MFS providing Tribal TIPPS-MAP on settlement for Meskwaki and surrounding community families, including orientation. The training and technical assistance contract with MFS will be amended to provide compensation for MFS staff to provide the orientation and training to prospective foster and adoptive families, effective July 1, 2018. DHS staff is in the process of executing the contract amendment to make this effective with the start of SFY 2019.

The following activities will likely occur over the next year:
  o Implement a new intergovernmental agreement and protocol between Meskawki and State of Iowa through the DHS
  o Ms. Degener conducts webinars addressing gaps/opportunities for improvement from ICWA case reviews.
  o Have discussions with judges, county attorneys, and Children’s Justice regarding ICWA related matters, such as “active efforts”
  o Share technical assistance and possibly start a continuous quality improvement project at the local level
Nebraska Tribes
DHS actively participates in monthly meetings in Sioux City involving tribes domiciled in other states but who have a significant presence in the area. The Community Initiative for Native Children and Families (CINCF) includes representation from the tribes in the area – Ho-Chunk, Omaha, Ponca, Santee Sioux Nation, Rosebud, and Winnebago. CINCF also includes representatives from area service providers, the judiciary, housing, law enforcement, Recruitment, Retention, Training, and Supports (RRTS) contractor Lutheran Services in Iowa, health, and education. The group collaboratively works to find resources and support for Native families. The service area manager (SAM) for the Western Iowa Service Area (WISA), the supervisor of the Native unit, a social work administrator (SWA) for WISA, and Native unit staff regularly attend the meeting and update representatives on new DHS initiatives, data regarding Native children, and concerns related to practice or ICWA compliance. The DHS ICWA program manager receives information regarding ICWA compliance concerns and makes policy or practice changes, in concert with field staff, as needed.

Since last year’s APSR, central office DHS staff attended CINCF meetings in July and November 2017 and March, May, and June 2018. Central office DHS staff learned more about the tribes in the northwestern part of Iowa, the local initiatives occurring through CINCF, and provided information when needed regarding Iowa child welfare policy and possibilities for intergovernmental agreements with federally recognized tribes outside of Iowa. Central office staff plans to attend the monthly meetings at least quarterly in the future.

The DHS Native unit in Woodbury County includes four caseworkers and two Native Liaisons. The liaisons role is to exchange cultural and case information between tribes, DHS and the Native families. Quarterly staffings occur between the Native Unit and the ICWA specialists of the Winnebago, Omaha and Santee Sioux Tribes. Additionally, the WISA DHS contracts with Four Directions-Native Community Resource Center, through the Siouxland Human Investment Partnership (SHIP), to provide parenting classes and advocacy to Native families.

Provide an update to the state’s plan for on-going coordination and collaboration with tribes in the implementation and assessment of the CFSP/APSR. Describe any barriers to this coordination and the state’s plans to address these barriers. As stated above, Iowa collaborated with Meskwaki, Ho-Chunk, Omaha, Ponca, Santee Sioux, Rosebud, and Winnebago tribes regarding child welfare practice impacting Native children. Several comments provided by these tribal representatives were included in Iowa’s Child and Family Services Review (CFSR) Statewide Assessment, which is referenced for this report in the Section VI: Performance Assessment and Improvement Plan Update. Activities described in this section will continue to ensure that coordination and collaboration regarding aspects of the CFSP/APSR implementation occurs.
Additionally, Iowa will ensure that MFS and Ho-Chunk, Omaha, Ponca, Santee Sioux, Rosebud, and Winnebago tribal representatives are invited to meetings where aspects of the CFSP/APSR are discussed. As part of developing Iowa’s next CFSP, due June 30, 2019, Iowa plans to continue to engage Meskwaki, Ho-Chunk, Omaha, Ponca, Santee Sioux Nation, Rosebud, and Winnebago tribes through activities designed to develop the CFSP as well as Iowa’s CFSR program improvement plan (PIP).

Provide an update, since the submission of the 2018 APSR, on the arrangements made with tribes as to who is responsible for providing the child welfare services and protections for tribal children delineated in section 422(b)(8) of the Act, whether the children are under state or tribal jurisdiction. These services and protections include operation of a case review system (as defined in section 475(5) of the Act) for children in foster care; a pre-placement preventive services program for children at risk of entering foster care to remain safely with their families; and a service program for children in foster care to facilitate reunification with their families, when safe and appropriate, or to place a child in an adoptive home, legal guardianship or other planned, permanent living arrangement.

The Sac and Fox Tribe of the Mississippi in Iowa (Meskwaki) is the only federally recognized tribe domiciled in Iowa. Meskwaki established tribal court in 2005. DHS and Meskwaki finalized a State/Tribal Agreement in 2006, which outlines Tribal and DHS responsibilities for service provision, payment for services, federal reporting and assessing child abuse. DHS and Meskwaki Family Services (MFS) finalized a protocol in June 2011. The protocol further defines the roles and responsibilities of DHS staff and MFS staff in child abuse assessments for Meskwaki families who reside on and off the settlement and case management of cases in state court. Iowa is in the process of finalizing an updated Agreement and Protocol.

The Tribal/State Agreement states DHS will be responsible for payment for foster care or other child welfare services accessed by Meskwaki children under tribal court jurisdiction. MFS has all case management responsibilities. Children under tribal court jurisdiction may access any service available to a child under state court jurisdiction as long as the child is eligible for DHS services.

The agreement also states the cases of children under tribal court jurisdiction, but for whom DHS pays for services, may be subject to federal review through an IV-E Eligibility Review or through a Child and Family Services Review. MFS provides all required IV-E documentation including court orders and family household composition, income and resources, to DHS in order to determine eligibility for IV-E claiming. Meskwaki also provides ongoing documentation to DHS to determine continued eligibility.

MFS has responsibility for the management of cases under tribal court jurisdiction and meeting the law of their nation regarding case requirements and a case review system. Tribal law explains case planning requirements including required federal language in case plans. Tribal law also includes periodic review and reporting requirements by
MFS. Tribal law addresses case requirements to prevent children’s removal from their home, to achieve reunification, and to achieve permanency.

MFS staff has access to training and any written documents related to P.L. 113-183. Attachment 10A to this report describes the training content areas and the intended audience, which includes MFS staff. Trainings will cover all components of P.L. 113-183 and DHS will provide any technical assistance requested by MFS.

DHS will continue to engage Meskwaki tribal representatives in the CFSR process ongoing as well as provide training and technical assistance to assist Meskwaki in their case review process.

DHS performs all case review requirements for Meskwaki children under state court jurisdiction, which includes providing credit reports to children age 14 or older and in foster care.

There are several tribes domiciled in Nebraska and South Dakota who have a presence in the northwest part of Iowa. DHS and the state of Iowa do not have agreements to pay for services for children under the jurisdiction of the tribal court of these tribes. Children under state court jurisdiction are eligible for all child welfare services. DHS pays for these services and manages these cases in collaboration with the child’s tribe. Children under the jurisdiction of a tribal court in another state would receive services by that tribe or state.

Citing any available data and the sources of that data (including information obtained through tribal consultation), describe how the state monitors its compliance with ICWA. Components of ICWA that states must address in consultation with tribes include, but are not limited to:
- Notification of Indian parents and tribes of state proceedings involving Indian children and their right to intervene;
- Placement preferences of Indian children in foster care, pre-adoptive, and adoptive homes;
- Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption; and
- Tribal right to intervene in state proceedings, or transfer proceedings to the jurisdiction of the tribe.

The DHS does not have an automated mechanism to collect data about ICWA compliance. Iowa determines compliance through periodic case readings, case consultation with tribal representatives, and annual training. DHS will include in its planning for a new child welfare information system (CWIS) the ability to track ICWA cases for compliance with ICWA requirements.

The Training and Technical Assistance contract held by Meskwaki Family Services (MFS) requires annual case reading for ICWA compliance.
For the 2016-2017 ICWA Compliance Case Review, DHS utilized Iowa’s child welfare information system (CWIS) to develop a list of children, who identified as Native American, for case reading. DHS also pulled a random sample of Native American children in Woodbury County. In total, 89 cases were selected for review from the Des Moines, Cedar Rapids, Eastern and Western service areas. However, 37 cases were pulled before the review. Cases were pulled due to: one was incorrectly marked in the FACS system, five cases were JCS cases, one case due to the service area being unable to locate the original file, one file was pulled due to being an unfounded investigation, and 28 cases pulled from Cedar Rapids service area due to cases being tribal court cases. This brings the total cases reviewed to 52.

Strengths were:
- Asked families about tribal affiliation
- Prompt contact with the tribes and DHS received responses from tribes regarding the child’s membership;
- Made inquiries regarding extended family who could provide support for the child and family;
- Provided information to the family on available community resources and helped them connect to those supports; and
- Children placed in least restrictive settings, mostly with relatives.

Opportunities for improvement were:
- Documentation regarding:
  - ICWA compliance;
  - Efforts to notify possible relative placements; and
  - Whether placement was with a Native family or if a foster family, approved by the tribe.
- More frequent and thorough communication level with the child’s tribe.

For the 2017-2018 ICWA Compliance Case Review, DHS utilized Iowa’s CWIS to develop a list of children, who entered foster care between March 2016 and November 2017 and identified as Native American, for case reading. DHS also pulled a random sample of Native American children in Woodbury County. In total, 53 cases were selected for review from the Des Moines, Cedar Rapids, Eastern and Western service areas. However, seven cases were pulled before the review. Cases were pulled due to: one was incorrectly marked in the FACS system, one case due to the service area being unable to locate the original file (this file may have been destroyed already by the time of the review), four files were pulled due to them being an unfounded investigation, and one case was pulled due to it already being reviewed in the last case review and this case had not closed in that time. This brings the total cases reviewed to 46.

Strengths were:
- Prompt contact with the tribes and other DHS resources to acquire information on how to proceed when unfamiliar with ICWA;
- Made inquiries regarding extended family who could provide support for the child and family;
- Used culturally specific resources in the community, if available;
Found qualified placements for children in close proximity to the parent with whom reunification efforts were made; Emergency removal ended in the appropriate time frame and children were placed with relatives; and Ensured all qualified expert witnesses (QEW) who gave testimony were individuals selected by the child’s tribe.

Opportunities for improvement were:
- More frequent and thorough communication level with the child’s tribe;
- Correct language in court orders to place a child out of the home (‘reason to believe’ and ‘reasonable efforts’ versus ICWA language of ‘clear and convincing’ and ‘active efforts’);
- Inquiry through asking the family about possible Native ancestry on the record; and
- QEW testify instead of county attorneys possibly pressuring tribal workers to give an affidavit instead.

Concerns noted in the reviews will be incorporated into future ICWA trainings.

Provide an update to the specific steps outlined in the 2015-2019 CFSP and subsequent APSRs to improve or maintain compliance with ICWA that includes tribal input. Describe the activities completed and accomplishments achieved since submission of the 2018 APSR. Provide an update on any planned changes to laws, policies, procedures, communications strategies, trainings or other activities to improve compliance with ICWA that the state has developed in partnership with tribes.

The ICWA Training and Technical Assistance Contract uses case reading to determine ICWA compliance and to develop training based on the case reading results. DHS staff pulls data for all children identified as American Indian/Alaska Native from the DHS’ CWIS. DHS excludes cases under tribal court jurisdiction, delinquent, and in-home cases from the sample. DHS and Meskwaki agreed that Meskwaki Family Services (MFS) would read a random sample of cases from Woodbury County and case read 100% of all other cases across the state. The timeline for completion of the case reading and a report of findings is June 30th each year.

DHS and Meskwaki Family Services (MFS) continue to collaborate on case reviews and training for ICWA compliance. DHS and MFS staff collaborated to revise the review tool for the ICWA compliance reviews, which was effective with the 2017-2018 review. The revised tool will remain the same in SFY 2019. DHS renewed the contract for training and technical assistance with MFS for SFY 2018-2020. DHS and MFS discussed “active efforts” during a Bi-Monthly Service CIDS call in January 2018. DHS and MFS agree that a more in-depth training regarding “active efforts” will occur sometime in the near future. Additionally, DHS discussions with MFS will continue as previously identified to include activities to enhance ICWA compliance.
Provide an update regarding discussions with Indian tribes in the state specifically as it relates to the CFCIP.

Section III: John H. Chafee Foster Care Program for Successful Transition to Adulthood, Collaboration with Tribes, pages 163-166, of this report.

State agencies and tribes must also exchange copies of their 2019 APSRs (45 CFR 1357.15(v)). Describe how the state will meet this requirement for the 2019 APSR. The DHS will provide this APSR directly to the director of Meskwaki Family Services and to the director of Four Directions in Sioux City.

**SECTION VI: PERFORMANCE ASSESSMENT AND IMPROVEMENT PLAN UPDATE**

Performance Assessment Update

Improvement Plan and Progress Made to Improve Outcomes Update

Revisions to Goals, Objectives, and Interventions
Iowa is in its Child and Family Services Review (CFSR) Round 3 Onsite Review period (April 1, 2018 – September 30, 2018). At the conclusion of the Onsite Review period, the federal government will issue a CFSR Final Report. As a result of the CFSR Final Report, Iowa anticipates developing a Program Improvement Plan (PIP), which may be incorporated into the next Child and Family Services Plan (CFSP), due June 30, 2019. Due to these factors, Iowa did not make changes to Iowa’s goals, objectives, or interventions. Changes to select benchmarks occurred due to not achieving the performance benchmarks.

Implementation Supports

*Child Welfare Outcome Improvement Team (CWOIT):* During the past year, the CWOIT led improvement efforts regarding documenting quality visits with children and identifying, locating, and engaging non-resident parents, primarily fathers. These efforts included providing training for staff, case reviews conducted by supervisors, post-effort staff surveys, and analysis of performance data.
However, the department decided to end the CWOIT, effective June 2018, and centralize efforts for performance improvement through the Service Business Team (SBT), by capitalizing on the regular utilization of the Bureau of Quality Assurance and Improvement staff to conduct data collection and root cause analysis and through improvement activities occurring at the state level, such as strategic mapping, rapid response team, and efforts by the CWPPG.

**Independent Review:** The DHS hired the Child Welfare Policy and Practice Group (CWPPG) to conduct a two phase review of Iowa’s child welfare system. The CWPPG completed its phase one review. The report is available at [http://dhs.iowa.gov/sites/default/files/DHS_CW_Review_Final_Report_12.22.17.pdf](http://dhs.iowa.gov/sites/default/files/DHS_CW_Review_Final_Report_12.22.17.pdf). Iowa continues to review the recommendations made and explore implementation options. Phase two activities will focus on:

- Family team decision-making (FTDM) meetings: Observing FTDM meetings and providing technical assistance regarding the quality and timing of FTDM meetings.
- Staff training: Observing new worker training and reviewing the quality of staff training curricula.

**Rapid Response Team (RRT):** The RRT is a small group of DHS staff who quickly review assessment cases of serious injuries for children, child fatalities and dependent adult serious injuries and fatalities. Themes from the reviews include but are not limited to: parents were under the age of 22, significant number of sleep related deaths, parental substance abuse, current or historical, and parents were previously in foster care. The RRT is in the process of further analyzing the data and deciding next steps.

**Strategic Mapping:** During the summer of 2017, Iowa’s Bureau of Quality Assurance and Improvement staff conducted face to face interviews with Social Worker 2s, 3s, and Service Supervisors to discuss what their needs were in order to efficiently and effectively do their work. Out of these statewide discussions, staff made over 300 recommendations for improvement. SBT formed a sub-group to work on the recommendations, which included identifying 60 concrete recommendations, prioritizing implementation of recommendations, and beginning implementation, which will occur in five phases and began this past spring. A sample of recommendations being considered for implementation includes but is not limited to eliminating multiple intakes on the same household when there is an open assessment and DHS receives an additional allegation of abuse or neglect, revisions to the case plan, elimination of unnecessary forms, addressing issues with FSRP services, etc.

**Improvement Plan Update – Progress Measures, Benchmarks, and Feedback Loops:**

**Goal 1:** Children abused or neglected will be safe from re-abuse in their own homes or in their foster care placements.

**Objective 1:** Reduce the reoccurrence of child maltreatment through Differential Response and services provided.

Differential Response data confirms that children who receive a Family Assessment (FA) are as safe as those who receive a Child Abuse Assessment (CAA). Ninety-seven
percent (97%) of children who receive a FA did not experience a substantiated report within six months, 97% of children who had an unsubstantiated CAA did not experience a substantiated report within six months, and 95% of children who had a substantiated abuse CAA did not experience a substantiated report within six months.\(^{23}\)

**Benchmark 1.1.4:** By end of year 4, achieved interim performance benchmark of 12.9%. (Recurrence of Maltreatment)

**Benchmark 2.4.4:** By end of year 4, achieved interim performance benchmark of 17.85. (Maltreatment in Foster Care)

According to Tables 3a(1) and 3a(2) in Iowa’s Child and Family Services Review (CFSR) Statewide Assessment\(^ {24}\), Iowa’s performance for recurrence of maltreatment was 14.1% (FFY 2015-2016) and rate of maltreatment in foster care was 19.77 (FFY 2015). Iowa did not meet the benchmarks for the national safety performance indicators. Therefore, benchmarks for year 5 are revised to the following:

- **Recurrence of Maltreatment:**
  - Benchmark 1.1.5: By end of year 5, achieved interim performance benchmark of 13.5%.

- **Maltreatment in Foster Care:**
  - Benchmark 2.4.5: By end of year 5, achieved interim performance benchmark of 18.85.

**Benchmark 2.2.4:** By end of years 4 and 5, maintain interim performance benchmark of 92%.

**Safety Plan Services:**

As a part of the current contract, there is a contract performance measure implemented to evaluate effectiveness of the services related to maltreatment:

- **Performance Measure 2 (PM2):** Children are safe in their homes and communities. Children do not suffer maltreatment during Safety Plan Services.

---


Table 6(a) is specific for April 1, 2017 through March 31, 2018.

Table 6(a): Safety Plan Services (April 2017 – March 2018)

<table>
<thead>
<tr>
<th></th>
<th>PM 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Cases, Maltreatment</td>
<td>956</td>
</tr>
<tr>
<td>Maltreatment %</td>
<td>95.39%</td>
</tr>
</tbody>
</table>

The methods of data collection include reports generated out of FACS and JARVIS that identify the date of removal as well as the incident date of maltreatment. There are no known data quality or limitation issues with the data.

Table 6(a) shows contractors achieved and met the expected outcome for performance measure two. SP Services contractors provided services on 956 cases. Of these 956 cases, contractors achieved 95.39% on performance measure two with 44 cases resulting in a child in the household who was a victim of a new incident of child abuse (report confirmed, not placed or confirmed, placed (founded)). Iowa continues to meet the 92% benchmark for year 4.

Goal 2: Children experience permanence in their living situations.

Objective 1: Increase placement stability for children in foster care through caseworker visits, Family Team Decision-Making (FTDM) meetings, and services provided.

Objective 2: Decrease the percentage of children re-entering foster care within 12 months of discharge through caseworker visits, Family Team Decision-Making (FTDM) meetings, and services provided.

Benchmark 3.5.2: Years 2 through 5, maintain performance of 4.44 or lower. (Placement Stability)
The latest performance, as indicated in Iowa’s CFSR Statewide Assessment, is 3.15. Iowa continues to meet the federal performance indicator and will continue to monitor placement stability for year 5.

Benchmark 2.5.4: By end of year 4, achieved interim performance benchmark of 8.8%. (Re-entry into Foster Care)
The latest performance, as indicated in Iowa’s CFSR Statewide Assessment, is 9.5%. Iowa did not meet the benchmark. Below is the revised benchmark for year 5:

- Benchmark 2.5.5: By end of year 5, achieved interim performance benchmark of 9.00%.

Goal 3: Children experience optimal well-being through their family’s enhanced capacity to provide for their needs.

---


26 Ibid.
Objective 1: Improve the frequency and quality of DHS staff visits with children and parents.

Objective 2: Improve parents’ and children’s involvement in case planning through caseworker visits and Family Team Decision-Making (FTDM) meetings.

See benchmarks and discussion above.

Please see Iowa’s CFSR Statewide Assessment, dated February 15, 2018, available at http://dhs.iowa.gov/sites/default/files/Iowa_2018_CFSR.pdf, for stakeholder feedback for Safety Outcome 2 (pp 35-37), Permanency Outcome 1 (pp 40-41), Well-Being Outcome 1 (pp 48-49), Item 20: Written Case Plan (pp 58-59), Quality Assurance System (pp 89-90), and Service Array (pp 111-114 and 115-117).

SECTION VII: MONTHLY CASEWORKER VISIT FORMULA GRANT

Description regarding usage of Monthly Caseworker Visit Grant:
Iowa utilized the Monthly Caseworker Visit Grant for the following:

- Annual maintenance payment for the Dragon Naturally Speaking™ software, staff training costs, staff travel costs, and the JCS-DHS systems data matching to more accurately capture visits for juvenile justice children in foster care. The goals for utilizing the funds in this manner continue to be to:
  - free up caseworker time in documenting visits so that the frequency and quality of visits increase;
  - increase caseworker decision-making; and
  - ensure that all caseworker visits with children in foster care (DHS and JCS) are in the administrative data in order to reach federal performance requirements, with the hope of eliminating the current federal financial participation rate reduction for IV-B funding.

- Purchase CareMatch annual licensing fee. CareMatch is a tracking system software from Five Points Technology Group, Inc. The CareMatch system will continue to be used to:
  - Track beds in group care, shelter and supervised apartment living and
  - Track and match licensed foster parents and children in foster care.

  The license agreement contract includes system enhancements, data conversion, training, and the annual licensing fee. The tracking system assists caseworkers in determining the closest and most appropriate placement for the child. Research suggests that children placed closer to home receive more frequent, quality caseworker visits, which in turn impacts caseworkers’ assessment of safety, efforts to achieve timely reunification or other permanency goals, and efforts to achieve child and family well-being.

- Purchase continued access to CultureVision™ for staff and service providers to utilize to engage children and families in a culturally responsive manner.

  CultureVision™ is a user-friendly database with information on a variety of racial,
ethnic, and religious cultures. CultureVision™ assists caseworkers in providing culturally responsive services and supports.

At this time, Iowa plans to utilize the Monthly Caseworker Visit Grant in a similar manner in FFY 2019.

**Action steps to ensure statutory performance standards are met:** While Iowa’s performance does not meet the statutory performance standard of 95% monthly caseworker visits for children in foster care, Iowa increased performance over the course of the last several years but remained steady from FFY 2016 to 2017. Iowa’s performance for the percentage of visits occurring in the child’s residence continues to exceed the federal requirement of 50%.

---

**Table 7: Monthly Caseworker Visits with Children in Foster Care (FFY 2012-2017)**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The aggregate number of children served in foster care for at least one full calendar month</td>
<td>9,543</td>
<td>9,579</td>
<td>9,177</td>
<td>8,653</td>
<td>8,654</td>
<td>8,629</td>
<td>7,153</td>
</tr>
<tr>
<td>The total number of monthly caseworker visits for children who were in foster care</td>
<td>55,252</td>
<td>53,523</td>
<td>56,573</td>
<td>56,748</td>
<td>59,392</td>
<td>55,102</td>
<td>29,133</td>
</tr>
<tr>
<td>The total number of complete calendar months children spent in foster care</td>
<td>69,844</td>
<td>70,310</td>
<td>69,428</td>
<td>66,207</td>
<td>66,823</td>
<td>61,686</td>
<td>33,685</td>
</tr>
<tr>
<td>The total number of monthly caseworker visits with children in foster care in which at least one child visit occurred in the child’s residence</td>
<td>37,829</td>
<td>37,288</td>
<td>40,368</td>
<td>40,800</td>
<td>42,644</td>
<td>40,572</td>
<td>20,440</td>
</tr>
<tr>
<td>The percentage of monthly visits by caseworkers with children in foster care under the responsibility and care of the state.</td>
<td>79%</td>
<td>76%</td>
<td>82%</td>
<td>86%</td>
<td>89%</td>
<td>89%</td>
<td>86%</td>
</tr>
<tr>
<td>The percentage of monthly visits that occurred in the residence of the child.</td>
<td>69%</td>
<td>70%</td>
<td>71%</td>
<td>72%</td>
<td>72%</td>
<td>74%</td>
<td>61%</td>
</tr>
</tbody>
</table>

**Source:** Results Oriented Management (ROM)  *FFY 17 AFCARS Extract & ROM  **18A AFCARS Extract & ROM, 10/1/2017-3/31/2018*

Data entered by workers into Iowa’s child welfare information system (CWIS) provides the data from which Results Oriented Management (ROM) creates a variety of reports. ROM contains the federal measure related to monthly caseworker visits with children in foster care, i.e. “Months worker-foster child visit made (of months child in care entire month)”. Iowa solely utilized ROM to calculate performance for FFYs 2012-2016. There were no known data quality/limitation issues.
Beginning with FFY 2017, as a result of federal clarification that JCS and Meskwaki Nation children served in foster care are only included in the federal out-of-home population, including in the monthly caseworker visit calculation, when receiving a IV-E foster care maintenance payment, Iowa re-calculated performance by:

- using the combined revised AFCARS 17A and 17B files;
- eliminating children not in care a whole month;
- eliminating those over age 18; and
- for the remaining population, using the Results Oriented Management (ROM) visit report.

There are no known data quality/limitation issues.

Iowa will continue to:

- explore how visits could be made for children placed out of state, either through the Interstate Compact on the Placement of Children or through DHS staff travelling to conduct the out of state visits;
- utilize the system of care and child welfare services to place children closer to home and in family like settings, whenever possible;
- continue to work on recruitment and retention of foster homes who will accept adolescents so more foster care children age 12 and over experience a family setting while in foster care, when appropriate;
- stress the importance of monthly quality caseworker visits with children;
- utilize social work supervisors to oversee caseworkers’ performance;
- utilize digital recorders and Dragon Naturally Speaking™ to assist workers with casework documentation, including visit narratives; and
- monitor performance through use of administrative data and case reviews.

SECTION VIII: ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

Iowa received $116,350 in adoption incentive funds for FFY 2017 as a prorated portion of the full grant. DHS used $75,000 of the FFY 2015 grant to put into the previous recruitment and retention contract to expand offerings of Caring For Our Own pre-service training. DHS is exploring options for the remaining FFY 2015, FFY 2016 and the portion of FFY 2017 funds to use for activities, e.g. providing an evidence based practice such as SafeCare® for foster and adoptive families, increasing adoption respite, and subsidized guardianship.
SECTION IX: QUALITY ASSURANCE SYSTEM

Assess the state’s current QA/CQI system. Describe any specific practices or system improvements the state has made based on QA/CQI.


Include any training or technical assistance the state anticipates needing from CB resources or other partners

Iowa anticipates utilizing CB resources and other partners to assist with development of Iowa’s CFSR Round 3 Program Improvement Plan (PIP) and the next five year Child and Family Services Plan (CFSP) in the remainder of FFY 2018 and through FFY 2019. For example, DHS staff participate in webinars provided by the Capacity Building Center for States, such as the “Part 1 - Looks Can Be Deceiving: Using Data to Explore Agency Performance” (June 5, 2018), “Part 2 - Look Before You Leap: Using Data to Avoid Common Missteps When Asking, “Why?”” (June 12, 2018), “Round 3 Program Improvement Planning Community of Practice: Kickoff / Problem Exploration CoP Building Event” (June 14, 2018), etc. Iowa also plans to utilize technical assistance as mentioned in this report, Section IV: Program Support, page 174.

Provide an update on QA/CQI results and data that have been used to update goals, objectives, and interventions or use of funds in the 2019 APSR.

Due to Iowa currently conducting its CFSR, the likely need to develop a CFSR program improvement plan (PIP), and the need to develop a new five year Child and Family Services Plan (CFSP) by June 30, 2019, Iowa did not update goals, objectives and interventions or change the use of funds in this APSR.

For states that will undergo a CFSR in FY 2018, describe the state’s current case review instrument and whether the state is using or plans to begin using the federal Onsite Review Instrument (OSRI) as part of the state’s ongoing QA/CQI process.27

For all states, describe how many and the type of cases that are reviewed annually as part of the state’s ongoing case review process and any plans to increase or decrease the number of cases reviewed.

Iowa reviews 65 cases annually (40 foster care and 25 in-home) utilizing its ongoing case review process. Iowa plans to maintain the number of cases reviewed at 65.

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Foster and Adoptive Parent Diligent Recruitment Plan

Progress and Accomplishments
Iowa KidsNet, contractor for the recruitment and retention contract, closed out the recruitment and retention contract on June 30, 2017 due to re-procurement. The performance based contract included two paid performance measures, which focused on increasing overall capacity in foster family care by 3% and non-white foster family capacity by 3% each contract year.

In the first two years of the contract, the measure’s goal was incrementally narrowing the gap between the number of non-white foster families and the number of non-white children in family foster care. The measure changed beginning in SFY 2014 to a net increase in the number of licensed white and non-white families. However, DHS discovered it was difficult to measure as the numbers fluctuated greatly for both children and families.

Beginning in SFY 2014, DHS established the baseline as the number of licensed foster families at a point in time at the end of the fiscal year. Targets established at the beginning of each year represented a 3% increase in the number of licensed families from the previous year. The first table shows the numbers of all licensed foster families including non-white foster families. The second table shows the number of non-white foster families only.

<table>
<thead>
<tr>
<th>Service Area</th>
<th>SFY 2014 Total</th>
<th>SFY 2015 Total</th>
<th>SFY 2016 Total</th>
<th>SFY 2017 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western</td>
<td>423</td>
<td>439</td>
<td>449</td>
<td>445</td>
</tr>
<tr>
<td>Northern</td>
<td>402</td>
<td>427</td>
<td>436</td>
<td>442</td>
</tr>
<tr>
<td>Eastern</td>
<td>214</td>
<td>222</td>
<td>241</td>
<td>250</td>
</tr>
<tr>
<td>Cedar Rapids</td>
<td>459</td>
<td>458</td>
<td>504</td>
<td>481</td>
</tr>
<tr>
<td>Des Moines</td>
<td>513</td>
<td>538</td>
<td>546</td>
<td>583</td>
</tr>
<tr>
<td>Total</td>
<td>2012</td>
<td>2084</td>
<td>2194</td>
<td>2101</td>
</tr>
</tbody>
</table>

Source: DHS
Iowa KidsNet saw an overall increase in the total number of foster families and an increase in the number of non-white families through the duration of the contract.

The FFY 2015-2019 Updated Foster and Adoptive Parent Diligent Recruitment Plan reflects changes in the recruitment and retention contract effective July 1, 2017.

See FFY 2015-2019 Updated Foster and Adoptive Parent Diligent Recruitment Plan

Health Care Oversight and Coordination Plan

Progress and Accomplishments
DHS revised the FFY 2015-2019 Health Care Oversight and Coordination Plan to update data as indicated, to provide data and analysis for SFY 2017, to add information as required by the Family First Prevention Services Act (part of the Bipartisan Budget Act of 2018 (P.L. 115-123)), and to change language to reflect implementation progress.

See FFY 2015-2019 Updated Health Care Oversight and Coordination Plan

Disaster Plan
See FFY 2015-2019 Updated Disaster Plan

Training Plan
There are no changes to the Training Plan except for those reflected in Attachments 10A, 10B, and 10C.
SECTION XI: STATISTICAL AND SUPPORTING INFORMATION

CAPTA Annual State Data Report Items

See FFY 2019 CAPTA Report

Sources of Data on Child Maltreatment Deaths

Table 11(a) : Child Maltreatment Deaths – FFY 2011-2017

<table>
<thead>
<tr>
<th>Federal Fiscal Year (FFY)</th>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>19</td>
</tr>
<tr>
<td>2016</td>
<td>13</td>
</tr>
<tr>
<td>2015</td>
<td>12*</td>
</tr>
<tr>
<td>2014</td>
<td>8</td>
</tr>
<tr>
<td>2013</td>
<td>5</td>
</tr>
<tr>
<td>2012</td>
<td>6</td>
</tr>
<tr>
<td>2011</td>
<td>10</td>
</tr>
</tbody>
</table>

Data Source: SACWIS

*Prior to 2015, the data only includes child deaths that were listed as being the result of abuse. In 2015 and the years following, the data also includes child deaths that listed abuse as a contributing factor.

In 1995, Iowa Code §135.43 and 641 Iowa Administrative Code (IAC) § 90 established Iowa’s statewide Child Death Review Team. The purpose of this team is to “aid in the reduction of preventable deaths of children under the age of eighteen years through the identification of unsafe consumer products; identification of unsafe environments; identification of factors that play a role in accidents, homicides and suicides which may be eliminated or counteracted; and promotion of communication, discussion, cooperation, and exchange of ideas and information among agencies investigating child deaths”.

Additionally, the Iowa Child Death Review Team developed protocols for Child Fatality Review Committees 641 IAC § 92, which the state medical examiner appoints on an ad hoc basis, to immediately review the child abuse assessments which involve the fatality of a child under age eighteen. The purpose of the Child Fatality Review Committee is system improvement that may aide in reducing the likelihood of child death.

During the course of the Department of Human Services (DHS) child abuse assessment that involves a child death, the child protective worker (CPW) collaborates with the following sources and documents any information that assists in making a child abuse finding within the child protective services assessment.

- On all accepted child death cases, the DHS works with local law enforcement and/or the Department of Criminal Investigation (DCI) in a joint assessment/investigation.

While law enforcement’s role is to determine if a crime occurred and the DHS’ role is
to determine whether abuse occurred, both agencies collaborate on crime scene investigation/assessment, observations, interviews, etc.

- The CPW also works with the medical examiner’s office while the medical examiner conducts an autopsy on the child victim. The CPW and medical examiner’s office consult (many times through or in conjunction with law enforcement) to exchange information learned in the investigation/assessment that may assist the medical examiner in determining cause and manner of death. The ultimate findings of the autopsy assist in the determinations made in both criminal and child abuse findings.

- Although not every county throughout Iowa has their own Child Death Review Team per se, many counties utilize a variation of multi-disciplinary teams to consult with on child death cases. These consultations assist the CPW in exploring options to barriers and processing the case thoroughly.

- In every child death case that the DHS assesses for child abuse, the Iowa Department of Public Health (IDPH’s) Bureau of Vital Statistics records all child deaths and at times births with a death occurring shortly after birth. Because law enforcement generally takes the lead on these death investigations, they generally provide the documentation to Vital Statistics.

DHS does not receive reports of suspected abuse on all child deaths. The majority of Iowa children die by natural means, which includes prematurity, congenital anomalies, infections, cancers, and other illnesses. In 2014, 186 natural deaths comprised 60% of all Iowa child deaths.²⁸ This number was steady in 2015 with all Iowa child deaths again comprising 186 (61%) of all natural deaths. Natural manners of death are not child abuse and do not meet standards for reporting.

The Iowa Child Death Review Team considers other manners of death, such as accidents, suicides, homicides, and undetermined deaths as preventable. Iowa Code §232.70 requires mandatory reporters to report such suspected child abuse to DHS. When DHS receives and accepts a report of a child fatality for assessment, staff assigns a one hour response time for the CPW to assure the safety of siblings or any other children involved. Throughout the course of the assessment, the CPW makes a determination of whether abuse occurred and makes the appropriate recommendations and/or referrals to address the family’s needs.

Because a child death review does not occur until all assessments, investigations, and data collection are completed, the Child Death Review Team typically reviews cases from the previous year and the Annual Reports are released by the Iowa Office of the State Medical Examiner thereafter. The Annual Report for 2015 was distributed to the Governor’s Office and to the Legislature in June 2018. The Iowa Child Death Review Team completed the calendar year 2016 reviews in 2017, with the annual report currently in draft.

Key findings in the 2014 report are as follows:

- There were 312 child deaths in 2014, which are 23 more cases than the previous year.
- The increase is largely attributed to motor vehicle accidents, including six deaths related to ATV use. Snowmobiles and motorcycles were indicated in child deaths this year.
- Males, both as drivers and passengers, were twice as often involved in fatal motor vehicle accidents.
- Deaths in infancy rose with cases continuing to be tied to dangerous sleep surfaces.
- Infant deaths in 2014 represented a 5 percent increase against the prior five years.
- Homicides of children nearly doubled from the previous year and were similar in number to the incidence of 2012.
- Homicides in 2014 were increasingly perpetrated by mothers, were directed towards children ages 1-6, and involved negligence or exposure to harmful substances.
- There was a marked increase in child deaths among those 1-4 years. The rise is attributed to homicides and motor vehicle accidents, as well as medical conditions resulting in death.
- Deaths due to suicide were slightly lower than in past years. However, for the first time since child death review, females accounted for nearly half of all suicides.

In an effort to revive attention around child mortality, the 2015 report contains a new section by age and primary means of prevention. As noted by the CDRT chairperson “safe sleep environments dominate infancy; drowning and accident safety are the focus in preschool and school-age years; and motor vehicle safety and suicide prevention are predominate in averting adolescent and teen death”. Overall, the report identifies supervision by a parent or caregiver as critical to preventing child death. “Parents and caregivers are the decision-makers for infants and influencer for adolescents and teens. In too many situations, a single moment-in-time decision results in tragedy: falling asleep with a baby on the couch; failing to buckle a toddler in a car seat; losing sight of a child near a body of water; or trusting a teen won’t access a firearm. The most essential protections of children are too often overlooked despite messages to the contrary”.

Education and Training Vouchers

Following is the number of youth who received Education and Training Vouchers (ETV) awards from July 1, 2016 through June 30, 2017 and estimates for the current school year. The data source is the Scholarship and Grant system and data extraction occurred by pulling a list of all ETV applicants, then pulling a list of all ETV payments made. The lists were joined to extrapolate how many new and renewal recipients received ETV.
Previous reports included a notice we had a minor, but notable, data quality issue. Students would submit application data on two separate applications (FAFSA and the Iowa Financial Aid Application). Some potential errors existed when students identified themselves by one social security number (SSN) on the FAFSA and a different SSN on the Iowa Financial Aid Application.

Iowa College Aid improved the process for 2017-2018, with a new processing system called Iowa College Aid Processing System (ICAPS®). ICAPS® combines student information from the FAFSA and ETV application into a single file, thereby mitigating our issue with over-reporting of new or renewed applicants. Iowa College Aid and DHS will continue to monitor the process. Early indications suggest improved data quality and faster, more efficient processing.

**Inter-Country Adoptions**

Iowa’s automated information system tracks:
- The number of children adopted from other countries or who enter into State custody because of the disruption of a placement for adoption or the dissolution of an adoption;
- The agencies that handled the placement or the adoption;
- The plans for the child; and
- The reasons for the disruption or dissolution.

In the past year, no children adopted from another country have experienced disruption or dissolution through DHS.

### Table 11(b): Annual Reporting of Education and Training Vouchers Awarded

<table>
<thead>
<tr>
<th></th>
<th>Total ETVs Awarded</th>
<th>Number of New ETVs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Number: 2016-2017 School Year (July 1, 2016 to June 30, 2017)</td>
<td>158</td>
<td>87</td>
</tr>
<tr>
<td>2017-2018 School Year* (July 1, 2017 to June 30, 2018)</td>
<td>172*</td>
<td>95*</td>
</tr>
</tbody>
</table>

*Estimated

**SECTION XII: FINANCIAL INFORMATION**

Payment Limitations: Title IV-B, Subpart 1

In FFY 2005, Iowa expended $724,000 under title IV-B, subpart 1, for foster care maintenance. Iowa will allocate the same amount for foster care maintenance in FFY
2019. Iowa did not and does not use title IV-B, subpart 1, funds for child care or adoption assistance payments.

In FFY 2005, Iowa utilized $241,334 state expenditures, non-federal funds, for foster care maintenance payments as state match for title IV-B, subpart 1. Iowa will apply the same amount of non-federal funds expended for foster care maintenance payments as state match in FFY 2019.

Payment Limitations: Title IV-B, Subpart 2

Iowa does not utilize 20% of the PSSF funds for family preservation. Iowa utilizes federal Temporary Assistance for Needy Families (TANF) and Social Services Block Grant (SSBG) as well as state appropriations to fund Iowa’s main family preservation service, Family Safety, Risk and Permanency (FSRP) Services. Iowa secured authorization from the Children’s Bureau Region VII office in 2007 to utilize less than 20% of PSSF funds for family preservation. Iowa utilizes approximately 31% of PSSF funds for the family support category to provide services to prevent child abuse or neglect.

Financial information comparing FY 2016 state and local share spending for subpart 2 programs against the 1992 base year amount as required to meet the non-supplantation requirements in section 432(a)(7)(A) of the Act.

<table>
<thead>
<tr>
<th>Category</th>
<th>FY 2016</th>
<th>FY 1992</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Preservation</td>
<td>39,568</td>
<td>-</td>
</tr>
<tr>
<td>Family Support</td>
<td>186,001</td>
<td>581,841</td>
</tr>
<tr>
<td>Family Reunification</td>
<td>168,297</td>
<td>-</td>
</tr>
<tr>
<td>Adoption Promotion</td>
<td>184,424</td>
<td>-</td>
</tr>
<tr>
<td>Other Service Related Activities</td>
<td>215,588</td>
<td>-</td>
</tr>
<tr>
<td>Total Administration</td>
<td>47,778</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>841,655</td>
<td>581,841</td>
</tr>
</tbody>
</table>

Source: DHS

In FY 2007, Iowa began targeting the adoption promotion portion of PSSF funds to provide adoption support services to adoptive families via the statewide Resource and Recruitment contract, which became the Resource, Recruitment, Training and Support of Resource Families (RRTS) contract effective July 1, 2017. Iowa updated the FY 1992 baseline to reflect that change in the use of these funds.
Guiding Principles for Cultural Equity

1) Provide effective, equitable, understandable and respectful quality supports and services that are responsive to diverse cultural beliefs and practices, preferred languages, health literacy and other communication needs.

2) Advance and sustain organizational governance and leadership that promotes principles and equity through policy, practices and allocated resources.

3) Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.

4) Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

5) Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all supports and services.

6) Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7) Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8) Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

9) Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations’ planning and operations.

10) Conduct ongoing assessments of the organization’s guiding principles related activities and integrate related measures into assessment, measurement and continuous quality improvement activities.

11) Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of principles on equity and outcomes and to inform service delivery.

12) Conduct regular assessments of community assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

13) Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.

14) Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.

15) Communicate the organization’s progress in implementing and sustaining principles to all stakeholders, constituents and the general public.
CULTURAL EQUITY RESOURCES FOR CHILD WELFARE

What can I do?

- Guiding Principles for Cultural Equity
  - Framework for reducing disparities in child welfare

- CultureVision
  - Comprehensive, user-friendly database providing global cultural and ethnic information

- Race: the Power of an Illusion (RPI)
  - Facilitated 1-day learning exchange promoting courageous conversations around race

- Continuing Courageous Conversations
  - Follow-up meeting for interested RPI participants; scheduled locally

Brought to you by the Cultural Equity Alliance and the Iowa Department of Human Services. The Cultural Equity Alliance is a statewide collaborative promoting systemic changes to reduce minority and ethnic disproportionality and disparity in the child welfare system.
CULTURAL EQUITY RESOURCES FOR CHILD WELFARE

What can I do?

Champions of the Guiding Principles
Champions to present and promote use of the Guiding Principles

Toolkit for Courageous Conversations
Exercises and resources to increase cultural knowledge and skills

Webinars
Changing Demographics of Iowa
Working Effectively with Hispanics
Working with Interpreters

Cultural Equity Resources for Iowa
Facebook page with current data, research, training, and publications focusing on disparity

Access these resources at the IDHS Training website http://training.hs.iastate.edu/. Create a free account if you don’t already have one, log in, and go to Categories => Resource Library => Cultural Equity Alliance Resources section to learn about working more effectively with all of Iowa’s children and families.
“How can I learn more about scheduling a Race: The Power of an Illusion Learning Exchange in my area?”

Scheduling is easy!
You can host a Race: The Power of an Illusion Learning Exchange in your area on a date that is convenient for your group or staff. This learning exchange is available at no cost to your group.

Social Work CEUs and foster parent training credit hours are available, also at no cost.

Contact Sue Strever, RPI Coordinator, at sue.strever@cfu.net to learn more about how easy it is to schedule a session in your area.
Learning Exchange Objectives

- Help build organizational capacity to engage in ongoing “courageous conversations” about the intersections of race, equity and child welfare reform.
- Learn how America’s institutions and courts used public policy and inconsistent logic to define race and give different racial and ethnic groups vastly unequal opportunities and access to life chances.
- Utilize dyads and small groups to allow participants to “practice” talking about the intersections of race, equity and child welfare reform.

Participants are Saying*

“"This is the best training I’ve been to in years."

"Wonderful training! Loved the trainers’ enthusiasm!"

"Everything about this training was great!"

"This training has encouraged me to be a change agent within my organization and to treat my clients (all of them) with respect and sensitivity."

"This was even more than I expected. I am so glad I was able to attend."

"The training was a reminder for me of why I’m doing this job I’m doing."

*Actual quotes from participant evaluations

“What next?”

This was the question asked by many RPI participants who wanted to build on the momentum generated at the RPI Learning Exchange they had attended. In response, the RPI Follow-up Meeting was developed. Hosted locally, a Follow-up Meeting occurs generally a month after the RPI, scheduled at a time and location that is convenient for the group. An RPI Facilitator is available for the first meeting to guide the group as they determine their goals and objectives. Participant Toolkits with activities and exercises designed to assist the group process are provided for all attendees and a Facilitator Guide is available for the group. Those who choose to continue to meet have these tools and resources available to guide their on-going work.

RPI FOLLOW-UP MEETING

Continuing Courageous Conversations
Continuing Courageous Conversations

Facilitator Guide

Follow-Up to Race: The Power of an Illusion Learning Exchange

8/8/2017
Acknowledgments

Funded by:
Iowa Department of Human Services.

Developed by:
Lisa D’Aunno, JD
Michelle Heinz, MSW graduate student
The National Resource Center for Family Centered Practice
University of Iowa School of Social Work

With additional contributions by:

Erin Kramer, M Ed
Iowa State University Child Welfare Research and Training Project

Sandy Lint, LMSW
Iowa Department of Human Services

Special thanks to Jolene Holden, Sue Strever, the Race: The Power of an Illusion (RPI) facilitators, and the Cultural Equity Alliance members. Their knowledge and guidance was invaluable during the development of this Facilitator Guide.
Human conversation is the most ancient and easiest way to cultivate the conditions for change – personal change, community and organizational change, planetary change. If we can sit together and talk about what’s important to us, we begin to come alive. We share what we see, what we feel, and we listen to what others see and feel.

- Margaret Wheatley (2002)
## Table of Contents

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### MODULES

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  - Exercises 10
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- Planning for the Next Meeting 17
- Closing Reflection and Wrap Up 19
  - Continuing Courageous Conversations Meeting Sign-In Sheet
Purpose: The purpose of this Facilitator Guide is to provide a structure, support and tools for participants to take one or more “next steps” after the *Race: The Power of an Illusion* (RPI) learning exchange.

The primary learning objective of the RPI learning exchange is to build organizational capacity to engage in ongoing “courageous conversations” about the intersections of race, equity and child welfare by:

1) Introducing key data, foundational concepts, frameworks and definitions
2) Increasing knowledge about the development of the social construct of race and how public policy has resulted in vastly unequal opportunities and disparities based on skin color
3) Increasing awareness about racial and ethnic disparities in the child welfare and juvenile justice systems
4) Introducing the concept of “courageous conversations” about race
5) Increasing participants’ comfort level in engaging in courageous conversations
6) Encouraging participants to commit to take some additional action following the learning exchange

The Facilitator Guide is meant to reinforce the learning, comfort level and commitment made at the RPI learning exchange. Participants will be invited to a follow-up meeting held approximately one month after the RPI learning exchange. An RPI facilitator will facilitate the first follow-up meeting. This Facilitator Guide provides the structure and script for the first meeting only.

If the group chooses to continue to meet after the initial meeting, it will need to decide on its own mission, goals and leadership. Neither Iowa DHS, the facilitator, nor the host agency will direct the activities of the group or assume responsibility for organization or activities after the first follow-up meeting. The Facilitator Guide is provided to help the group set their own course.

Structure: The Facilitator Guide provides an overview of the process, followed by background considerations for the facilitator, notes about preparation and set up instruction, and a script for the first meeting. All of the exercises, participant handouts and resources are contained in the Toolkit. The exercises are designed to be self-led, but the facilitator will choose one to model during the first follow-up meeting.
Preparation for the RPI Follow-Up Meeting

**Invitation**: At the end of the RPI learning exchange, a facilitator will explain the intent of the follow-up meeting and distribute a postcard inviting the participants to continue their courageous conversations and including the date, time and location of the follow-up event. Those wishing to attend are instructed to write their name and address on the front of the postcard, and to note the date and location of the event. The facilitator explains that the postcards will be sent as a reminder 7-10 days prior to the follow-up event. Consider asking those interested in the follow-up meeting to enter the meeting information on their cell phone calendar. They may also want to include on their calendar notes the commitment they make at the end of the RPI learning exchange. Participants should also know that employers have not been contacted regarding the follow-up meeting; individuals participating in the follow-up meeting may need to discuss with their employer whether the meeting would be considered work time.

**Follow-up scheduling considerations**: The meeting should be scheduled for approximately one month after the RPI learning exchange. It should be scheduled for approximately 90 minutes and no longer than 2 hours. Consideration should be given to scheduling the meeting between 4:30- 6:30 p.m. Monday through Thursday to accommodate both those who are able to participate as part of work assignment and those for whom the follow-up will be on personal time.

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**Graphic Cues**

**Module Blocks**

<table>
<thead>
<tr>
<th>Highlight</th>
<th>Time</th>
<th>Materials</th>
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</tbody>
</table>

**Lesson Blocks**

<table>
<thead>
<tr>
<th>Explain</th>
<th>Do/Discuss</th>
<th>Summarize</th>
<th>Evaluate</th>
<th>Capture</th>
<th>Transition</th>
</tr>
</thead>
</table>
About The Meeting

Why a *Continuing Courageous Conversations* Follow-Up Meeting?

The goal of the first meeting is to give participants an opportunity to meet to talk about their reflections and actions since the RPI learning exchange, to discuss opportunities for “next steps”, and to make a decision about their continued participation in a group.

Structure of the first meeting (90-110 minutes, depending on the exercise chosen)

1. Welcome and introductions (5 minutes)
2. Introductory reflections: (20 minutes)
   a. What brought you here to this follow-up meeting?
   b. What did you commit to do at the end of the RPI learning exchange? If you had a chance to work on the commitment you made, how did it go?
3. Distribute *Continuing Courageous Conversations* Toolkit; review and discuss Ground Rules (10 minutes)
4. Overview of Toolkit (10 minute)
5. Complete one of the shorter exercises (20-40 minutes)
6. Describe options for forming an ongoing group and lead discussion about going forward (20 minutes)
7. Set a time/place for the next meeting, and recruit a volunteer facilitator to lead the next meeting (5 minutes)

Meeting Timing

Requires: 90 - 110 minutes
Meeting Preparation

Required Materials

- Sign-in sheet (template included in this Facilitator Guide)
- Flip chart and markers
- Name badges
- Copy of the *Continuing Courageous Conversations* Toolkit for each person
- Meeting welcome sign (should be posted on or near the door of the meeting room)
- Refreshments are a host option

Room Set-Up

Chairs should be set in a circle or around a table (the facilitator will also be seated)

Facilitator Preparation

The first follow-up meeting is the only one in which an RPI facilitator will be present. To support the group to develop confidence in its ability to move forward without the facilitator, it’s recommended that facilitators be mindful of not inserting too much of their own personality and style in the first meeting. Use active listening skills, resist adding your own stories, and keep the focus on the group. Encourage the group to self-facilitate the short exercise. If questions or concerns about process arise, encourage the group to make a decision about how to proceed. The goal is to transfer ownership to the group.
Welcome and Introductions

Time to complete: 5 minutes

Materials Needed
- Sign-in sheet
- Name badge and marker
- Refreshments (if provided)

Explain
- Welcome participants.
- Offer refreshments (if provided).
- Point out bathrooms.
- Provide ending time.
- Encourage each participant to make a name badge.
- Circulate sign-in sheet. (Facilitator, please take a photo of the completed sign-in sheet and email to Program Coordinator and leave the original with the group.)

The purpose of this gathering is to bring people together to continue courageous conversations about race and racial disparities, and to explore how this group might support each other in taking similar conversations into their communities.
Welcome and Introductions Facilitator Guide

Do/Discuss

- Facilitate brief introductions

Let’s go around in a circle and introduce ourselves and say one thing that is interesting about ourselves. I’ll go first: My name is ___________________ and one thing that is interesting about me is that I ___________________.

Transition to Introductory Reflections
Introductory Reflections

Time to complete: 20 minutes

Materials Needed
None

Do/Discuss

Let’s begin by sharing a reflection.

Let’s go around in a circle and share what brought you here to this meeting? It might be curiosity, it might be a desire to keep having courageous conversations, or to find support for community work you are doing or want to do in your job or in your free time. There are no wrong answers! *(Try to get everyone in the group to share something.)*

Thank you for participating.

Now let’s reflect back on the month since you attended the RPI learning exchange.
We will again go around in a circle and ask everyone to share.

- Has the learning exchange had any impact on your perspective/experience in the last month?

  AND

- Did you have an opportunity to follow through with the commitment you made to yourself at the RPI learning exchange?

Summarize

Thanks for sharing. It sounds like you came here to continue to learn from each other and to practice courageous conversations. And some of you are ready to take action! In a little while, we will talk about options for continuing to meet as a small group.

Transition to Ground Rules for Courageous Conversations
Ground Rules for Courageous Conversations

Time to complete: 10 minutes

Materials Needed

- Copies of Continuing Courageous Conversations Toolkit
- Copies of Ground Rules

Explain

In the meantime, I’d like to pass out a copy of the Continuing Courageous Conversations Toolkit.

[Give a copy to everyone.]

This is your Toolkit to keep. Please bring it with you to future group meetings if you decide to continue as a group, and feel free to use the exercises and resources in the Toolkit to generate conversations about race in other groups in your communities.

We suggest that whenever you meet with a group for courageous conversations, you review the Ground Rules.
**Do/Discuss**

- Invite participants to open the Toolkit to page 3.
- Facilitate a read-through of the Ground Rules.
- Ask if there are any questions or additional ground rules they want to propose?
- Elicit verbal agreement that people are willing to hold themselves and others accountable to the Ground Rules.

**Ground Rules for Continuing Courageous Conversations**

Courageous conversations are dialogues in which participants commit to engage each other with honesty, open-mindedness, and vulnerability; to listen deeply to better understand each other’s perspective; and to “sustain the conversation when it gets uncomfortable or diverted”\(^2\). The goal of Ground Rules for Continuing Courageous Conversations is to be able to have a conversation about race without excessive fear of being labeled racist, biased or bigoted, to avoid blaming or being blamed, and to avoid discounting or invalidating the experiences and feelings of others.

To that end, we agree to follow these ground rules:

**Ground Rules**

**Stay Engaged**

- Give yourself permission to focus fully on the conversation topic or exercise at hand.
- Please silence your cell phone.
- Share a story, state your opinion, ask a question – risk and grow!
Speak Your Truth

- Value everyone’s thoughts.
- Start by assuming good intentions.
- Speak from your own experience and use “I” statements, as in “I think”, “I feel”, “I believe”, or “I want”. ³
- It’s important that we create a safe environment where everyone is free to speak openly.
- Keep in mind that people are in different places in this work. In order for us to grow, people need to be able to share thoughts in a way that’s comfortable for them.
- Be aware of non-verbal communication.
- Before speaking, think about what you want others to know. How can they best hear you?
- Mistakes are part of success. Don’t be overly cautious about being politically correct – this is a learning process.
- Disagree respectfully.

Listen for Understanding

- Listen without thinking about how you are going to respond.
- Try to understand where another person is coming from as best you can.
- Be careful not to compare your experiences with another person’s. This often invalidates or minimizes a person’s experiences.
- If someone is pointing out how what you said left them feeling, try not to explain or rationalize what you said or why you said it. Sometimes positive intent is not enough. Sometimes it’s necessary to just say, “I didn’t realize what I said was inappropriate...or hurt you in that way, I’m sorry,” etc.
- Be comfortable with being uncomfortable.
Honor Confidentiality

- What is shared here, stays here.

Expect and Accept Non-closure

- Engaging in race conversations is ongoing work that does not necessarily leave a person walking away feeling everything turned out the way they hoped. Accept that much of this is about changing yourself, not others.

Responsibility to Each Other and to the Process

- Group members will encourage each other to follow the ground rules.

Additional Ground Rules Agreed to by the Group (optional)

- Participants are invited to propose additional ground rules for courageous conversations. The group may wish to discuss before deciding whether they agree to abide by additional ground rules. If so, the additional ground rules should be written out for everyone to see.

Sources:


3“I” statements allow the speaker to express their feelings without blaming someone or inferring the intent of someone else. The formula for an “I” statement or message is: I feel ________________ when ________________ happens because ________________.

Transition to Overview of Toolkit
Overview of Toolkit

Time to complete: 10 minutes

Materials Needed

- Continuing Courageous Conversations Toolkit

Explain

Let’s take a look at the Toolkit and see what’s there. Turn to the Table of Contents.

[Briefly have them look at the Table of Contents. Be sure to highlight the resources section.]

Turn to the list of exercises in your Toolkit.

The list of exercises provides a brief description for each of the exercises along with the length of time the exercise should take to complete. Some of the exercises include other elements of diversity, such as gender or sexual orientation, but all of them are intended to lead the group back to a discussion of race and ethnicity. The exercises are designed to be self-led.

Take a few minutes and look this over.

[Briefly have them look at the table of exercises.]

Are there any questions about the Toolkit?
# Exercises

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Time</th>
<th>Learning Objective</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Icebreakers</td>
<td>varies</td>
<td>To encourage everyone to participate through initial conversation starters</td>
<td>7</td>
</tr>
<tr>
<td>Learning about Microaggressions</td>
<td>45 min</td>
<td>To define microaggressions, recognize their hidden meaning and learn ways to avoid committing them</td>
<td>11</td>
</tr>
<tr>
<td>Racial Autobiography</td>
<td>45 min</td>
<td>To increase awareness of our own racial experiences as well as learning from others</td>
<td>15</td>
</tr>
<tr>
<td>Race in My Life</td>
<td>45 min</td>
<td>To establish a racial context that is personal, local, and immediate (follow up to Racial Autobiography exercise)</td>
<td>19</td>
</tr>
<tr>
<td>The Courageous Conversation Compass</td>
<td>45 min</td>
<td>To think about how individuals deal with racial information, with the goal of being able to better understand where people are coming from</td>
<td>21</td>
</tr>
<tr>
<td>Understanding Privilege</td>
<td>30 min</td>
<td>To understand personal privilege and how it can be used to confront racism</td>
<td>27</td>
</tr>
<tr>
<td>Anti-Racist Bystander Intervention</td>
<td>35-40 min</td>
<td>To practice a skill; namely, to learn how to intervene when a person is harassing someone or saying racist remarks</td>
<td>31</td>
</tr>
<tr>
<td>Community Report Card</td>
<td>45 min</td>
<td>To think about whether individuals from racial and ethnic groups in our community have equal access to services</td>
<td>33</td>
</tr>
<tr>
<td>Face Test</td>
<td>25 min</td>
<td>To explore the extent to which our experiences have exposed us to racial diversity and how it may affect our perspectives</td>
<td>35</td>
</tr>
<tr>
<td>Perspective Taking</td>
<td>20-45 min</td>
<td>To better understand how our backgrounds affect our perspectives and how we relate to our neighbors and community</td>
<td>37</td>
</tr>
<tr>
<td>Becoming Aware of Our Implicit Biases (Badges)</td>
<td>20 min</td>
<td>To become aware of our implicit biases and discuss the impact on our experience of difference</td>
<td>39</td>
</tr>
<tr>
<td>Activity</td>
<td>Duration</td>
<td>Description</td>
<td>Page</td>
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<td>--------------------------------------------------</td>
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</tr>
<tr>
<td>Project Implicit</td>
<td>20 min</td>
<td>To explore our implicit biases and discuss strategies for changing them</td>
<td>41</td>
</tr>
<tr>
<td>How to Overcome Our Biases</td>
<td>30 min</td>
<td>To learn strategies for overcoming personal bias</td>
<td>43</td>
</tr>
<tr>
<td>Stand up and Declare Activity</td>
<td>25 min</td>
<td>To share information about ourselves with one another</td>
<td>45</td>
</tr>
<tr>
<td>Speed Meeting Activity</td>
<td>45 min</td>
<td>To become comfortable talking about race/ethnicity and reflect on past and present experiences</td>
<td>47</td>
</tr>
<tr>
<td>Incorporating a Racial Equity Lens When Facilitating Dialogues</td>
<td>50 min</td>
<td>To increase awareness of how racial dynamics can impact our work as dialogue facilitators, and learn how to work together more equitably as a team</td>
<td>51</td>
</tr>
</tbody>
</table>

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Transition to Exercise From the Toolkit
Exercise From the Toolkit

Time to complete: 20 minutes

Materials Needed
- Review each individual activity and prepare materials accordingly

Background
The next task is to lead the group through one of the exercises or lengthier icebreakers in the Toolkit. The facilitator should review the Toolkit before the meeting and choose an exercise that will fit in the time allotted. Since the goal of this meeting is to help participants determine whether they want to invest more time in conversation with this group, it makes sense to use an exercise that promotes more personal sharing. Most of those exercises are in the 40 to 45-minute range, so a 1 hour 45 minute meeting will give more flexibility to choose an exercise that allows for more personal sharing).

Explain
- Prior to the follow-up meeting, choose an exercise from the Toolkit.

Do/Discuss
- Facilitate an exercise from the Toolkit.

Transition to Follow-Up Group Options
Follow-Up Group Options

Time to complete: 20 minutes

Materials Needed
- Paper
- Pen or Pencil
- Volunteer to take notes

Explain

Thanks everyone for participating in the reflections and exercise.

It has been a pleasure to meet with you today/tonight/this afternoon and assist you in this first step. My role is to facilitate just this first meeting. As you decide how, or if, you will continue meeting as a group, you will need to do some planning about continuation.

Let’s start with some reasons you might want to continue to meet:

[Ask volunteer to take notes on ideas presented.]
You may want to continue to increase your knowledge about race and the intersection of race, equity and child welfare and juvenile justice, incarceration, school achievement disparities, or other issues of inequality in the community. You could meet together to discuss these topics and increase your comfort with what are called “courageous conversations” on these topics. Formats for this learning might include:

1. Self-guided learning by working through the exercises in the Toolkit. Most of the exercises are designed to lead the group through a “courageous conversation”.

2. A book group. There is a list of recommended books in the Toolkit, you may know others. The typical structure of a book group is that each month, the group chooses a new book or other reading such as an article and they have a month between meetings to read the book and come prepared to discuss it. Some book groups assign one person to lead the discussion; others are more informal.

3. Share or invite others to share information about opportunities for community activism to address disparities. A number of Iowa communities are already engaged in disproportionality or cultural equity work. The next meeting could be for the purpose of sharing information and resources about ways you can partner with existing groups in this work (include information about local Breakthrough Series Collaborative Team and/or Guiding Principles Champions, if available).

4. Organize to take action on a topic of shared concern regarding disparities. The group will need to decide on a particular mission and action goals. [Facilitator should lead a discussion about general mission and goals but not push the group to make firm decisions at this meeting – other than a commitment to meet again. Selection of a leader is premature – the group will need more time to get to know each other’s leadership style.]
5. Meet to watch a film or video together, then discuss it.

Do/Discuss

- Invite discussion of the various options.
- Discuss what other reasons/formats attendees may have for continuing to meet.
- Have a volunteer take notes during the discussion.

What other anti-racism/cultural equity/disproportionality workgroups are going on in this community that folks could get involved in? *(You may want to make a list, and allow people to briefly share information about various community groups.)*

What are ways that this group could share ideas or opportunities through social media? *(Encourage the group to communicate via a closed group on social media.)*

*[Facilitator: Depending on the racial makeup of the group, you will probably want to initiate the following discussion:]*

Glenn Singleton, an educator who wrote the book *Courageous Conversations about Race*, says that courageous conversations should include people with different racial backgrounds (people with white skin and people with black or brown skin). There are many reasons for this, but among the most important are:

- To understand the impact of race and race disparities, we must understand our own racial identities and perspective and as well as listen closely to understand the perspectives of people of color. The type of understanding that we need encompasses the head, heart, and hands – understanding the thoughts, feelings, beliefs and actions of ourselves and others.
Only then will we be able to appreciate how all races are hurt by race disparities, and be able to understand, as Dr. Martin Luther King Jr. said, “We may have all come on different ships, but we’re in the same boat now.”

- Strategies for addressing racial disparities and their impact of families must be generated collaboratively with the families and communities most closely affected. This is the heart of family-centered, strength-based, culturally-competent practice.

There is something to be said for people who see themselves as white to do work on their own to become more conscious and better allies for people of color. At the same time, how much more powerful could our conversations be if we were a more diverse group?

**Facilitator Ask:** Does this group need more diverse perspectives? If so, what could this group do to increase its diversity of racial and ethnic perspectives?

---

**Transition to Planning for the Next Meeting**
Planning for the Next Meeting

Time to complete: 5 minutes

Materials Needed
- Volunteer to take notes

Explain

- If the group is interested in meeting in the future, the facilitator should help them plan for continuation.
- Remind the group that they will be meeting without the RPI facilitator, but the exercises have been designed for self-guiding, and to help them get started, the Toolkit contains a discussion guide for planning future meetings, a sample agenda for self-guided facilitation and guidance for creating a statement of purpose.
- Direct the group to the appropriate section at the end of the Toolkit.

Do/Discuss

Since you’ve indicated that you’d like to meet again, I’m happy to facilitate a discussion of logistics.

[Have a volunteer take notes.]
1. Where will meetings be held?
2. When? Day of week/month, frequency, start and end times?
3. Can new members be invited? Do they have to have attended an RPI learning exchange?
4. Contact person for the location – in case of postponement due to bad weather or emergency.
5. Agenda for the next meeting. *(Will likely include deciding on a statement of purpose and hoped-for outcomes for group participation; point out that there is a handout in the Toolkit to help the group draft a statement of purpose if/when they are ready to do so.)*
6. Who will lead the next meeting? *(Suggest leaving the question of who will provide ongoing leadership until later – new groups benefit from some time to gel before leadership coalesces.)*
7. If the group chooses to continue using the resources in the Toolkit, review the exercises and/or list of films/movies/books and select possibilities for the next meeting. *(Note the Sample Agenda.)*
8. Make sure before you leave that one member of the group has a list of contacts (name, agency, phone numbers, and emails). Suggest that everyone who wants to continue meeting should double-check the completed sign-in sheet to make sure it has complete contact information.

Transition to Closing Reflection and Wrap Up
Facilitator Guide

Closing Reflection and Wrap Up

Time to complete: 5 minutes

Materials Needed
- Participant feedback form
- Pens or pencils

Do/Discuss
- Thank everyone for coming and sharing.

- Invite any closing thoughts from the group. For example:
  - What did you enjoy most about this meeting?
  - What one word best describes a thought or feeling you had during this meeting?

- Whether or not the group continues, commend them on their commitment to continue courageous conversations about race.

- Encourage them to use their Toolkit.

- Have participants complete feedback forms.

- Make sure someone in the group has a copy of the sign-in sheet.
  **Facilitator:** Take a photo of the completed sign-in sheet and send to the Program Coordinator.
<table>
<thead>
<tr>
<th>Name</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Email to Reach Me</td>
<td></td>
</tr>
</tbody>
</table>
15 Guiding Principles
Champions’ Presentation Guide

Purpose of this Guide

This guide is to provide structure and a consistent message in sharing the work being done by the Cultural Equity Alliance (CEA) in addressing disproportionality and disparate outcomes in Iowa. In addition, the guide assists in educating and sharing the value of integrating the 15 Guiding Principles in practice and policy within your own work/agency when working with families from various cultures and ethnicities that are involved in child welfare across the state of Iowa.

The CEA recognizes this work with families cannot be accomplished by working independently or in isolation. To accomplish the goal of promoting healthy and safe families within our diverse communities, we must work better together within our service area, regions and state.

For this reason, the essential message shared with state agencies, providers and other community stakeholders must be consistent and reflect the core ideals of the 15 Guiding Principles. Ultimately, our vision is to strengthen our capacity to provide more culturally competent services to children and families within the state of Iowa. In addition, it is important to share successful interventions and collaborate with others using a diversity lens.

Guide Structure

The guide is used as a tool to assist and support Champions in their dialogue with attendees. As a Champion, your role is to ensure that all participants receive the key elements of this presentation with minimal variation. This commitment to the message ensures all attendees will have access to the same information and the ability to share it with others.

As expansion and change in Champions occurs, maintaining consistency in the presentation ensures that the message will continue to move forward.
The Presentation

Introduction

Historical Overview of Committee and the Goal of the Presentation

a. Cultural Equity Alliance (CEA) Summary - How did it start?
   - Direct participants to Cultural Equity Alliance Steering Committee
     handout-DO NOT READ HANDOUT, just paraphrase the first 3 paragraphs for the group.

b. A focus on the importance of partnerships
   - The CEA identified the need to work collaboratively and to ensure equity of services for children and families of color within the region.

Role and Goal of Champions

a. Share the Guiding Principles and definitions
   - Reference the DHS logo handout containing the Guiding Principles.
   - Reference the notes in parentheses after each of the Guiding Principles.

b. Assist participants in sharing known activities that work with families from diverse ethnicities and cultures
   - Ask participants to share activities they are engaged in that correspond with the Guiding Principles.

c. Outline the accomplishments of the Cultural Equity Alliance Committee to date
   - Reference the Cultural Equity Alliance Steering Committee handout again - specifically the bulleted information after the first 3 paragraphs referenced earlier.
PowerPoint Presentation

Show the 15 Guiding Principles PowerPoint

- Notes are included in the slide presentation.

- If you choose to print this out for participant handouts, please print data slide pages in color for easy reading.

- Share data specific to service area or county. This information may be obtained by contacting the Breakthrough Series Collaborative (BSC) in your service area or Jesse Renny-Byfield at DHS jrennyb@dhs.state.ia.us.

Group Discussion (Suggestion: Ask someone to capture notes for this portion)

a. Participants discuss cultural communities present within the area:
   - Ask participants what the demographics are for their areas, discuss diversity (i.e. race, ethnicity, culture, age, rural vs urban, etc.).

b. Identify relevant services that are occurring within the area for the populations served:
   - Ask participants what services are currently being offered for diverse populations.

c. Explore how the guiding principles support/reflect/align with services being offered and/or how the provider/agency is working on aspects of the guiding principles.
   - Ask participants to review the DHS logo Guiding Principles handout and talk about what things in this document are part of their provider/agency practice.

d. Discuss what is needed to move the discussion and services to the next level:
   - Ask participants what would foster growth in serving diverse populations.
e. Share ideas from other areas you may have heard at a BSC Learning Session:
   
   ➢ *Ask* participants for feedback on these ideas.

The Ask!

a. How can participant/participant’s agency make a difference?

   ➢ *Suggest* adoption/integration of the guiding principles within their practice.

   ➢ *Suggest* being open to reviewing policies and practices to ensure families from diverse cultures or ethnicities are not unintentionally negatively impacted by policies and/or practices.

b. What’s next for participant?

   ➢ *Ask* participants how they can utilize today’s information for incorporation by next Tuesday

   ➢ *Ask* participants if they’re willing to display and share laminated copies of the Guiding Principles

Champion Availability - offer to be available to speak to other groups; provide your contact information

NOTE: To access area-specific data, contact Jesse Renny-Byfield
jrennyb@dhs.state.ia.us

For additional laminated copies of Guiding Principles, contact Shelby
szirbel@iastate.edu
Continuing Courageous Conversations Toolkit

8/8/2017
Acknowledgments

Funded by:
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Developed by:
Lisa D’Aunno, JD
Michelle Heinz, MSW graduate student
The National Resource Center for Family Centered Practice
University of Iowa School of Social Work

With additional contributions by:

Erin Kramer, M Ed
Iowa State University Child Welfare Research and Training Project

Sandy Lint, LMSW
Iowa Department of Human Services

Special thanks to Jolene Holden, Sue Strever, the Race: The Power of an Illusion (RPI) facilitators, and the Cultural Equity Alliance members. Their knowledge and guidance was invaluable during the development of this Toolkit.
Human conversation is the most ancient and easiest way to cultivate the conditions for change – personal change, community and organizational change, planetary change. If we can sit together and talk about what’s important to us, we begin to come alive. We share what we see, what we feel, and we listen to what others see and feel.

- Margaret Wheatley (2002)
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Introductory Materials

About the Toolkit

The purpose of the *Continuing Courageous Conversations* Toolkit is to provide support and tools for participants to take one or more “next steps” after the *Race: The Power of an Illusion* (RPI) learning exchange.

The primary learning objective of the RPI learning exchange is to build organizational capacity to engage in ongoing “courageous conversations” about the intersections of race, equity and child welfare by:

1) Introducing key data, foundational concepts, frameworks and definitions  
2) Increasing knowledge about the development of the social construct of race and how public policy has resulted in vastly unequal opportunities and disparities based on skin color  
3) Increasing awareness about racial and ethnic disparities in the child welfare and juvenile justice systems  
4) Introducing the concept of courageous conversations about race  
5) Increasing participants’ comfort level in engaging in courageous conversations  
6) Encouraging participants to commit to take some additional action following the learning exchange

The Toolkit is intended to be introduced at the RPI follow up meeting to reinforce the learning, comfort level and commitment made at the learning exchange. In addition, participants should feel free to use the tools provided in any community setting where others are willing to engage in courageous conversations about race.

The Toolkit contains a number of group exercises designed to guide participants through a courageous conversation that can occur within a 20- to 45-minute time frame. The table of exercises on pages 5-6 spells out the objective, time frame, and cultural competence goal of each exercise. A few of the exercises call for a volunteer facilitator and some advance preparation; most do not. The exercises were selected from a variety of sources (see references) and adapted for ease of use without a trained facilitator.

The Toolkit has an optional meeting format that can be followed by a volunteer facilitator (see pages 61-62).
The Toolkit also contains descriptions and links to other resources for courageous conversations about race, including books, videos and movies and accompanying discussion guides (see pages 57-59).

Conversations about race may raise feelings of indifference, guilt, shame, and mistrust. These feelings are valid and expected, but they often result in avoiding important discussions that must occur before race inequity can be addressed.

The Ground Rules for *Continuing Courageous Conversations* are very important to review prior to engaging in any exercise in the Toolkit. The group is encouraged to read the ground rules aloud and to ask for each person’s verbal agreement to abide by them. It is also a good idea to see if the group wishes to suggest any additional ground rules.
Ground Rules for *Continuing Courageous Conversations*

*Read aloud:*

Courageous conversations are dialogues in which participants commit to engage each other with honesty, open-mindedness, and vulnerability; to listen deeply to better understand each other’s perspective; and to “sustain the conversation when it gets uncomfortable or diverted”\(^2\). The goal of Ground Rules for *Continuing Courageous Conversations* is to be able to have a conversation about race without excessive fear of being labeled racist, biased or bigoted, to avoid blaming or being blamed, and to avoid discounting or invalidating the experiences and feelings of others.

To that end, we agree to follow these ground rules:

**Stay Engaged**

- Give yourself permission to focus fully on the conversation topic or exercise at hand.
- Please silence your cell phone.
- Share a story, state your opinion, ask a question—risk and grow!

**Speak Your Truth**

- Value everyone’s thoughts.
- Start by assuming good intentions.
- Speak from your own experience and use “I” statements, as in “I think”, “I feel”, “I believe”, or “I want”.\(^3\)
- It’s important that we create a safe environment where everyone is free to speak openly.
- Keep in mind that people are in different places in this work. In order for us to grow, people need to be able to share thoughts in a way that’s comfortable for them.
- Be aware of non-verbal communication.
- Before speaking, think about what you want others to know. How can they best hear you?
- Mistakes are part of success. Don’t be overly cautious about being politically correct – this is a learning process.
- Disagree respectfully.

**Listen for Understanding**

- Listen without thinking about how you are going to respond.
- Try to understand where another person is coming from as best you can.
- Be careful not to compare your experiences with another person’s. This often invalidates or minimizes a person’s experiences.
- If someone is pointing out how what you said left them feeling, try not to explain or rationalize what you said or why you said it. Sometimes positive intent is not enough. Sometimes it’s necessary to just say, “I didn’t realize what I said was inappropriate...or hurt you in that way, I’m sorry,” etc.
- Be comfortable with being uncomfortable.
Honor Confidentiality
• What is shared here, stays here.

Expect and Accept Non-closure
• Engaging in race conversations is ongoing work that does not necessarily leave a person walking away feeling everything turned out the way they hoped. Accept that much of this is about changing yourself, not others.

Responsibility to Each Other and to the Courageous Conversation Process
• Group members will encourage each other to follow the ground rules.

Additional Ground Rules Agreed to by the Group (optional)
• Participants are invited to propose additional ground rules for courageous conversations. The group may wish to discuss before deciding whether they agree to abide by additional ground rules. If so, the additional ground rules should be written out for everyone to see.


3 “I” statements allow the speaker to express their feelings without blaming someone or inferring the intent of someone else. The formula for an “I” statement or message is: I feel __________________________ when __________________ happens because __________________.
## Exercises

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<th>Learning Objective</th>
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<td>varies</td>
<td>To encourage everyone to participate through initial conversation starters</td>
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<td>Learning about Microaggressions</td>
<td>45 min</td>
<td>To define microaggressions, recognize their hidden meaning and learn ways to avoid committing them</td>
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<tr>
<td>Racial Autobiography</td>
<td>45 min</td>
<td>To increase awareness of our own racial experiences as well as learning from others</td>
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<tr>
<td>Race in My Life</td>
<td>45 min</td>
<td>To establish a racial context that is personal, local, and immediate (follow up to Racial Autobiography exercise)</td>
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<tr>
<td>The Courageous Conversation Compass</td>
<td>45 min</td>
<td>To think about how individuals deal with racial information, with the goal of being able to better understand where people are coming from</td>
<td>21</td>
</tr>
<tr>
<td>Understanding Privilege</td>
<td>30 min</td>
<td>To understand personal privilege and how it can be used to confront racism</td>
<td>27</td>
</tr>
<tr>
<td>Anti-Racist Bystander Intervention</td>
<td>35-40 min</td>
<td>To practice a skill; namely, to learn how to intervene when a person is harassing someone or saying racist remarks</td>
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<tr>
<td>Community Report Card</td>
<td>45 min</td>
<td>To think about whether individuals from racial and ethnic groups in our community have equal access to services</td>
<td>33</td>
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<tr>
<td>Face Test</td>
<td>25 min</td>
<td>To explore the extent to which our experiences have exposed us to racial diversity and how it may affect our perspectives</td>
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</tr>
<tr>
<td>Perspective Taking</td>
<td>20-45 min</td>
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<tr>
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<tr>
<td>Activity</td>
<td>Duration</td>
<td>Description</td>
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<tr>
<td>--------------------------------------------------------</td>
<td>----------</td>
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</tr>
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<td>To explore our implicit biases and discuss strategies for changing them</td>
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<td>30 min</td>
<td>To learn strategies for overcoming personal bias</td>
<td>43</td>
</tr>
<tr>
<td>Stand up and Declare Activity</td>
<td>25 min</td>
<td>To share information about ourselves with one another</td>
<td>45</td>
</tr>
<tr>
<td>Speed Meeting Activity</td>
<td>45 min</td>
<td>To become comfortable talking about race/ethnicity and reflect on past and present experiences</td>
<td>47</td>
</tr>
<tr>
<td>Incorporating a Racial Equity Lens When Facilitating Dialogues</td>
<td>50 min</td>
<td>To increase awareness of how racial dynamics can impact our work as dialogue facilitators, and learn how to work together more equitably as a team</td>
<td>51</td>
</tr>
</tbody>
</table>
Ice Breakers

The following list of ice breakers and exercises can be used at the start of meetings as a “warm up” to get everyone talking at the beginning of the meeting before more difficult conversations are introduced.

1. **Culturally Decorate Your Name Tag**: Decorate your name tag in a way that you identify culturally. Culture is defined in any way you want to define it. Once name tags are decorated, participants will show their name tag and share why they decorated it in that manner.

2. **What’s in a name?** Each person takes a turn introducing themselves, where they are from, and says something about the origin of their name, for example its meaning or significance. Are there any cultural reasons why their parents chose those names?

3. **Cultural Introduction**: Pair up with someone you do not know, or know very little, and introduce yourself to that person. This is going to be different than your normal introduction. Please introduce yourself in a “cultural manner.” Define culture in the broadest context. It may mean describing who you are by ethnicity, race, language, family, spiritual beliefs, religious affiliation, generation, sexual identity, birth order, or any self-identifying manner. There are two rules: Please do not share what you do professionally, your job, position, degrees or title, and do not ask any questions of the other person. Listen only, while the other person is speaking. Then switch to allow the other person to introduce themselves. Spend 2-3 minutes each.

   **Then discuss:** How did it feel to:
   - Introduce yourself without describing what you do?
   - Listen without asking questions?

4. What would you most like to be remembered for when you are reminiscing about your life in your old age?

5. What aspect of your personality adds the most value to the world?

6. If you could choose any one person, living or dead, whom would you most want to emulate? Share why.

7. **Small Group Things in Common**
   - Procedures: Break into groups of 3-10, (depending on group size), and as a group come up with as many things you, as a group, have in common that you cannot see (e.g. not clothes or hair). Each group has two minutes to come up with as many things as they can. At the end of two minutes, have each group share their lists. You can do this for two or three rounds with a different group pairing each time.
   - Debrief/Reflection: Ask individuals “What was one thing you had in common with someone in the group that surprised you?” Ask the groups to share what they think is their most unique or interesting commonality.
8.  **7 Circles**
   - Procedures: Draw a medium-sized circle in the center of a piece of paper. Around that circle, draw seven smaller circles connected to the larger circle. Write your name in the center circle. In the smaller circles, write the names of seven groups with which you identify (examples: gender, nationality/ethnicity, religious affiliation, political stance, geographic ties, family role etc.)
   - Debrief: Ask individuals to get in small groups and answer the following questions:
     - Talk about a time when you felt proud to be a member of a certain group.
     - When did it feel painful to be a member of a certain group?

9. **Thumball Activities** *(These conversation starters are a little bit more intense and would be best used after a review of the Ground Rules for Continuing Courageous Conversations):*
   - Share a situation when you were in the minority.
   - Describe a time you witnessed discrimination.
   - How do your thoughts about diversity differ from your parents?
   - Where do you see prejudice?
   - How can we promote acceptance of differences?
   - How might you personally combat discrimination?
   - What are the benefits of diversity?

10. **Cultural Scavenger Hunt**
    - This is an interactive exercise that allows participants an opportunity to get to know each other from a cultural vantage point. This exercise illustrates the cultural dynamics and experiences individuals bring to the group setting. Individuals or teams are given the Scavenger Hunt List. They then circulate around the designated space to obtain initials of people who match a description on the list. Any individual can initial another person’s sheet only once (see next page).

---


*5Source: Thoughtful Team Builder Questions to Use as Ice Breakers*


*7Source: Diversity Thumball*

Cultural Scavenger Hunt

DIRECTIONS: Circulate around the room and find people who fit the description on your list. When a person fits a particular description, ask them to initial your sheet. Any individual can initial another person’s sheet only once. You can add your own items.

1. ____________ Knows a folk dance or line dance.
2. ____________ Has American Indian/Alaskan Native ancestry.
3. ____________ Has attended a religious service of a religion other than their own.
4. ____________ Has attended a Kwanzaa celebration, or knows what Kwanzaa is.
5. ____________ Has visited another continent.
6. ____________ Plays a musical instrument or is a vocalist.
7. ____________ Has used crutches, a wheelchair, a cane, or has worn a cast on a limb.
8. ____________ Is bilingual, or has relatives who speak a language other than English.
9. ____________ Knows some American sign language.
10. ___________ Has studied a foreign language.
11. ___________ Lived in another country part of his/her life.
12. ___________ Is of mixed race or ethnicity.
13. ___________ Is an animal lover and has had more than one pet.
14. ___________ Grew up in a poor or low-income community.
15. ___________ Has a member of their family with a mental health condition.

Suggestions for processing/debriefing the Cultural Scavenger Hunt

- What are people’s thoughts about the exercise?
- How many were comfortable? How many were uncomfortable? Why/why not?
- Did anyone have preconceived thoughts that were confirmed or debunked?
- Did you learn something new about someone?
Exercises

Learning about Microaggressions

Time to complete this lesson: 45 minutes

Learning Objective: To define microaggressions, recognize their hidden meaning and learn ways to avoid committing them

Set-Up

- Materials needed: copies of Microaggressions Worksheet, notebook/paper
- Need one volunteer to watch time and ask group to move on to the next section when needed
- For read aloud sections, group can decide if they want to read aloud or independently

Part 1:

Read aloud: What are microaggressions? Microaggressions are brief, every day, verbal, behavioral and environmental exchanges, both unintentional and intentional, that send disparaging messages to individuals based on their group membership. Microaggressions can have a serious impact and should not be dismissed because of their brief or often unintentional nature. Researchers have linked continuous exposure of microaggressions to depression, anxiety-related symptoms, diminished psychological well-being and physical health.9

Behavioral examples of microaggressions and possible hidden meanings behind them are:

- A white person grabs their purse or wallet as an African American or Latino approaches them. (This is an assumption of criminality.)
- A white individual waits to ride the next elevator when a person of color is on it. (This is also an assumption of criminality.)
- Mistaking a person of color as a service worker (Treating an individual as a second class citizen)

Verbal examples and possible hidden meanings are:

- “You are so articulate.” (Believing people of color are less intelligent than whites)
- “I don’t see color.” (I don’t want to acknowledge race)
- “You speak great English.” (Assuming someone is foreign born)
- “I’m not racist. I have several black friends.” (Denial of any individual racism – because I have friends of color I can’t be racist)
Discuss: (15 minutes)
One member of the group will read each bullet and then the group will discuss:

• Have you experienced microaggressions? How did it make you feel?
• Some feel that since microaggressions can be unintentional, that people should just “let it go” or not dwell on them when they occur. Do you agree with that? Why or why not?

Exercise: (5 minutes)
One member reads the instructions aloud, then all members do the Microaggressions Worksheet\(^9\).

Instructions: On your worksheet, draw a line connecting the statements in the first column to the possible interpretations in the second column. There may be multiple possible interpretations for each statement. Think about how these statements can be interpreted as disparaging remarks.

Discuss: (10 minutes)

• How did it feel to connect the statements to the possible interpretations?
• Did this exercise make you aware of any microaggressions you may have committed? If so, how does it feel?

Read aloud: It is important to acknowledge that everyone has committed or experienced microaggressions. Part of eliminating microaggressions from a normative place in our society is learning to recognize them and also admitting if you are guilty of using one. If you commit a microaggression and someone calls you on it, stop and listen to that individual. Do not dismiss someone when they feel a microaggression has occurred. Try and avoid becoming defensive. Instead, be open to discussing and clarifying the matter. Afterward, acknowledge your own cultural conditioning and biases which may have contributed to your actions and think about how to challenge those personal biases.

\(^9\) Source: Sue (2010) *Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation*

\(^{10}\) Source: Breaking the Habit: Microaggressions exercise: [http://breakingprejudice.org/assets/AHAA/Activities/Microaggression%20Activity/Instructions.pdf](http://breakingprejudice.org/assets/AHAA/Activities/Microaggression%20Activity/Instructions.pdf)
Part 2:

Exercise: (5 minutes)

One member reads the instructions aloud

Think of a microaggression you have personally committed, received, or heard. How could it be communicated without the microaggression? For example: “How long have you lived in this country?” suggests an incorrect assumption that the person is a foreigner. Instead you could ask “How long have you lived in this city?” Try rewriting the microaggression. After writing the microaggression, share it with the person next to you.

Discuss: (5 minutes)

• Was it difficult or easy to rewrite the statement?
• Have you been called out on committing a microaggression? How could you have rephrased it?
Microaggressions Worksheet

Draw one or more lines connecting the statements in the first column to the possible interpretations in the second column. There may be multiple possible interpretations for each statement. Think about how these statements can be interpreted as disparaging remarks.

<table>
<thead>
<tr>
<th>Column A: Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Don’t be such a sissy.”</td>
</tr>
<tr>
<td>“Of course you have a bad relationship with your parents. You’re gay.”</td>
</tr>
<tr>
<td>“You speak English very well.”</td>
</tr>
<tr>
<td>“America is a melting pot.”</td>
</tr>
<tr>
<td>“I don’t see color.”</td>
</tr>
<tr>
<td>“I have Black friends, so what. I say isn’t offensive.”</td>
</tr>
<tr>
<td>“Everyone knows Blacks are more likely to shoplift.”</td>
</tr>
<tr>
<td>[A professor asks a Latina student in front of a class] “What do Latinas think about this situation?”</td>
</tr>
<tr>
<td>“That’s retarded.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column B: Possible Interpretations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feminine traits are undesirable.</td>
</tr>
<tr>
<td>People with disabilities are less important, likeable or competent.</td>
</tr>
<tr>
<td>You don’t belong.</td>
</tr>
<tr>
<td>Being gay is unacceptable.</td>
</tr>
<tr>
<td>Your sexual orientation is your most important characteristic.</td>
</tr>
<tr>
<td>You are not man enough.</td>
</tr>
<tr>
<td>Your culture is your most defining feature.</td>
</tr>
<tr>
<td>People of your background are unintelligent.</td>
</tr>
<tr>
<td>You look like a criminal.</td>
</tr>
<tr>
<td>I see you as your skin color only.</td>
</tr>
<tr>
<td>You are not American.</td>
</tr>
</tbody>
</table>

Follow up:
For tips on how to interrupt and respond to microaggressions read:
Exploring our Racial Consciousness:
Racial Autobiography

Time to complete this lesson: 45 minutes

Learning Objective: To increase awareness of our own racial experiences as well as learn from others

Set-Up: Need one volunteer to watch time and ask group to move on to the next section when needed

Read aloud: Many of us, whether we are White, of color, or indigenous, are inhibited when conversing about race and racial issues. This is due in part to limited awareness of our own racial experience and the experience of others who have different racial backgrounds and perspectives. (Singleton, 2015). In this exercise, the group will read and discuss two racial autobiographies written by Andrea Johnson and Melissa Krull. The group can decide if they want to read them out loud, or on their own. While reading through these, pay attention to when the authors become aware of their race, and how they describe their racial experiences. After reading, we will discuss the pieces, as well as our own personal experiences.

Andrea Johnson’s Racial Autobiography:

I am a proud Sista girl from Detroit. I was born and raised in one of the many middle-class neighborhoods of northwest Detroit. Mine was a staunch, White Catholic community in the 1940s and early 1950s and then became a largely White Jewish community in the late 1950s and early 1960s. By 1965, redlining waned, and Black families like mine peppered each block, one or two families at a time. Our home was a beautiful three-bedroom brick Tudor with a fireplace, a breakfast nook, and a screened back porch. In Detroit, in a pattern that differed from that of many cities across the country, when the Black folks moved in, the White people did not move out — at least not right away. Throughout most of my formative years, I lived in a real integrated neighborhood.

The Black middle class was alive and well throughout my youth. We had a Black mayor, Black accountants, Black doctors, and Black lawyers. The superintendent of schools was Black, as were many of the school board members, police officers, and a growing number of fire fighters. The people who worked on the assembly lines in the auto factories made a middle-class wage and lived right beside us in beautiful single-family brick homes with a backyard and a two-car garage. Everyone in my peer group was college bound, and most of our friends’ parents had gone to college.

Our elementary school had a Black principal and both Black and White teachers. One of my teachers, Catherine Blackwell, had a profound impact on me during those formative years. Mrs. Blackwell was Black. She travelled frequently to various countries in West Africa and brought back
artifacts to share with her students. Some students, Black and White, including me, would wrap her brilliant fabrics on our bodies and heads in traditional style and learn African dance, while others of us played rhythms on her authentic African drums. Mrs. Blackwell had all of us memorize and recite the poetry of Langston Hughes, Margaret Walker, and other Black poets as well as the poems of White poets such as Robert Frost and T.S. Eliot. She taught us about American jazz and European classical music. We listened to and had to identify “great” composers like Coltrane, Ellington, and Miles Davis as well as Mozart, Haydn, and Tchaikovsky.

Each time I have reached into my memory in an effort to recall my first experiences with racism, my recollections have gone deeper into my younger self. At first, I dusted off an incident from my early 30s. I accepted this memory as a “first,” because it was the first time I’d lived in a predominantly White community in a white-collar suburb of Detroit. I was followed by the police while driving our very suburban-looking minivan to the bank. As I pulled into the parking lot, a second police car arrived as “reinforcement,” and I was given a ticket, because although my driver’s license had an expiration month of September (and it was September 9th), my actual birth date was the 4th, and therefore the officers determined that I was driving with an expired license. The officers also questioned me about how long I had lived “way out here” and wanted to know what I did for a living. The traffic stop, the reinforcements, the charges on the ticket, and the questioning were all pretty bogus. As a Black woman who’d lived most of her life as a member of the “majority race” in Detroit, I had never experienced such racism before – or maybe I had.

Next I remembered experiencing racism as a 13 year-old when a White ballet teacher told me that my body wasn’t “suited” for classical ballet. As humiliating as that was for me, the memory allowed me to begin delving further into my psyche to explore the deeper nuances of the ways in which race and racism have impacted my life. I’d always accepted the narratives of my family that positioned us as property owners, thus able to leverage accumulated wealth, buy our way into the middle class, and acquire education and additional property.

My parents met as college students at Wayne State University in Detroit. Both of them came from families who had financial means. My dad’s family owned farmland and businesses in a little town near Tallassee, Alabama. Education was very important to the family, and my grandmother, the lightest complexioned of her siblings, was sent to boarding school, where she completed the 10th grade in 1925. My mom’s family owned land in Warrenton, Georgia. Her parents moved to Detroit in 1924 and bought a four-bedroom home with an indoor toilet on the city’s near west side. Eventually they had a two-bedroom addition built onto the house, and during some rough times, they rented out one of the additional rooms for extra income. As impactful as this narrative is, it doesn’t explain the price that was paid for this entry into the “greater society.” Each time I would ask my grandparents to tell me about the generations that came before them, they would say “we don’t talk about that.”

Recently my aunt (the family matriarch) passed away. My mother handed me a binder that held the key to the missing annals of our family’s story. There were primary source documents in the binder: pictures, letters, deeds, and other artifacts that connected our family to the white slave masters who owned them. I learned about my great-great-grandmother, Nancy Roberts, who was a blind cook on the Roberts family plantation. Mr. Roberts frequently raped her, resulting in the birth of
my mixed-race, fair skinned great-grandmother Annie. According to the documents, Mr. Roberts left a parcel of land to Nancy and Annie when he died. This began a legacy of landownership in our family. This also illustrates the legacy of racism in our family, a legacy composed of truths that were held as secrets, interracial racism that comes with light skin and light eyes, shame passed on to my grandparents, and a price paid for our progeny to prosper. My memories are forever changed as I honor and share this painful reality, so the next generation will not be shackled by it. Today, I ponder which of these stories am I sharing and which secrets am I, perhaps unconsciously, withholding from my three children, my nieces and nephews, and other family members of the millennial generation.

Melissa Krull’s Racial Autobiography:

As a white child growing up on the lower west side of St. Paul, Minnesota, I have vivid memories of life within a family of seven. For some of these early years, we lived in one half of the duplex my parents owned along with my grandmother. When I was really young, mom stayed at home with the kids and dad worked long hours in real estate. Money was never abundant, but somehow we all got what we needed. Our community would best be described as middle to low income. Our neighbors and school friends were largely white and Latino. We lived in an integrated neighborhood, and no one really had much in terms of money. Large families were common, and living among our friends of color seemed natural to me.

From first grade through eighth grade, I attended St. Matthew’s Catholic School. We were a practicing Catholic family. We attended church on Sundays and once during the week at school. I remember having to wear a doily on my head when attending church and having to bring my prayer book. We wore uniforms, went to confession, said the rosary, and walked through the Stations of the Cross. Our teachers were nuns, and our school leader was the monsignor, who was a holy, staunch, and robust man of Catholic faith. All of these school leaders were White in spite of the fact that we were a diverse neighborhood and school.

I have memories of socioeconomic differences among us and of our racial differences, but they were not enough to cause me to think much about race. The racial slurs that were bantered about by White kids and by our classmates of color were commonplace. We affectionately and playfully accepted the use of racially derogative nicknames for our friends of color. Kids of color seemed fully immersed in the school culture with us – well-liked and included, so we thought.

Many of us moved on to the Catholic high school together. I don’t remember thinking about another option, and yet there was a public school near our home. My siblings had gone to the Catholic high school, and I knew that I would follow that path. Going to a public school was not really a consideration. I had no teachers of color, only Christian brothers and sisters and lay teachers. All White. As a high school student, I lived, learned, and socialized with more White students and fewer students of color. My racial identity, then, was something that I was less than conscious of through my 12 years of schooling. While my Catholic upbringing became the lens through which my life decisions and actions were framed, the fact that there was an absence of racial understanding through those formative years is now disappointing and disturbing. Today I understand the lasting and injurious effects of a moral compass devoid of racial justice.
Discuss: (20 minutes)

- What are your reactions to the readings?
- How are Andrea Johnson’s and Melissa Krull’s early experiences of race similar to yours? How are they different?
- At what age and under what circumstances do you remember becoming aware of your race? What were your feelings about this discovery?

Optional Take Home Exercise:

Start your own personal racial autobiographies:

- Similar to the authors you read, go home and work on your own racial autobiography. At what age and under what circumstances do you remember becoming aware of your own race? (Note: be sure to focus on your experience of your own race, as well as others’ race). What were your feelings about this discovery? What were your thoughts? Beliefs? Emotions? Actions?
- As a group, you can share your racial autobiographies in another meeting, or choose to keep them private.

Exploring our Racial Consciousness – Race in My Life

Time to complete this lesson: 45 minutes

Learning Objective: To establish a racial context that is personal, local, and immediate

Set-Up: Participants should go through the exercise Exploring our Racial Consciousness: Racial Autobiography before this exercise

Discuss: (5 minutes)

- Why is it important to address race personally and individually before trying to understand it at a group or societal level?

Exercise: (15 minutes)

- Individually, write down: how much, on a scale of 0-100%, is your life impacted by race?
- Now, divide into small groups of 4-5 people, mixing races if possible. In groups, share your percentages with each other and discuss the following questions:
  - What are our highest and lowest percentages?
  - What are the reasons for discrepancies and similarities in our percentages?
- After discussion, return to the larger group.

Read aloud: The percentage we entered represents our racial consciousness. Another way to think about it is that the difference between our percentage and 100% is our racial unconsciousness. Racial unconsciousness is the extent to which “I don’t know what I don’t know” in terms of how race impacts us. The work we need to do is represented by that difference. Now, let’s go deeper into the conversation by discussing the various ways that race impacts us.

Discuss: (20 minutes)

- How does my race impact my life emotionally?
- How does my race impact my life relationally?
- How does my race impact my life intellectually?
- How does my race impact my life morally (my beliefs/what I see as right and wrong)?
**Read aloud:** In his book *Courageous Conversations about Race: A Field Guide for Achieving Equity in Schools*, Glenn Singleton says that both he and his first edition co-author Curtis Linton “have led intensely racialized lives that we needed to analyze critically prior to understanding each other.” Having done this work (though Glenn began his much earlier in life than Curtis), both were “led...to a far greater understanding of and empathy for how race impacts our respective lives” and they gained better insight into how to work with others.

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The **Courageous Conversation Compass**

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**Time to complete this lesson:** 45 minutes

**Learning Objective:** To think about how individuals deal with racial information, with the goal of being able to better understand where people are coming from

**Set-Up:**
- Materials needed: *Courageous Conversation Compass Worksheet*
- Need one volunteer to watch time and ask the group to move on to the next section when needed

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**Exercise:** (5 minutes)

*Have one group member read the instructions aloud:*

The worksheet has a series of topics followed by space to write. To begin, write a personal reflection for each of the topics on your worksheet. Write one to two sentences for each. Only write your personal reflection, we will discuss the other sections later.

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Courageous Conversation Compass Worksheet

Affirmative Action
My Personal Reflection:

My Personal Location on the Compass:

Multiple Perspective(s) From Others:

NFL Player Colin Kaepernick’s protest during the National Anthem
My Personal Reflection:

My Personal Location on the Compass:

Multiple Perspective(s) From Others:

The Death of Trayvon Martin
My Personal Reflection:

My Personal Location on the Compass:

Multiple Perspective(s) From Others:
**Read aloud:** The *Courageous Conversation Compass* was developed by Glenn Singleton as a “personal navigational tool” to guide participants through courageous conversations. The compass identifies four primary ways that people deal with racial information, events and issues: emotional, intellectual, moral and relational. Using the Compass during courageous conversations helps us identify our and others’ starting points, with the goal of being able to move to the center of the compass for a more empathetic understanding of each other.

*Courageous Conversation Compass*

*from Courageous Conversations about Race by Glenn E. Singleton and Curtis Union, Corwin Press, 2006*

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**Emotionally,** we respond to information through *feelings,* when a racial issue strikes us at a physical level and causes an internal sensation such as anger, sadness, joy or embarrassment.

**Intellectually,** our primary response to a racial issue or information may be characterized by personal disconnect with the subject or a steadfast search for more information or data. Our intellectual response is often verbal and based on our best *thinking.*

**Morally,** we respond from a deep-seated belief that relates to the racial information or event. This *belief* has to do with the rightness or wrongness of a given racial issue. The justifications for one’s moral views are often situated in the “gut” and may not be verbally articulated.

**Socially,** we connect and respond to racial information through our *acting* or what is most often characterized as specific behaviors or actions. (Singleton pages 29-30)
Exercise: (10 minutes)

Have one group member read the next set of instructions out loud.

Next we will be identifying where each of the reflections we wrote are located on the compass (such as moral, emotional, intellectual or social). For example: for the topic Affirmative Action, someone’s reflection could be: “Affirmative Action is good because it corrects inequalities.” This reflection would be located in the Moral (believing) section of the compass because it focuses on the rightness or wrongness of a given racial issue. Some reflections can be located in two areas on the compass, such as being between a moral (believing) and emotional response. If the topic was not familiar to you, did recognizing this lack of awareness trigger any response on the compass?

Step 1: Have one person in the group volunteer to read one of their statements, and as a group work together to identify where on the compass it might be.

Step 2: After going through one example as a group, on your worksheet, take a look at your reflections. Write down where you identify on the compass (such as moral, emotional, intellectual or social) for each of your reflections.

Exercise: (10 minutes)

Form small groups with other participants and listen to others reflections to these subjects.

When sharing, first state where your reflection is located on the compass, and then share your reflection. It is important that there should be no discussion or debate after hearing another’s opinion – this is meant only as an exercise in listening to and hearing different points of view.

Discuss: (5 minutes)

Group comes back together and reflects on the experience.

- Could you find people whose opinions were positioned differently on the compass?
- Was it difficult to listen to the multiple perspectives without commenting?

Read aloud: Conversations about race often end unfavorably because people struggle to locate themselves or understand the many places others are positioned around a particular racial issue. For example, a White person may speak from an intellectual place when arguing against Affirmative Action, whereas a Brown person may try to convey emotionally how such a policy provided a much needed personal opportunity to attend college. Without understanding how others are positioned, participants in this dialogue would walk away frustrated, believing others had little understanding of or respect for their perspective.
Discuss: (10 minutes)

- Can you imagine how a person who approaches a conversation on a deep feeling level might react if the listener responds quickly with an intellectual perspective?
- How do you think where you fall on the compass shapes the way you listen and engage with others?

Read aloud: “By using the Courageous Conversation Compass, [we] can transform predictable land mines of interracial dialogue about race into fertile grounds for understanding and healing. ...The most transformative conversations occur in the center of the compass where all four positions converge. ...Like the pivot point on a navigational compass, the center ... is the position from which we can understand and articulate four distinct viewpoints of a racial issue. In moving toward the center on any given issue, a person’s awareness of a topic will change. By exploring their own racial ideas and those of others, participants achieve a deeper understanding or race and racialized problems, ... [and] an acceptance and respect for each other’s positions, even when they differ.” Singleton (2016).
Understanding Privilege

Time to complete this lesson: 30 minutes

Learning Objective: To understand personal privilege and how it can be used to confront racism

Set-Up:

- Materials needed: For part 2: equipment for watching a video – computer/projector/speakers or SmartTV
- Need one volunteer to watch time, and ask group to move on to the next section when needed

Read aloud: Privilege is a key element in perpetuating oppressive systems. According to Webster’s Dictionary, privilege is “a right, favor, or immunity, granted to one individual or group and withheld from another.” By having an oppressor exercising privilege that favors one over the other and not questioning the system or being invested in dismantling it, oppressive systems are maintained.

We are going to spend some time examining the privileges we hold. Sometimes we only look at areas that we are oppressed – wanting to focus on others’ power and responsibility to change the dynamic. However, it is not always “someone else’s” problem. So we want to take a little closer look at the privileges we may or may not hold.

Part 1: Understanding Privilege

Exercise: (5 minutes)

On your own, read through the following privilege statements. If you identify with one of the privileges listed, make a check mark.

Privilege Statements:

1. The leader of my country is also a person of my racial group. (RACE)
2. When going shopping, I can easily find clothes that fit my size and shape. (SIZE)
3. In public, I can kiss and hold hands with the person I am dating without fear of name-calling or violence. (SEXUALITY)
4. When I go shopping, I can be fairly certain that sales or security people will not follow me. (RACE/APPEARANCE)
5. Most of the religious and cultural holidays celebrated by my family are recognized with days off from work or school. (RELIGION/CULTURE)
6. When someone is trying to describe me, they do not mention my race. (RACE)
7. When I am angry or emotional, people do not dismiss my opinions as symptoms of “that time of the month.” (GENDER)
8. When expressing my opinion, I am not automatically assumed to be a spokesperson of my race. (RACE)
9. I can easily buy greeting cards that represent my relationship with my significant others. (SEXUALITY)
10. I can easily find hair products and people who know how to style my hair. (RACE)
11. In my family, it is seen as normal to obtain a college degree. (CLASS)
12. If I am going out to dinner with friends, I do not worry if the building will be accessible to me. (ABILITY)
13. I can be certain that when I attend an event there will be people of my race there. (RACE)
14. People do not make assumptions about my work ethic or intelligence based on the size of my body. (SIZE)
15. When I strongly state my opinion, people see it as assertive rather than aggressive. (RACE/GENDER)
16. When I am with others of my race, people do not think that we are segregating ourselves. (RACE)
17. I can feel comfortable speaking about my culture without feeling that I’ll be judged. (RACE/ETHNICITY)
18. I can usually afford (without much hardship) to do the things that my friends want to do for entertainment. (CLASS)
19. When filling out forms for school or work, I easily identify with the box that I have to check. (GENDER/RACE)
20. I can choose the style of dress that I feel comfortable in and most reflects my identity, and I know that I will not be stared at in public. (GENDER/APPEARANCE)
21. If pulled over by a police officer, I can be sure that I have not been singled out because of my race. (RACE)
22. My professionalism is never questioned because of my age. (AGE)
23. I do not worry about walking alone at night. (GENDER/RACE)
24. People do not make assumptions about my intelligence based upon my style of speech. (RACE)
25. When attending class or other events, I do not have to worry about having an interpreter present to understand or to participate. (ABILITY/LANGUAGE)
26. I can book an airline flight, go to a movie, or ride in a car and not worry about whether there will be a seat that can accommodate me. (SIZE/ABILITY)
27. People assume I was admitted to school or hired based upon my credentials, rather than my race or gender. (RACE/GENDER)
28. As a child, I could use the “flesh-colored” crayons to color my family and have it match our skin color. (RACE)

Discuss: (10 minutes)
- How does it feel to have or not have certain privileges?
- Did you become aware of any privileges you had not previously considered?
**Part 2: Using Privilege**

**Exercise: (4 minutes)**

Watch a short video of Dr. Joy DeGruy describing a racist encounter in a supermarket and how her sister-in-law used her privilege to intervene.

From the film *Cracking the Codes: Joy DeGruy “A Trip to the Grocery Store”*

[https://www.youtube.com/watch?v=Wf9QBnPK6Yg](https://www.youtube.com/watch?v=Wf9QBnPK6Yg)

**Discuss: (10 minutes)**

- What are your thoughts watching that video? How did it make you feel?
- How did her sister-in-law use her privilege in the situation?
- What if Dr. DeGruy was the one who questioned the cashier, how could you support her in that situation?
- Have you had experiences where someone with privilege supported you? Have you used your privilege to support others?

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14 Source: Understanding Privilege is from *Diversity Activities Resource Guide*
Anti-Racist Bystander Intervention

**Time to complete this lesson:** 35-40 minutes

**Learning Objective:** To practice ways to intervene when a person is harassing someone or saying racist remarks

**Set-Up:** None

**Read aloud:** Opportunities for bystander intervention can occur when you are on the bus among strangers, or when you are at work among colleagues. Research on anti-racism bystander intervention has found that many individuals witness racist behavior, but do not take action. A major obstacle to intervening is fear of being harmed, or damaging the relationship you have with that individual. Racial harassment negatively affects the health of the targets of racial harassment as well as those around who do not intervene. There are two choices when we witness racial harassment, or hear racist remarks: to intervene, or to not intervene.

**Discuss: (5 minutes)**
- How does it feel when you witness harassment, or hear a racist comment and you do not intervene or say something?
- When you have intervened, how did that feel? What was the result?

**Read aloud:** If an individual is being harassed, ensuring their safety is the most important. You have the option to interrupt the perpetrator and support the person or group being targeted. You can also seek help from other bystanders. In serious situations you should contact the police and report the incident, or if possible record the incident on your phone.

The most effective intervention conveys disapproval or discomfort towards the behavior without damaging the relationship you have with that person. You want to avoid causing the person to become defensive, or to shame them.

**Tips for intervening in a conversation:**
- When appropriate, ask questions instead of making statements. Such as, “What do you mean?”
- Appeal to the perpetrator’s principles: “I’m surprised you would say that, I always thought you were open-minded.”
- Say how it makes you feel: “I feel uncomfortable when you say that.”
- Assume they mean well, but explain impact: “I know you thought it was a funny joke, but it is hurtful to others.”
- Expand it to universal behavior: “I don’t think its age related. I think older people are guilty of that same thing.”
- Personalize it: “Is there someone in particular you are talking about?”
• Stop them and change the topic: “Let’s not talk about that. What do you think about...?”
• Be respectful in your approach.

**Exercise:** *(15 minutes)*

In this exercise, we will break into groups. Each group will have someone play the person who acts as the perpetrator and another person will be the responder. The perpetrator will read the opening statement, and the responder will practice intervening. Then, switch it up.

• Scenario: A friend is talking about the possibility of travelling to a predominantly all black neighborhood to visit a client.
  - Opening Statement: “I don’t want to go to that area of town. I’ll get shot.”

• Scenario: At lunch, your coworkers are discussing Donald Trump’s executive order on immigration.
  - Opening Statement: “Let’s be honest, all Muslims are either terrorists or have ties to terrorist organizations.”

• Scenario: A family member is talking about a news story where a black man was shot by the police.
  - Opening Statement: “Black people kill more black people than cops do. That’s the real problem.”

• Scenario: A co-worker is talking to you about clients they have.
  - Opening Statement: “Why can’t they just speak English? If they won’t learn the language they need to just go back to their own country.”

**Discuss:** *(10 minutes)*

• How did it feel to respond to the remarks?
• What would it take for you to respond in a natural (not role play) setting?
• Why is it important to intervene when someone says something racist?
• Would your response differ based upon your relationship to the perpetrator (friend, family, co-worker)?

**Further readings:**

*Speak Up: Responding to Everyday Bigotry* from the Southern Poverty Law Center: How to tackle racism in different locations and social interactions: [https://www.splcenter.org/20150126/speak-responding-everyday-bigotry](https://www.splcenter.org/20150126/speak-responding-everyday-bigotry)

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Community Report Card\textsuperscript{18}

\begin{tabular}{l}
\textbf{Time to complete this lesson:} 45 minutes \\
\textbf{Learning Objective:} To think about whether individuals from racial and ethnic groups in your community have equal access to services
\end{tabular}

\textbf{Set-Up:}
- Materials needed: flip chart, copies of Community Report Card
- Need one volunteer to keep track of time
- Write out the categories (education, employment, etc.) on your flip chart before the exercise to save time

\textit{Read aloud:} Do individuals from all racial and ethnic groups have a fair chance to succeed? Let’s talk about our community and if individuals have equal access to services. Let’s read through the statements on the Community Report Card (on next page). Have one person read, or take turns reading each section.

\textbf{Exercise:} One group member reads the instructions out loud.

\textit{Part 1: (5 minutes)}
Record what you think the grade is for each section on your Community Report Card.

\textit{Part 2: (5 minutes)}
As a group, share your grades for each section. Have one group member record the grades on a flip chart.

\textbf{Discuss: (35 minutes)} Choose several categories you would like to discuss as a group. You probably will not have time to discuss every category.

- Where do we agree on grades? Where do we differ?
- How did you choose the grades?
- When you look at the report card, what successes do you see?
- What challenges do you see that we need to address?

\textsuperscript{18} Source: Exercise adapted from Everyday Democracy, \url{https://www.everyday-democracy.org/}
## COMMUNITY REPORT CARD

Select one grade for each question

<table>
<thead>
<tr>
<th>Category</th>
<th>Statement</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>F</th>
<th>Q</th>
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<tr>
<td>Education</td>
<td>In our community, every child receives a quality education.</td>
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<td>Employment</td>
<td>Everyone in our community has an equal opportunity for a good-paying job.</td>
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<td>Criminal Justice</td>
<td>All members of the community are treated fairly by the criminal justice system.</td>
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<td>Leadership</td>
<td>Our community leaders (in government, financial institutions, education, law enforcement, etc.) reflect the diversity of our residents.</td>
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<td>Social Services</td>
<td>The social services system in our community (e.g., welfare, job training, etc.) meets everyone’s needs.</td>
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<td>Media</td>
<td>Local radio, TV stations, and newspapers offer fair and full coverage about people from different racial, ethnic, and cultural backgrounds.</td>
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<td>Health Care</td>
<td>Our community’s health care system serves the needs of all our residents.</td>
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<td>Public Works</td>
<td>All areas in our community have access to public services (such as water, trash pickup, and sidewalk and road maintenance).</td>
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### Explanation of Grading System

- **A** - We are doing great!
- **B** - We are doing well.
- **C** - We are doing OK.
- **D** - We’ve had no success.
- **F** - We have taken steps backward.
- **Q** - Not sure.
Face Test: Do I have the full picture?¹⁹

**Time to complete this lesson:** 25 minutes

**Learning Objective:** To explore the extent to which our experiences have exposed us to racial diversity and how it may affect our perspectives

**Set-Up:**
- Materials needed: 2 blank sheets of white paper per person; pen or pencil
- Need one member of the group to be the reader/timer

**Read aloud:** The world is full of thousands of languages and experiences, multiracial and interclass. But our upbringing, family, friends, schools and churches, from which we develop our world view, are often not so diverse. Did your background expose you to racial diversity? Does your current life expose you to racial diversity?

On one of your sheets of paper, draw a face-shaped oval or circle. Draw one component of a human face (eye, nose, mouth, ear, another ear, hair, etc.) for every “yes” answer you have for the following questions as they relate to your childhood. It’s okay if you don’t draw a completed face. We’ll discuss what we were able to draw at the end of the questions.

1. At least one member of my immediate family (parents, siblings, grandparents) is from a racial/ethnic group other than my own.
2. At least one family in the neighborhood of my childhood home (one of about 10 homes) was of a racial/ethnic group other than my own.
3. At least one of my close childhood friends was from a racial/ethnic group other than my own.
4. The religious group, synagogue, mosque or church I attended was racially mixed (at least 10 percent of the members were of a racial group other than my own).
5. The schools I attended were racially mixed (at least 10 percent of the student body were from a racial group or groups other than my own).
6. At least one of my school teachers, or coaches was of a racial/ethnic group other than my own.
7. I grew up in a home where I NEVER heard my parents or siblings say a negative word about groups of people by race or ethnicity.
8. Of the friends my parent(s) socialized with and regularly invited to our home, at least one was from a racial/ethnic group other than their own.

**Discuss:** *(5 minutes)*
- Were you able to create a full face?
- During your childhood, how were you exposed to racial diversity?
Read aloud:
Now, let’s look at our current exposure to diversity. On the other piece of paper, once again draw an oval or circle face shape. As with the previous questions, add a facial component each time you answer “yes” to a question. But this time, think about the questions as they pertain to your current adult life.

1. At least one member of my extended family (cousins, spouse, sister-in-law, mother-in-law, etc) is from a racial/ethnic group other than my own.
2. At least one family in my current neighborhood (one out of about 10 homes) is of a racial/ethnic group other than my own.
3. At least one of my close friends is from a racial/ethnic group other than my own.
4. The religious group, synagogue, mosque or church I attend is racially mixed (at least 10 percent of the members are of a racial group other than my own).
5. The schools my children attend(ed) are racially mixed (at least 10 percent of the student body are from a racial group or groups other than my own).
6. In my home, we NEVER say negative words about groups of people by race or ethnicity.
7. Of the friends I socialize with and regularly invite to my home, at least one is from a racial/ethnic group other than my own.

Discuss: (10 minutes)
• What does your “adult” face look like compared to your “childhood” face?
• Does your current environment have more exposure to diversity?
• How do your past and present experiences with racial diversity shape how you view others?

19 Source: Exercise adapted from M. Garlinda Burton’s The Face Test
Perspective Taking

**Time to complete this lesson:** 20-45 minutes depending on how many scenarios you discuss

**Learning Objective:** To better understand how our backgrounds affect how we relate to our community and to engage in conversations about ethnic and racial conflicts

**Set-Up:** None

**Read aloud: (5 minutes)**

The scenarios below will help us have conversations about overt and implicit ethnic and racial conflicts. Read the list of scenarios and choose a few to discuss. Either have one volunteer read the sentences out loud or take turns as a group reading them, then ask the questions below. Let the group know there won’t be enough time to discuss all of the scenarios, so they should select a few to discuss.

**Discuss: (15-40 minutes)**

After reading the scenarios, answer the following group discussion questions:

- How is each individual/group in the scenario feeling? What are their perspectives on the situation?
- Have you had similar experiences?
- Do the same conflicts occur in our community?
- What can be done in our community to promote better understanding and acceptance?

**Scenarios:**

**Scenario #1:**

A Latina speaks English with an accent. Some of her co-workers have a hard time understanding her. She feels that her co-workers don’t respect her expertise and she has been left out of several team projects where she believes she could add value.

**Scenario #2:**

In one diverse neighborhood, families struggle to make ends meet. New immigrants move in. They receive lots of support from community resources. The long-time neighbors are angry because their own needs aren’t being met.
Scenario #3:
Two colleagues on the police force, one a white person and the other a person of color, apply for the same promotion. The person of color gets the job. The white person, within earshot of the person of color, says “it was obviously an Affirmative Action hire”.

Scenario #4:
An African American couple tells their children to be extra careful at the shopping mall. They remind the children to stay together and to keep receipts for everything they buy.

Scenario #5:
The leaders of a multi-cultural fair are upset. They invited a community member of Sioux descent to perform a native ceremony, but he refused.

Scenario #6:
After a terrorist attack is in the news, a man who is from the Middle East cancels his travel plans. He is afraid of being bullied by airport guards. His co-worker of Northern European descent thinks the man is over-reacting.

Scenario #7:
A loan officer at a local bank often refuses to make loans to people of color. This happens even when they have good credit ratings.

Scenario #8:
A white couple is walking to their car after seeing a late movie. They see a group of young black men coming toward them. The couple crosses the street.

Scenario #9:
A man enters a neighborhood store. He feels that the manager, who is from a different ethnic group, is keeping an eye on him. He thinks the manager doesn’t trust him.

Scenario #10:
A European American man is upset that most of the newspapers at his local newsstand are in Spanish.

Source: Exercise adapted from Everyday Democracy, https://www.everyday-democracy.org/
Becoming Aware of Our Implicit Biases

Time to complete this lesson: 20 minutes

Learning Objective: To become aware of our implicit biases and discuss the impact on our experience of difference

Set-Up:

Materials needed:

- “Badges” cut out of colored paper in different colors, shapes and sizes. There should be similarities among the badges but the badges should not be identical. For example, there might be 3 green badges in 3 different shapes: circle, triangle and hexagon; 3 yellow badges in 5 shapes, and 3 red badges in the same shapes but in different sizes (big, medium, small)

Exercise:

Each participant will receive a badge (from the variety of shapes, colors and sizes) and hold it in plain sight of others. Participants will then be asked to form groups without talking. No instructions are given on what criteria they are to use to form the groups. After the larger group forms into groups, ask them to break up and form new groups. This should be repeated four times. After the exercise ends form back into a larger group.

Discuss:

- How did you form your groups?
- Did anyone form a group based on diversity, including different shapes, colors and sizes?
- If not, why do you think that is?

Read aloud: With this activity, participants normally will form groups based on shapes, colors or sizes and rarely look beyond the badges. Participants do not generally form diverse groups with different shapes, colors and sizes represented. This demonstrates how we are often comfortable categorizing others instead of forming diverse groups.
Discuss:

- How is this exercise relevant to your workplace/school/neighborhood?
- What do we miss when we categorize by visible differences?
- How can you recognize, support and value diverse perspectives and experiences?

Read aloud: Unlike explicit bias (which reflects the attitudes or beliefs that one endorses at a conscious level), implicit bias is the bias in judgment and/or behavior that results from subtle cognitive processes (e.g., implicit attitudes and implicit stereotypes) that often operate at a level below conscious awareness and without intentional control.

21 Source: Exercise adapted from Sandra Fowler’s Tag Game
Project Implicit
http://implicit.harvard.edu/implicit

Time to complete this lesson: 20 minutes

Learning Objective: To explore our implicit biases and discuss strategies for changing them

Set-Up:
- Before this exercise, each participant needs to complete an Implicit Association Test (IAT) of their choice from http://implicit.harvard.edu/implicit. This can occur prior to meeting as a group, or tests can be taken on phones using the IAT app.

Read aloud: What is implicit bias? Unlike explicit bias (which reflects the attitudes or beliefs that one endorses at a conscious level), implicit bias is the bias in judgment and/or behavior that results from subtle cognitive processes (e.g., implicit attitudes and implicit stereotypes) that often operate at a level below conscious awareness and without intentional control.

The Project Implicit website and Implicit Association Tests (IAT) are products of research being conducted by several universities (Harvard, Yale, University of Virginia, and University of Washington). Participants have the opportunity to take one or more Implicit Association Tests covering a range of topics including race (black/white; Native American; skin tone; ethnic groups; weapons, disability, mental illness, weight, gender, gay/straight, etc.)

Each test measures the strength of associations between concepts (e.g., black people, gay people) and evaluations (e.g., good, bad) or stereotypes (e.g., athletic, clumsy). The results are shown on the website immediately after the individual finishes the test, and are then collected (without identifying information) for research purposes. At the end of each test, the website offers some possible interpretations of one’s responses based on research being conducted on implicit attitudes and biases. Results and interpretations can be uncomfortable.

The idea behind the IATs is that we are likely to have more implicit or “unconscious” biases than we realize. Seeing the discrepancy between our test results and our beliefs about our attitudes may spur us to further exploration.
Discuss: (15 minutes)
(Note: you do not have to identify which test you took, just talk about the results.)

- Did your implicit and explicit stereotypes or prejudices match?
- If not, how did it make you feel? Were you surprised by the results? Skeptical? Defensive?
- If one exists, why do you think there is a mismatch?
- What are the potential sources of your bias?
- How do you think you can alter your biases?
How to Overcome Our Biases

Time to complete this lesson: 30 minutes

Learning Objective: To learn strategies for overcoming personal bias

Set-Up:

- Materials needed: Equipment for watching a video – computer/projector/speakers or SmartTV
- Note: Participants should go through the Becoming Aware of Our Implicit Biases and Project Implicit exercises beforehand

Exercise:

As a group, watch a 17-minute video of Verna Myers: How to Overcome our Biases? Walk Boldly Toward Them.

http://www.ted.com/talks/verna_myers_how_to_overcome_our_biases_walk_boldly_toward_them#t-3756

Discuss: (10-15 minutes)

- What are Myers’ suggestions for moving past our biases?
- In her speech she asks a number of powerful questions such as: “Who is your default?” “Who’s in your inner circle?” “Who’s missing?” What are your reactions to those questions?
- What has helped you confront your biases?
**Stand Up and Declare Activity**

**Time to complete this lesson:** 25 minutes

**Learning Objective:** To share information about ourselves with one another

**Set-Up:** Arrange chairs into a circle

**Instructions:**

- Everyone sits in a circle.
- For each round, take turns reading the statement beginning with “Stand up or raise your hand and declare if...” (See list below).
- If a statement applies to you, stand up or raise your hand.
- At the conclusion, everyone discusses the questions listed at the end.

**Statements:** (Begin each statement with “Stand up or raise your hand and declare if...”)

- You identify as female
- You identify as male
- You have at least one parent who did not go to college
- Your parents or grandparents are from another country
- You have ever been made fun of for the way you look
- You come from a family where alcohol or drugs is a problem
- You identify as bi-racial or multi-ethnic
- Your family has ever worried about not having enough money
- You have ever felt excluded from a particular group at school
- You have ever felt pressured to be someone you’re not or to act in a way you didn’t feel comfortable
- You have ever felt unsafe at school
- You have ever been called a derogatory name
- You identify as Asian, East Asian, East Indian, Pacific Islander, Laotian, Hmong, Japanese, Korean, Chinese, Vietnamese, Cambodian, or Filipino
- You have ever heard anyone call someone a “fag” or say, “that’s so gay”
- You know someone who has been picked on at school because of their disability
- You identify as Latino, Chicano, Mestizo, Hispanic, Puerto Rican, Mexican or Cuban
- You have been raised by a single parent or in a household where parents are divorced or separated
- You identify as African American or of African decent
- English is not your first language
- You identify as Native American, American Indian, Hawaiian, or as an indigenous person
- You or a member of your family has been imprisoned
Discuss: (*15 minutes*)

- Which statements were you the most proud to stand up for?
- Which statements were uncomfortable for you to stand up for?
- What were some of the feelings that came up for you in doing this activity?
- How did it feel when you saw others standing at the same time?
Speed Meeting Activity

**Time to complete this lesson:** 45 minutes

**Learning Objective:** To become comfortable talking about race/ethnicity and reflect on past and present experiences

**Set-Up:** Materials needed: Pens or pencils and two-sided Speed Meeting Worksheet

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**Read aloud:** In this activity, we will talk about race and ethnicity in pairs. As a group, we will schedule four “meetings”, and then ask each other questions about our past and present experiences using a racial/ethnical cultural lens.

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**Part 1: Scheduling our meetings**

**Read aloud:** (5 minutes)

*Read through the directions as a group, and then break up to schedule meetings.*

1. Make sure everyone has their Speed Meeting Worksheet and a pen or pencil.
2. Ask for a volunteer to time each meeting and announce to the group when to move on to the next meeting.
3. Everyone will get up from their seats and schedule four “meetings.” Each meeting should be with a different person. Try and find people that you don’t know very well.
4. Once you have scheduled a “meeting,” write the person’s name on the line by the clock on the worksheet. Make sure your partner has their name written for the same time. (For example, my 3:00 has to be the same as my partner’s 3:00)
5. Once you have scheduled all four “meetings,” return to your seat.

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**Part 2: Speed Meetings**

**Read aloud:** (5 minutes)

*Read through the directions as a group and then break up to have your meetings.*

1. Now that we have scheduled our meetings, we will go on our first meeting at 3:00.
2. Take turns with your partner, asking the question that corresponds with the 3:00 meeting time on your worksheet. The question for your 3:00 appointment is: Why did you want to come here today? Why did it feel important for you to come?
3. After five minutes, return to the group. (You will need one volunteer to watch the time, and announce to the group when to return.)
**Discuss: (5 minutes)**

As a group, discuss the following:

- What did you learn from your partner?

**Read aloud: (15 minutes)**

Read through the directions as a group and then break up to have your meetings

1. Now that we have had our first meeting, we will continue on to our next meetings: 6:00, 9:00 and 12:00.
2. For each meeting, read the following questions that correspond with the meeting time. Questions are listed on the worksheet.
   - 6:00- What is your racial/ethnic background? What was your neighborhood or community like when you were growing up? What were the racial and ethnic backgrounds of your neighbors, your teachers, and your community leaders?
   - 9:00- What are the racial/ethnic backgrounds of: the friends you normally have over at your house? The friends you socialize with outside the house? Your current neighbors? Your co-workers?
   - 12:00- In what ways do these responses impact you as a community member? How do they impact the relationships you have with your neighbors and others in the community, in particular the people of color?
3. After the 12:00 question return to the group for discussion.

**Discuss: (15 minutes)**

Come back together as a group and discuss using the following questions:

1. What did you learn from your partners?
3. What connections or similarities did you notice?
4. What did you learn that surprised you? Why were you surprised?
5. What did you hear or feel that gives you hope?

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23 Source: Exercise adapted from *Everyday Democracy*, [https://www.everyday-democracy.org/](https://www.everyday-democracy.org/)
Speed Meeting Worksheet

1. Find a person to schedule a “meeting” with for 3:00, 6:00, 9:00, and 12:00. (Choose people you do not know well.)

2. Write the person’s name on the line and then go back to your seat once you have 4 “meetings.” (Make sure the person has your name down for the same time)
Meeting Questions:

At each meeting, ask your partner the question that corresponds with the meeting time

3:00 – Why did you want to come here today? Why did it feel important for you to come?

6:00 – What is your racial/ethnic background? What was your neighborhood or community like when you were growing up? What were the racial and ethnic backgrounds of your neighbors, your teachers, and your community leaders?

9:00 – What are the racial/ethnic backgrounds of: the friends you normally have over at your house? The friends you socialize with outside the house? Your current neighbors? Your co-workers?

12:00 – In what ways do these responses impact you as a community member? How do they impact the relationships you have with your neighbors and others in the community, in particular the people of color?
Incorporating a Racial Equity Lens When Facilitating Dialogues

Time to complete this lesson: 50 minutes

Learning Objective: To increase awareness of how racial dynamics can impact our work as dialogue facilitators, and learn how to work together more equitably as a team

**This exercise is for people who plan to facilitate courageous conversation exercises in other groups. The goal is to work together to prepare for challenging situations that may arise.**

Set-Up:

- Materials needed: Pens, pencils or markers; five blank pieces of paper
- Need a volunteer to keep track of time and let the group know when to move on to the next scenario
- **Preparation Note:** Write the following scenarios on the five blank pieces of paper, one scenario per sheet of paper (it helps to write these scenarios beforehand). Post the scenarios around the room:
  - The white facilitator seems to lead most of the time; the person of color who is co-facilitating ends up taking notes.
  - The white organizer checks in with the white facilitator about how things are going.
  - One or two people of color in a circle of ten are asked to speak for their whole group.
  - People of color do most of the storytelling. Whites listen a lot, but they’re not willing or encouraged to share stories on race on a deeper, more personal level; instead, they are more likely to talk about gender, economic status, sexual orientation, etc.
  - A person in the group made a racist comment. The group members were upset. One African-American leader left the group.
**Exercise: (30 minutes)**

In this exercise, we will form groups and rotate through scenarios about group dynamics. Read through the following directions before splitting into groups.

1. Form groups of 3-4 people.
2. Each small group will take turns visiting each scenario and talking about each of them. You will have 5 minutes per scenario to brainstorm and write down ideas on the piece of paper of how you might address the scenario.
   - Here are some questions to think about:
     - What could have been done to help the group avoid the situation?
     - What reflection could have been made, or question asked to help the group reflect on their dynamics?
3. After each 5-minute brainstorm, rotate the groups. (Need one volunteer to keep track of time and let all groups know when they need to switch.)
4. At the next scenario, the group reads and discusses the ideas left behind by the previous group then adds new ideas.
5. After the groups have rotated through all of the scenarios, return to the larger group with the sheets of paper.

**Share: (10 minutes)**

Have a volunteer from each group read all of the ideas on the paper for the last scenario they worked on to the larger group.

**Discuss: (10 minutes)**

As a larger group, discuss the following questions:

- What ideas seemed particularly interesting to you?
- How can you keep these ideas alive while working on projects and actions?
- Do you have any ideas to add that are not yet recorded?

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24 Source: Exercise adapted from *Everyday Democracy*, [https://www.everyday-democracy.org/](https://www.everyday-democracy.org/)
Resources

Videos and Movies

Episode 1: The Difference Between Us, PBS Series “Race: The Power of an Illusion”

Episode 2: The Story We Tell, PBS Series “Race: The Power of an Illusion”

Each segment runs for approximately 56 minutes. The series is available for a week long digital rental to individuals on Vimeo. ($2.99 per episode, $4.99 for the entire series). It may also be available at local libraries, or on YouTube.

A free downloadable discussion guide can be found at: http://www-. tc.pbs.org/race/images/race-guide-lores.pdf. Also, PBS provides a number of links to background readings on science, history and society at http://www.pbs.org/race/000_About/002_04-background.htm.

The African Americans: Many Rivers to Cross (2013):

This six-part PBS documentary series chronicles the African American experience. Covering 500 years of history, this series explores slavery, the civil war, the Jim Crow era, the civil rights movement and ends with the re-election of President Barack Obama and America’s current views on race. Lesson plans, stories and history at: http://www.pbs.org/wnet/african-americans-many-rivers-to-cross/.

Selma (2014):

An Oscar-nominated film depicting Dr. Martin Luther King, Jr.’s life when he planned and led the historic march from Selma to Montgomery, Alabama to secure equal voting rights for African Americans.

The Talk - Race in America (2017):

A moving PBS documentary about the difficult conversations parents of color are having with their children about how to behave if they are stopped by the police. Available online at http://www.pbs.org/wnet/the-talk/.
**Latino Americans (2013):**

A six-hour PBS documentary series, which chronicles the history and experience of Latinos from the sixteenth century to present day, including historical accounts, interviews and personal stories. *Episode 5: Prejudice and Pride* details prejudice, activism and the creation of the proud “Chicano” identity. [http://www.pbs.org/latino-americans/en/](http://www.pbs.org/latino-americans/en/)

**America by the Numbers (2016):**


**Freedom Riders (2011):**


**13th (2016):**

An award winning documentary which explores race and mass incarceration in the United States. The film is titled after the Thirteenth Amendment to the United States Constitution, which outlawed slavery unless as punishment for a crime.

**American Denial (2015):**

This film examines the racial biases that are deeply ingrained in America’s systems and institutions today, and challenges our unconscious feelings about race.

**A Class Divided (1985):**

This film details a daring classroom experiment conducted by a teacher in small town Iowa in 1968. To educate the children on discrimination, she treated children with blue eyes as superior to children with brown eyes. This film explores what the children learned, and the impact it still has today. Available online at [http://www.pbs.org/wgbh/frontline/film/class-divided/](http://www.pbs.org/wgbh/frontline/film/class-divided/).
**The First Time I Realized I Was Black (2017)**

A collection of short clips of celebrities, news anchors, reporters and others, sharing the time they first realized they were black. These clips can inspire you to think about your own racial awareness. The clips are available at: [http://www.cnn.com/interactive/2017/02/us/first-time-i-realized-i-was-black/](http://www.cnn.com/interactive/2017/02/us/first-time-i-realized-i-was-black/).

**Short New York Times videos available on YouTube** – as conversation starters (5-7 minutes each) Also available on [www.NYTimes.com](http://www.NYTimes.com).

- *A Conversation with White People on Race*
- *A Conversation with Latinos on Race*
- *A Conversation about Growing up Black*
Books


This book is a series of essays about the Black Lives Matter movement geared toward a White audience. It is available as a free PDF download (196 pages)

There is also a downloadable 11-page discussion guide with suggested readings and discussion questions for topics such as: All Lives Matter vs. Black Lives Matter; Planning Campaigns and Action; Mistakes, White Fragility and Moving Past Fears; and Preventing Burnout/Fadeout
http://www.chriscrass.org/uploads/1/7/7/9/17797213/discussionguidesfortowardstheotheramerica.pdf


While targeted at educators interested in addressing racial disparities in education, Singleton’s book provides an excellent framework for entering deeply into courageous conversations, including a number of small group exercises. A detailed protocol is offered for engaging in courageous conversations.

Between the World and Me, Coates, Ta-Nehisi (2015)

This beautiful book is written as a letter to the author’s son about the realities and feelings associated with being black in America. Coates creates a deeply moving work through autobiographical accounts, discussion of the treatment of the black body, and his fears and hopes for his son. This book is a must-read for everyone to honestly challenge our concepts of race.


Why Are All the Black Kids Sitting Together in the Cafeteria?, Tatum, Beverly Daniel (1997)

In this book, Tatum discusses how and why students of the same race tend to stick together. She explores these complex social dynamics, the psychology of racism, as well as racial identities.
Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation, Sue, Derald Wing (2010)

Sue writes extensively on the concept of microaggressions, which he defines as “brief, everyday exchanges involving subtle racism, sexism and heterosexism.” This book also covers the psychological effects of microaggressions on both the perpetrators and their targets, as well as ways to combat microaggressions.

The New Jim Crow: Mass Incarceration in the Age of Colorblindness, Alexander, Michelle (2010)

Alexander, a legal scholar, examines how the War on Drugs has devastatingly impacted communities of color, and argues that mass incarceration has become a new Jim Crow system.

A Good Time for the Truth: Race in Minnesota, Edited by Sun Yung Shin (2016)

This book is a collection of sixteen different works from Minnesota’s best writers sharing perspectives on what it is like to live as a person of color in Minnesota. Communities in Minnesota struggle with major racial disparities, and these authors confront those realities by candidly sharing their experiences.

A reading guide can be found at: http://media.wix.com/ugd/ef5059_668d2f313fbb4d03a09919a589481b6a.pdf

Savage Inequalities: Children in America’s Schools, Kozol, Jonathan (1991)

This book focuses on the major inequalities of our nation’s schools, examining the disparities in education between schools of different races and classes. Kozol argues that there is still racial segregation in our nation’s educational system.


This book examines how the persistent poverty faced by African Americans is linked to the systematic segregation they face in America.
Web Links for More Exercises/Tools

Youth Policy Institute of Iowa’s website has variety of useful resources and tools.

For videos, readings, tools and resources related to race equity and inclusion, see http://www.ypii.org/RacialEquity.html.

Diversity Activities Resource Guide

This 105-page guide contains resources for activities that address a wide range of diversity topics, including race, ethnicity, socio-economic class, poverty, cultural identity, disability, sexual orientation, gender and gender identity, and religion. http://www.uh.edu/cdi/diversity_education/resources/activities/pdf/diversity%20activities-resource-guide.pdf

Intergroup Resources website

Intergroup Resources is a “platform for the sharing of resources for intergroup dialogue and political education” with a focus on race and racism, immigration, human rights, intersectionality, power, and cross-racial coalition building. http://www.intergroupresources.com/about-us/

Everyday Democracy website

Everyday Democracy is a project of The Paul J. Aicher Foundation with a mission “to help communities talk and work together to create communities that work for everyone.” The website contains resources and tools for community change around a variety of topics, including racial equity. https://www.everyday-democracy.org/
Meeting Tools

Sample Agenda for Self-Guided Facilitation

(90 minutes)

Materials needed:

- Chairs set in a circle, or around a table
- Sign-in sheet
- Name tags and a marker
- Copy of Ground Rules
- Blank sheets of white paper; pencil, pen or markers
- Any specific materials needed for chosen activities (review prior to the meeting in order to be prepared)

Part 1: Introduction

Discuss: (10 minutes)

- Everyone say their name and one thing they hope to gain from these follow-up meetings.
- Choose someone or take turns reading the ground rules established in first session (allow people to pass on reading aloud, if they wish).
- Would anyone like to add any ground rules?
  - Add any new ground rules to the document.

Part 2: Exercises:

Complete one or two exercises:

- As a group complete one or two exercises that together total 70 minutes
- Suggested exercises and pairings are:
  - Learning About Microaggressions (45 minutes) and Face Test (25 minutes)
  - OR
  - Understanding Privilege (30 minutes) and Racial Autobiography (45 minutes)
Part 3: Closing

**Discuss: (10 minutes)**

As a group, talk about how the session went.

1. What went well?
2. Is there anything you would like to change?
3. Were there any common themes?
4. Discuss potential direction or purpose for this group (see page 64 for Guidance for Drafting a Statement of Purpose for assistance).
5. Based on the purpose of your group, decide which exercises/videos/books you want to read/watch/discuss in the next session in case there is preparation required.
6. Confirm when the next meeting will be and identify volunteer(s) to provide any needed materials.
Discussion Guide for Planning Future Meetings

1. Where will meetings be held?
2. When – Day of week/month, frequency, start and end times?
3. Can new members be invited? Do they have to have attended an RPI learning exchange?
4. Contact person for the location – in case of postponement due to bad weather or emergency.
5. Agenda for the next meeting will likely include deciding on a statement of purpose and hoped for outcomes for group participation. Point out that there is a handout in the Toolkit to help the group draft a statement of purpose if/when they are ready to do so.
6. Who will lead the next meeting? (We suggest leaving the question of who will provide ongoing leadership until later – new groups usually benefit from some time to gel before leadership coalesces).
7. If the group chooses to continue using the resources in the Toolkit, review the exercises and/or list of films/movies/books/etc. and select possibilities for the next meeting. (Note the Sample Agenda.)
8. Make sure before you leave that one member of the group has a list of contacts (name, agency, phone numbers, and emails). Suggest that everyone who wants to continue meeting should double-check the completed sign-in sheet to make sure it has complete contact information.
Guidance for Drafting Your Group’s Statement of Purpose

If your group wants to formalize itself, you may want to draft a statement of purpose.

A statement of purpose should be drafted with input from the group so that everyone feels that they are a part of the process and can provide insight on what they hope to gain from the meetings. The statement of purpose should provide a framework for the group’s values, purpose, and goals. At this point in group development, however, the group may not have a clear consensus of methods or even of objectives. Members may want different things from the group based on where they are in their own journeys. For example, one member may be just starting out, and want to learn more and stick one toe in the water of courageous conversations, while another member may be ready to strike out with information to “win every argument” on racial justice.

Your statement of purpose should be brief and to the point. Aim for 2-3 sentences at most.

The purpose might be as simple as:

- Our group meetings monthly to provide members an opportunity to connect around and explore issues of race/racial justice/disproportionality.
- Our group meets bi-monthly to provide support to each other for the work that we are doing to improve social justice in our community.

Come back to the first draft at a subsequent meeting to discuss and revise your statement of purpose.

Try to avoid making grand promises of success or achievement in your purpose statement. The goal is to set a course for the group that can guide the process as much as the outcome.

Continuing Courageous Conversations

<table>
<thead>
<tr>
<th>Name</th>
<th>Best Email to Reach Me</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Monthly Activity Report

### 1. Parent Partner Program Participants

Be sure to check last quarter’s numbers to avoid duplication.

<table>
<thead>
<tr>
<th></th>
<th># PP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a.</td>
<td>5</td>
</tr>
<tr>
<td>1b. Parent Partners # new and # who left the program</td>
<td>NEW</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td>1c. Parent Partners In Training - Mentoring in the program</td>
<td>#PP in Training Mentoring</td>
</tr>
<tr>
<td></td>
<td>3</td>
</tr>
<tr>
<td>1d. Parent Partners In Training - Mentoring # new and # who left the program or became PP</td>
<td>NEW</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>1e. Parent Partners In Training in the program</td>
<td>#PP in Training</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

### 2. Parent Partner Activities

Column [1] indicate the **# of participants who were helped with the identified activities** by a Parent Partner

Column [2] indicate the total **# of times Parent Partners engaged in the activity**

Example: in 2a, if 5 participants each had 1 Parent Partner present at 2 FTDMs, then [1] is 5 and [2] is 10


<table>
<thead>
<tr>
<th></th>
<th>[1]</th>
<th>[2]</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a. Supported participant in connecting to Informal supports (i.e. AA, NA, church, neighbors)</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>2b. Supported participant before/after family interaction (visitation)</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2c. Helped participant access needed services</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>2d. Attended FTDM</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2e. Supported participant at court</td>
<td>28</td>
<td>35</td>
</tr>
<tr>
<td>2f. Attended other meeting related to participant</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>2g. Face-to-face contact with participant</td>
<td>50</td>
<td>140</td>
</tr>
<tr>
<td>2h. Had phone conversation with participant</td>
<td>45</td>
<td>148</td>
</tr>
<tr>
<td>2i. Had text or e-mail conversation with participant related to the case</td>
<td>40</td>
<td>158</td>
</tr>
</tbody>
</table>

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Revised: 1/7/2019
## 3. Participants Results

<table>
<thead>
<tr>
<th>Title</th>
<th>State</th>
<th>Local</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a. # of Parent Participants</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td>3b. # of Participants Children</td>
<td>120</td>
<td></td>
</tr>
<tr>
<td>3c. # of Referrals</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>3d. # of Intakes</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>3e. # Cases Closed</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>● # DHS case closed</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>● # Incarcerated</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>● # Mutual agreement that support is no longer needed</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>● # No contact from participant (Disengaged)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>● # Termination of Parental Rights</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>● # Went to treatment</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>● # Other situation at closing (explain)</td>
<td>1- DNA showed not the father</td>
<td></td>
</tr>
</tbody>
</table>

4 transfer ins

## 4. Parent Partner Program Activities

Indicate the total # of times Parent Partners and/or coordinator were involved in each activity and list details below.

<table>
<thead>
<tr>
<th>Activity Title</th>
<th>State</th>
<th>Local</th>
<th>State</th>
<th>Local</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a. Committees related to child welfare</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>4b. Child Welfare DHS new worker orientation</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4c. Community Partnerships for Protecting Children (CPPC)</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>4d. Speaking engagements and program awareness</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4e. Other meetings, trainings and activities</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

### 4a. Committees Related to Child Welfare

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Title</th>
<th>Description of Participation or Role in</th>
<th>State and/or Service Area</th>
<th># PP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/18/2017</td>
<td>childrens Alliance</td>
<td>participant</td>
<td>local</td>
<td>1</td>
</tr>
</tbody>
</table>
## Monthly Activity Report

### 4c. Community Partnerships for Protecting Children (CPPC)

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Title</th>
<th>Description of Participation or Role in</th>
<th>State and/or Service Area</th>
<th># PP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/4/2017</td>
<td>CPPC</td>
<td>participant</td>
<td>local</td>
<td>1</td>
</tr>
<tr>
<td>1/4/2017</td>
<td>CPPC</td>
<td>participant</td>
<td>local</td>
<td>1</td>
</tr>
<tr>
<td>1/5/2017</td>
<td>PCF</td>
<td>participant</td>
<td>local</td>
<td>1</td>
</tr>
</tbody>
</table>
## Monthly Activity Report

### 4d. Speaking Engagements and Program Awareness

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Title</th>
<th>Description of Participation or Role in</th>
<th>State and/or Service Area</th>
<th># PP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/19/2017</td>
<td>ACA</td>
<td>participant</td>
<td>local</td>
<td>1</td>
</tr>
</tbody>
</table>

### 4e. Other meetings, trainings and activities

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Title</th>
<th>Description of Participation or Role in</th>
<th>State and/or Service Area</th>
<th># PP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/19/2017</td>
<td>ACA</td>
<td>participant</td>
<td>local</td>
<td>1</td>
</tr>
</tbody>
</table>

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### Monthly Activity Report

**1. Parent Partner Program Participants**

Be sure to check last quarter’s numbers to avoid duplication.

<table>
<thead>
<tr>
<th>Description</th>
<th># PP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. # Parent Partners in the program (on last day of the quarter)</td>
<td>5</td>
</tr>
<tr>
<td>(count all Parent Partners eligible to mentor whether they are matched or not)</td>
<td></td>
</tr>
<tr>
<td>1b. Parent Partners # new and # who left the program</td>
<td></td>
</tr>
<tr>
<td>(reflects activity in this category during the quarter)</td>
<td></td>
</tr>
<tr>
<td>NEW,b</td>
<td>LEFT</td>
</tr>
<tr>
<td>1c. # Parent Partners In Training - Mentoring in the program</td>
<td>3</td>
</tr>
<tr>
<td>(on last day of the quarter)</td>
<td></td>
</tr>
<tr>
<td>1d. Parent Partners In Training - Mentoring # new and # who left the program or became PP</td>
<td></td>
</tr>
<tr>
<td>(reflects activity in this category during the quarter)</td>
<td></td>
</tr>
<tr>
<td>NEW,b</td>
<td>LEFT</td>
</tr>
<tr>
<td>1e. # Parent Partners In Training in the program</td>
<td>1</td>
</tr>
<tr>
<td>(on last day of the quarter)</td>
<td></td>
</tr>
<tr>
<td>1f. Parent Partners In Training # new and # who left the program or became PP</td>
<td></td>
</tr>
<tr>
<td>(reflects activity in this category during the quarter)</td>
<td></td>
</tr>
</tbody>
</table>

**2. Parent Partner Activities**

Column [1] indicate the # of participants who were helped with the identified activities by a Parent Partner

Column [2] indicate the total # of times Parent Partners engaged in the activity

Example: in 2a, if 5 participants each had 1 Parent Partner present at 2 FTDMs, then [1] is 5 and [2] is 10


<table>
<thead>
<tr>
<th>Activity</th>
<th>[1] # participants who had a Parent Partner help with this activity</th>
<th>[2] total # times Parent Partners participated</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a. Supported participant in connecting to Informal supports (i.e. AA, NA, church, neighbors)</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>2b. Supported participant before/after family interaction (visitation)</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2c. Helped participant access needed services</td>
<td>19</td>
<td>34</td>
</tr>
<tr>
<td>2d. Attended FTDM</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2e. Supported participant at court</td>
<td>38</td>
<td>57</td>
</tr>
<tr>
<td>2f. Attended other meeting related to participant</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>2g. Face-to-face contact with participant</td>
<td>60</td>
<td>185</td>
</tr>
<tr>
<td>2h. Had phone conversation with participant</td>
<td>51</td>
<td>174</td>
</tr>
<tr>
<td>2i. Had text or e-mail conversation with participant related to the case</td>
<td>46</td>
<td>230</td>
</tr>
</tbody>
</table>

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### Monthly Activity Report

#### 3. Participants Results

<table>
<thead>
<tr>
<th>Description</th>
<th>State Local</th>
<th>State Local</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a. # of Parent Participants</td>
<td>68</td>
<td></td>
</tr>
<tr>
<td>3b. # of Participants Children</td>
<td>122</td>
<td></td>
</tr>
<tr>
<td>3c. # of Referrals</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>3d. # of Intakes</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>3e. # Cases Closed</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>· # DHS cases closed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>· # Incarcerated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>· # Mutual agreement that support is no longer needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>· # No contact from participant (Disengaged)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>· # Termination of Parental Rights</td>
<td></td>
<td></td>
</tr>
<tr>
<td>· # Went to treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>· # Other situation at closing (explain):</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

5 transfer outs

#### 4. Parent Partner Program Activities

Indicate the total # of times Parent Partners and/or coordinator were involved in each activity and list details below.

<table>
<thead>
<tr>
<th>Activity Description</th>
<th># times</th>
<th># people</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Parent Participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Participants Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Referrals</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Intakes</td>
<td></td>
<td></td>
</tr>
<tr>
<td># Cases Closed</td>
<td></td>
<td></td>
</tr>
<tr>
<td># # DHS cases closed</td>
<td></td>
<td></td>
</tr>
<tr>
<td># Incarcerated</td>
<td></td>
<td></td>
</tr>
<tr>
<td># Mutual agreement that support is no longer needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td># No contact from participant (Disengaged)</td>
<td></td>
<td></td>
</tr>
<tr>
<td># Termination of Parental Rights</td>
<td></td>
<td></td>
</tr>
<tr>
<td># Went to treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td># Other situation at closing (explain):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 4a. Committees Related to Child Welfare

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Title</th>
<th>Description of Participation or Role in</th>
<th>State and/or Service Area</th>
<th># PP</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/15/2017</td>
<td>Advocacy Meeting</td>
<td>participant</td>
<td>state</td>
<td>1</td>
</tr>
</tbody>
</table>

#### 4b. Child Welfare DHS New Worker Orientation

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Title</th>
<th>Description of Participation or Role in</th>
<th>State and/or Service Area</th>
<th># PP</th>
</tr>
</thead>
</table>
## Monthly Activity Report

### 4c. Community Partnerships for Protecting Children (CPPC)

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Title</th>
<th>Description of Participation or Role in</th>
<th>State and/or Service Area</th>
<th># PP</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/1/2017</td>
<td>Davis CPPC</td>
<td>participant</td>
<td>local</td>
<td>1</td>
</tr>
<tr>
<td>2/2/2017</td>
<td>PCF</td>
<td>participant</td>
<td>local</td>
<td>2</td>
</tr>
<tr>
<td>2/7/2017</td>
<td>Brighton CPPC</td>
<td>Participant</td>
<td>local</td>
<td>1</td>
</tr>
</tbody>
</table>

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## Monthly Activity Report

### 4d. Speaking Engagements and Program Awareness

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Title</th>
<th>Description of Participation or Role in</th>
<th>State and/or Service Area</th>
<th># PP</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/2/2017</td>
<td>ACA</td>
<td>participant</td>
<td>local</td>
<td>1</td>
</tr>
<tr>
<td>2/23/2017</td>
<td>Law Enforcement Luncheon</td>
<td>participant</td>
<td>local</td>
<td>1</td>
</tr>
<tr>
<td>2/16/2017</td>
<td>BSC</td>
<td>team member</td>
<td>local</td>
<td>1</td>
</tr>
</tbody>
</table>

### 4e. Other meetings, trainings and activities

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Title</th>
<th>Description of Participation or Role in</th>
<th>State and/or Service Area</th>
<th># PP</th>
</tr>
</thead>
</table>
### 1. Parent Partner Program Participants

**Be sure to check last quarter’s numbers to avoid duplication.**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. <strong># Parent Partners</strong> in the program (on last day of the quarter) (count all Parent Partners eligible to mentor whether they are matched or not)</td>
<td># PP</td>
<td>5</td>
</tr>
<tr>
<td>1b. Parent Partners # new and # who left the program (reflects activity in this category during the quarter)</td>
<td>NEW</td>
<td>LEFT</td>
</tr>
<tr>
<td>1c. <strong># Parent Partners</strong> in Training - Mentoring in the program (on last day of the quarter)</td>
<td>#PP in Training Mentoring</td>
<td></td>
</tr>
<tr>
<td>1d. Parent Partners In Training - Mentoring # new and # who left the program or became PP (reflects activity in this category during the quarter)</td>
<td>NEW</td>
<td>LEFT</td>
</tr>
<tr>
<td>1e. <strong># Parent Partners</strong> In Training in the program (on last day of the quarter)</td>
<td><em>#PP in Training</em></td>
<td></td>
</tr>
<tr>
<td>1f. Parent Partners In Training # new and # who left the program or became PP (reflects activity in this category during the quarter)</td>
<td>NEW</td>
<td>LEFT</td>
</tr>
</tbody>
</table>

### 2. Parent Partner Activities

<table>
<thead>
<tr>
<th></th>
<th>[1] # participants who had a Parent Partner help with this activity</th>
<th>[2] total # times Parent Partners participated</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a. Supported participant in connecting to Informal supports (i.e. AA, NA, church, neighbors)</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>2b. Supported participant before/after family interaction (visitation)</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>2c. Helped participant access needed services</td>
<td>15</td>
<td>29</td>
</tr>
<tr>
<td>2d. Attended FTDM</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2e. Supported participant at court</td>
<td>34</td>
<td>50</td>
</tr>
<tr>
<td>2f. Attended other meeting related to participant</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>2g. Face-to-face contact with participant</td>
<td>53</td>
<td>160</td>
</tr>
<tr>
<td>2h. Had phone conversation with participant</td>
<td>47</td>
<td>159</td>
</tr>
<tr>
<td>2i. Had text or e-mail conversation with participant related to the case</td>
<td>46</td>
<td>219</td>
</tr>
</tbody>
</table>

---

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Revised: 1/7/2019
### Monthly Activity Report

**3. Participants Results**

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a. # of Parent Participants</td>
<td>58</td>
</tr>
<tr>
<td>3b. # of Participants Children</td>
<td>103</td>
</tr>
<tr>
<td>3c. # of Referrals</td>
<td>13</td>
</tr>
<tr>
<td>3d. # of Intakes</td>
<td>7</td>
</tr>
<tr>
<td>3e. # Cases Closed</td>
<td>15</td>
</tr>
<tr>
<td>· # DHS cased closed</td>
<td>3</td>
</tr>
<tr>
<td>· # Incarcerated</td>
<td>2</td>
</tr>
<tr>
<td>· # Mutual agreement that support is no longer needed</td>
<td>3</td>
</tr>
<tr>
<td>· # No contact from participant (Disengaged)</td>
<td>4</td>
</tr>
<tr>
<td>· # Termination of Parental Rights</td>
<td>1</td>
</tr>
<tr>
<td>· # Went to treatment</td>
<td>0</td>
</tr>
<tr>
<td>· # Other situation at closing (explain):</td>
<td>2</td>
</tr>
<tr>
<td>1 moved and didn’t want a PP and 1 started a 2nd shift job</td>
<td></td>
</tr>
</tbody>
</table>

**4. Parent Partner Program Activities**

Indicate the total # of times Parent Partners and/or coordinator were involved in each activity and list details below.

<table>
<thead>
<tr>
<th>Description</th>
<th># times</th>
<th># people</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>State</td>
<td>Local</td>
</tr>
<tr>
<td>4a. Committees related to child welfare</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>4b. Child Welfare DHS new worker orientation</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4c. Community Partnerships for Protecting Children (CPPC)</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4d. Speaking engagements and program awareness</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4e. Other meetings, trainings and activities</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

**4a. Committees Related to Child Welfare**

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Title</th>
<th>Description of Participation or Role in</th>
<th>State and/or Service Area</th>
<th># PP</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/8/2017</td>
<td>childrens alliance</td>
<td>participant</td>
<td>local</td>
<td>1</td>
</tr>
<tr>
<td>3/16/2017</td>
<td>BSC</td>
<td>participant</td>
<td>local</td>
<td>1</td>
</tr>
<tr>
<td>3/26/2017</td>
<td>BSC</td>
<td>participant</td>
<td>local</td>
<td>1</td>
</tr>
<tr>
<td>3/30/2017</td>
<td>ECI Board</td>
<td>participant</td>
<td>local</td>
<td>1</td>
</tr>
<tr>
<td>3/31/2017</td>
<td>children alliance</td>
<td>participant</td>
<td>local</td>
<td>1</td>
</tr>
</tbody>
</table>

**4b. Child Welfare DHS New Worker Orientation**

Send to Sara Persons at sarap@cfiowa.org no later than January 5, April 5, July 5 and October 5. Revised: 1/7/2019
## Monthly Activity Report

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Title</th>
<th>Description of Participation or Role in</th>
<th>State and/or Service Area</th>
<th># PP</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/1/2017</td>
<td>Davis</td>
<td>participant</td>
<td>local</td>
<td>1</td>
</tr>
<tr>
<td>3/2/2017</td>
<td>PCF</td>
<td>participant</td>
<td>local</td>
<td>2</td>
</tr>
<tr>
<td>3/7/2017</td>
<td>Brighton</td>
<td>participant</td>
<td>local</td>
<td>1</td>
</tr>
<tr>
<td>3/16/2017</td>
<td>PCF</td>
<td>participant</td>
<td>local</td>
<td>1</td>
</tr>
</tbody>
</table>

### 4c. Community Partnerships for Protecting Children (CPPC)
### Monthly Activity Report

#### 4d. Speaking Engagements and Program Awareness

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Title</th>
<th>Description of Participation or Role in</th>
<th>State and/or Service Area</th>
<th># PP</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/6/2017</td>
<td>fire meeting</td>
<td>FTC</td>
<td>local</td>
<td>1</td>
</tr>
<tr>
<td>3/20/2017</td>
<td>fire meeting</td>
<td>FTC</td>
<td>local</td>
<td>1</td>
</tr>
</tbody>
</table>

#### 4e. Other meetings, trainings and activities

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Title</th>
<th>Description of Participation or Role in</th>
<th>State and/or Service Area</th>
<th># PP</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/6/2017</td>
<td>fire meeting</td>
<td>FTC</td>
<td>local</td>
<td>1</td>
</tr>
<tr>
<td>3/20/2017</td>
<td>fire meeting</td>
<td>FTC</td>
<td>local</td>
<td>1</td>
</tr>
</tbody>
</table>
# Parent Partner Program Participants

Be sure to check last quarter’s numbers to avoid duplication.

<table>
<thead>
<tr>
<th>1a. # Parent Partners in the program (on last day of the quarter)</th>
<th># PP</th>
</tr>
</thead>
<tbody>
<tr>
<td>(count all Parent Partners eligible to mentor whether they are matched or not)</td>
<td>75</td>
</tr>
</tbody>
</table>

| 1b. Parent Partners # new and # who left the program | NEW | LEFT |
| (reflects activity in this category during the quarter) | 14 | 8 |

| 1c. # Parent Partners In Training - Mentoring in the program | #PP in Training Mentoring |
| (on last day of the quarter) | 46 |

| 1d. Parent Partners In Training - Mentoring # new and # who left the program or became PP | NEW | LEFT |
| (reflects activity in this category during the quarter) | 20 | 16 |

| 1e. # Parent Partners In Training in the program | #PP in Training |
| (on last day of the quarter) | 33 |

| 1f. Parent Partners In Training # new and # who left the program or became PP | NEW | LEFT |
| (reflects activity in this category during the quarter) | 24 | 31 |

## Parent Partner Activities

Column [1] indicate the **# of participants who were helped with the identified activities** by a Parent Partner

Column [2] indicate the total **# of times Parent Partners engaged in the activity**

Example: in 2a, if 5 participants each had 1 Parent Partner present at 2 FTDMs, then [1] is 5 and [2] is 10


| 2a. Supported participant in connecting to Informal supports (i.e. AA, NA, church, neighbors) | # participants who had a Parent Partner help with this activity |
| | total # times Parent Partners participated |
| | | 270 | 521 |

| 2b. Supported participant before/after family interaction (visitation) | | 193 | 381 |

| 2c. Helped participant access needed services | | 592 | 1595 |

| 2d. Attended FTDM | | 223 | 254 |

| 2e. Supported participant at court | | 578 | 1228 |

| 2f. Attended other meeting related to participant | | 185 | 282 |

| 2g. Face-to-face contact with participant | | 1088 | 7183 |

| 2h. Had phone conversation with participant | | 939 | 7121 |

| 2i. Had text or e-mail conversation with participant related to the case | | 958 | 11574 |
### Quarterly Activity Report

#### 3. Participants Results

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3a. # of Parent Participants</strong></td>
<td>911</td>
</tr>
<tr>
<td><strong>3b. # of Participants Children</strong></td>
<td>1540</td>
</tr>
<tr>
<td><strong>3c. # of Referrals</strong></td>
<td>282</td>
</tr>
<tr>
<td><strong>3d. # of Intakes</strong></td>
<td>342</td>
</tr>
<tr>
<td><strong>3e. Cases Closed</strong></td>
<td></td>
</tr>
<tr>
<td>· # DHS cased closed</td>
<td>91</td>
</tr>
<tr>
<td>· # Incarcerated</td>
<td>8</td>
</tr>
<tr>
<td>· # Mutual agreement that support is no longer needed</td>
<td>67</td>
</tr>
<tr>
<td>· # No contact from participant (Disengaged)</td>
<td>145</td>
</tr>
<tr>
<td>· # Termination of Parental Rights</td>
<td>17</td>
</tr>
<tr>
<td>· # Went to treatment</td>
<td>3</td>
</tr>
<tr>
<td>· # Other situation at closing (explain):</td>
<td>27</td>
</tr>
</tbody>
</table>

#### 4. Parent Partner Program Activities

Indicate the total # of times Parent Partners and/or coordinator were involved in each activity and list details below.

<table>
<thead>
<tr>
<th>Activities</th>
<th># times</th>
<th># people</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Parent Participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Participants Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Referrals</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Intakes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cases Closed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>· DHS cased closed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>· Incarcerated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>· Mutual agreement that support is no longer needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>· No contact from participant (Disengaged)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>· Termination of Parental Rights</td>
<td></td>
<td></td>
</tr>
<tr>
<td>· Went to treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>· Other situation at closing (explain):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committees related to child welfare</td>
<td>10</td>
<td>24 11 19</td>
</tr>
<tr>
<td>Child Welfare DHS new worker orientation</td>
<td>0</td>
<td>0 0 0</td>
</tr>
<tr>
<td>Community Partnerships for Protecting Children (CPPC)</td>
<td>0</td>
<td>83 0 54</td>
</tr>
<tr>
<td>Speaking engagements and program awareness</td>
<td>1</td>
<td>39 2 36</td>
</tr>
<tr>
<td>Other meetings, trainings and activities</td>
<td>27</td>
<td>190 106 127</td>
</tr>
</tbody>
</table>

#### 4a. Committees Related to Child Welfare

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Title</th>
<th>Description of Participation or Role in</th>
<th>State and/or Service Area</th>
<th># PP</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/19/2017</td>
<td>ICAP Quarterly Meeting</td>
<td>Attended</td>
<td>State</td>
<td>1</td>
</tr>
<tr>
<td>4/19/2017</td>
<td>CAP Quarterly</td>
<td>attended</td>
<td>State</td>
<td>1</td>
</tr>
<tr>
<td>4/19/2017</td>
<td>CAP Team</td>
<td>Participant</td>
<td>State</td>
<td>1</td>
</tr>
<tr>
<td>5/9/2017</td>
<td>BSC</td>
<td>State meeting</td>
<td>State</td>
<td>1</td>
</tr>
<tr>
<td>5/10/2017</td>
<td>BSC</td>
<td>participant</td>
<td>State</td>
<td>2</td>
</tr>
<tr>
<td>5/10/2017</td>
<td>BSC learning session</td>
<td>attended</td>
<td>State</td>
<td>2</td>
</tr>
<tr>
<td>5/10/2017</td>
<td>BSC</td>
<td>State meeting</td>
<td>State</td>
<td>1</td>
</tr>
</tbody>
</table>
## Quarterly Activity Report

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Location</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/11/2017</td>
<td>BSC State meeting</td>
<td>State</td>
<td>1</td>
</tr>
<tr>
<td>5/11/2017</td>
<td>BSC Learning Session attended</td>
<td>State</td>
<td>2</td>
</tr>
<tr>
<td>5/11/2017</td>
<td>BSC Partipant</td>
<td>State</td>
<td>3</td>
</tr>
<tr>
<td>4/7/2017</td>
<td>Montgomery County Extension Attendee</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>4/13/2017</td>
<td>Chickasaw County Child Abuse Prevention Counsel Participated in Discussion on Child Abuse Prevention in the Child Abuse Prevention Counsel</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>4/13/2017</td>
<td>Cerro Gordo Child Abuse Prevention Counsel Participated in the Child Abuse Prevention Counsel Agenda</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>4/13/2017</td>
<td>Child abuse council</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>4/17/2017</td>
<td>BSC attended</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>4/17/2017</td>
<td>CAP Participated</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>4/20/2017</td>
<td>BSC BSC meeting participant</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>4/20/2017</td>
<td>Task Force Cmty Event</td>
<td>Local</td>
<td>2</td>
</tr>
<tr>
<td>5/3/2017</td>
<td>Child Welfare Collaborative Meeting Attendee</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>5/5/2017</td>
<td>Family Success Mtg Attendee</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>5/10/2017</td>
<td>Children's alliance Board meeting</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>5/16/2017</td>
<td>NSA steering attend</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>5/18/2017</td>
<td>Cherokee DEC attendee</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>5/25/2017</td>
<td>ECI Board meeting</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>5/30/2017</td>
<td>DECAT Amanda is a board member</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>6/2/2017</td>
<td>Montgomery County Extension Attendee</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>6/7/2017</td>
<td>Child Abuse Prevention Council Attended and Participated in the meeting</td>
<td>Local</td>
<td>2</td>
</tr>
</tbody>
</table>

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Revised: 1/7/2019
### Quarterly Activity Report

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Title</th>
<th>Description of Participation or Role in</th>
<th>State and/or Service Area</th>
<th># PP</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/9/2017</td>
<td>fire group</td>
<td>recovery court fire group</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>6/14/2017</td>
<td>Board meeting</td>
<td>Childrens Alliance Board meeting</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>6/14/2017</td>
<td>prevent child abuse</td>
<td>prevent child abuse</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>6/23/2017</td>
<td>fire group</td>
<td>recovery court fire group</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>6/29/2017</td>
<td>ECI Board</td>
<td>ECI Board meeting</td>
<td>Local</td>
<td>1</td>
</tr>
</tbody>
</table>

### 4b. Child Welfare DHS New Worker Orientation

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Title</th>
<th>Description of Participation or Role in</th>
<th>State and/or Service Area</th>
<th># PP</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/4/2017</td>
<td>Greene county coalition</td>
<td>Attendee</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>4/4/2017</td>
<td>presentation</td>
<td>parent partners presented to the CPPC</td>
<td>Local</td>
<td>4</td>
</tr>
<tr>
<td>4/4/2017</td>
<td>Mahaska CPPC</td>
<td>Participant</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>4/5/2017</td>
<td>meeting</td>
<td>Cppc Meeting</td>
<td>Local</td>
<td>5</td>
</tr>
<tr>
<td>4/5/2017</td>
<td>PPC</td>
<td>attended</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>4/5/2017</td>
<td>ccpp</td>
<td>Davis</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>4/6/2017</td>
<td>meeting</td>
<td>CPPC meeting</td>
<td>Local</td>
<td>2</td>
</tr>
<tr>
<td>4/6/2017</td>
<td>meeting</td>
<td>CPPC meeting</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>4/6/2017</td>
<td>Louisa Co CPPC</td>
<td>Participate</td>
<td>Local</td>
<td>2</td>
</tr>
<tr>
<td>4/6/2017</td>
<td>pcf</td>
<td>big meeting</td>
<td>Local</td>
<td>2</td>
</tr>
<tr>
<td>4/6/2017</td>
<td>P4C CPPC and DCAT Meeting</td>
<td>Participated in the planning meeting as they review contracts</td>
<td>Local</td>
<td>1</td>
</tr>
</tbody>
</table>

### 4c. Community Partnerships for Protecting Children (CPPC)

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Title</th>
<th>Description of Participation or Role in</th>
<th>State and/or Service Area</th>
<th># PP</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/2/2017</td>
<td>Multicultural Fair BSC</td>
<td>Presenter</td>
<td>Local</td>
<td>2</td>
</tr>
<tr>
<td>4/4/2017</td>
<td>Greene county coalition</td>
<td>Attendee</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>4/4/2017</td>
<td>presentation</td>
<td>parent partners presented to the CPPC</td>
<td>Local</td>
<td>4</td>
</tr>
<tr>
<td>4/4/2017</td>
<td>Mahaska CPPC</td>
<td>Participant</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>4/5/2017</td>
<td>meeting</td>
<td>Cppc Meeting</td>
<td>Local</td>
<td>5</td>
</tr>
<tr>
<td>4/5/2017</td>
<td>PPC</td>
<td>attended</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>4/5/2017</td>
<td>ccpp</td>
<td>Davis</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>4/6/2017</td>
<td>meeting</td>
<td>CPPC meeting</td>
<td>Local</td>
<td>2</td>
</tr>
<tr>
<td>4/6/2017</td>
<td>meeting</td>
<td>CPPC meeting</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>4/6/2017</td>
<td>Louisa Co CPPC</td>
<td>Participate</td>
<td>Local</td>
<td>2</td>
</tr>
<tr>
<td>4/6/2017</td>
<td>pcf</td>
<td>big meeting</td>
<td>Local</td>
<td>2</td>
</tr>
<tr>
<td>4/6/2017</td>
<td>P4C CPPC and DCAT Meeting</td>
<td>Participated in the planning meeting as they review contracts</td>
<td>Local</td>
<td>1</td>
</tr>
</tbody>
</table>
Quarterly Activity Report

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Category</th>
<th>Location</th>
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<tbody>
<tr>
<td>4/7/2017</td>
<td>Johnson CPPC Participant</td>
<td>Local</td>
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<tr>
<td>4/7/2017</td>
<td>ACTION Team Meeting Attendee</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>4/10/2017</td>
<td>Des Moines Co CPPC Participate</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>4/12/2017</td>
<td>Jasper CPPC Participant</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>4/12/2017</td>
<td>Jones County Coalition Participant</td>
<td>Local</td>
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<tr>
<td>4/13/2017</td>
<td>Meskwaki Health fair Presenter</td>
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</tr>
<tr>
<td>4/13/2017</td>
<td>aca aca</td>
<td>Local</td>
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<tr>
<td>4/13/2017</td>
<td>Appanoose CPPC Participant</td>
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<tr>
<td>4/13/2017</td>
<td>CPPC Participant</td>
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<tr>
<td>4/13/2017</td>
<td>Decat/CPPC attended</td>
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</tr>
<tr>
<td>4/17/2017</td>
<td>Poweshiek CPPC Participant</td>
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<tr>
<td>4/18/2017</td>
<td>Muscatine CO CPPC Participate</td>
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<td>1</td>
</tr>
<tr>
<td>4/18/2017</td>
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<tr>
<td>4/19/2017</td>
<td>Scott Co. CPPC Attended</td>
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<tr>
<td>4/19/2017</td>
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<td>4/20/2017</td>
<td>BRC Local Mtg</td>
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<tr>
<td>4/20/2017</td>
<td>Henry CO CPPC Participate</td>
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<tr>
<td>4/25/2017</td>
<td>Clinton Co. CPPC Attended</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>4/26/2017</td>
<td>CPPC board member</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>4/26/2017</td>
<td>Lee CO CPPC Participate</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>4/27/2017</td>
<td>Cedar Co CPPC Participate</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>5/2/2017</td>
<td>Johnson CPPC Participant</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>5/4/2017</td>
<td>ccpp CPPC member</td>
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</tr>
<tr>
<td>5/4/2017</td>
<td>CPPC</td>
<td>Local</td>
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</table>

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5/5/2017 Montgomery County Interagency Attendee Local 1
5/8/2017 CPPC Meeting Attended Local 2
5/8/2017 Sioux Planning Council attendee Local 1
5/9/2017 Ida Planning Council attendee Local 1
5/9/2017 Mahaska CPPC Participant Local 1
5/9/2017 Allamakee CPPC meeting Local 1
5/10/2017 Jasper CPPC Participant Local 2
5/11/2017 Decat/CPPC BBFG attended Local 2
5/11/2017 Parent Cafe parent cafe training Local 1
5/11/2017 Appanoose CPPC Participant Local 1
5/15/2017 BSC Meeting Attendee Local 1
5/16/2017 Marshall county CPPC attended Local 1
5/16/2017 Cppc CppCc Local 1
5/17/2017 Monroe CPPC Participant Local 1
5/17/2017 Jones County Coalition Participant Local 2
5/17/2017 Carroll Coaltion Attendee Local 1
5/18/2017 Cherokee Planning Council attendee Local 1
5/18/2017 Dubuque CPPC Mtg Attended Local 1
5/18/2017 Lakes attended Local 1
5/22/2017 Linn County CPPC Participant Local 1
5/24/2017 Monona County Community Alliance Meeting Attendee Local 1
5/24/2017 Benton County CPPC participant Local 1
5/26/2017 Jackson County CPPC Mtg. Attended Local 1
6/1/2017 CPPC CPPC meeting Local 2
6/1/2017 PCF PCF meeting Local 2

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# Quarterly Activity Report

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Location</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/1/2017</td>
<td>Louisa Co CPPC Participate</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>6/1/2017</td>
<td>CPPC meeting</td>
<td>Local</td>
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</tr>
<tr>
<td>6/2/2017</td>
<td>Montgomery County Interagency Attendee</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>6/2/2017</td>
<td>ACTION Team Meeting Attendee</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>6/6/2017</td>
<td>CPPC ccpp</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>6/7/2017</td>
<td>CPPC CPPC Davis co.</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>6/7/2017</td>
<td>BHC CPPC Attended</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>6/8/2017</td>
<td>Appanoose Participant</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>6/8/2017</td>
<td>regional annual CPPC meeting</td>
<td>Local</td>
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<tr>
<td>6/8/2017</td>
<td>Guthrie Coalition Attendee</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>6/12/2017</td>
<td>Sac Coalition attendee</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>6/12/2017</td>
<td>Lyon Planning Council attendee</td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>6/12/2017</td>
<td>Des Moines Co CPPC Participate</td>
<td>Local</td>
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<tr>
<td>6/14/2017</td>
<td>Audubon Coalition Attendee</td>
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<tr>
<td>6/20/2017</td>
<td>Marshall CPPC attended</td>
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<td>1</td>
</tr>
<tr>
<td>6/20/2017</td>
<td>Crawford Coalition attendee</td>
<td>Local</td>
<td>1</td>
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<tr>
<td>6/21/2017</td>
<td>Parent Cafe training Parent Cafe' Trainer training</td>
<td>Local</td>
<td>2</td>
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<tr>
<td>6/21/2017</td>
<td>Parent Cafe training for parent café</td>
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<td>1</td>
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<tr>
<td>6/28/2017</td>
<td>Benton/Iowa board member</td>
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</tr>
<tr>
<td>6/28/2017</td>
<td>Monona County Alliance Meeting Attendee</td>
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</tr>
<tr>
<td>6/28/2017</td>
<td>Lee Co. CPPC Attended</td>
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</tr>
<tr>
<td>6/29/2017</td>
<td>Mobilizing communities training for PP through CPPC</td>
<td>Local</td>
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</table>

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# Quarterly Activity Report

## 4d. Speaking Engagements and Program Awareness

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Title</th>
<th>Description of Participation or Role in</th>
<th>State and/or Service Area</th>
<th># PP</th>
</tr>
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<tbody>
<tr>
<td>5/16/2017</td>
<td>PSMAPP Presenter</td>
<td></td>
<td>State</td>
<td>2</td>
</tr>
<tr>
<td>4/3/2017</td>
<td>PSMAPS Foster Parent Class</td>
<td></td>
<td>Local</td>
<td>4</td>
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<tr>
<td>4/5/2017</td>
<td>Presentation</td>
<td>Amanda presented to the IOP group at North East Iowa Behavioral</td>
<td>Local</td>
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<tr>
<td>4/6/2017</td>
<td>PSMAPP Presenter</td>
<td></td>
<td>Local</td>
<td>2</td>
</tr>
<tr>
<td>4/6/2017</td>
<td>Culture Fest attended</td>
<td></td>
<td>Local</td>
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</tr>
<tr>
<td>4/7/2017</td>
<td>Montgomery County Interagency Presenter</td>
<td></td>
<td>Local</td>
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</tr>
<tr>
<td>4/11/2017</td>
<td>Presentation</td>
<td>Share about program</td>
<td>Local</td>
<td>2</td>
</tr>
<tr>
<td>4/12/2017</td>
<td>Resilience</td>
<td>ACE’s presentation</td>
<td>Local</td>
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<tr>
<td>4/12/2017</td>
<td>ADDS Presentation Share about program</td>
<td></td>
<td>Local</td>
<td>2</td>
</tr>
<tr>
<td>4/17/2017</td>
<td>Presentation</td>
<td>Share about program</td>
<td>Local</td>
<td>3</td>
</tr>
<tr>
<td>4/17/2017</td>
<td>PSMAPPSS Birth Parent Panel</td>
<td>Parent Partner Ann Bogue, PPC Jeremey Simerson participated</td>
<td>Local</td>
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</tr>
<tr>
<td>4/20/2017</td>
<td>DHS Presentation</td>
<td>Share about program</td>
<td>Local</td>
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</tr>
<tr>
<td>4/20/2017</td>
<td>Hawkeye</td>
<td>participated</td>
<td>Local</td>
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<tr>
<td>4/20/2017</td>
<td>DHS Presentation</td>
<td>Share about program</td>
<td>Local</td>
<td>2</td>
</tr>
<tr>
<td>4/21/2017</td>
<td>Kids Net Informational Session</td>
<td>participated</td>
<td>Local</td>
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</tr>
<tr>
<td>4/24/2017</td>
<td>PS MAPP Presenter</td>
<td></td>
<td>Local</td>
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</tr>
<tr>
<td>5/2/2017</td>
<td>meet and greet in independence iowa</td>
<td>meet and greet in independence iowa</td>
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<tr>
<td>5/4/2017</td>
<td>Hightower Place Presentation</td>
<td>residents at Hightower Parent Partner program</td>
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<tr>
<td>5/5/2017</td>
<td>Resilience</td>
<td>and resilience</td>
<td>Local</td>
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<tr>
<td></td>
<td></td>
<td>Spoke to Wellsource</td>
<td></td>
<td></td>
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<tr>
<td>5/6/2017</td>
<td>Speaking to Wellsource Clinicians</td>
<td>Therapists about Program, Referral New Parent Partners as well as other parent partners attended the</td>
<td>Local</td>
<td>2</td>
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<tr>
<td>5/6/2017</td>
<td>Intro/Networking of New PP</td>
<td></td>
<td>Local</td>
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<tr>
<td>5/8/2017</td>
<td>Voc rehab staff</td>
<td>spoke</td>
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<tr>
<td>5/10/2017</td>
<td>Resilience</td>
<td>Parent Partner program and resilience</td>
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<tr>
<td>5/10/2017</td>
<td>ADDS</td>
<td>Presented to ADDS</td>
<td>Local</td>
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</table>

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# Quarterly Activity Report

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity Title</th>
<th>Description of Participation or Role in</th>
<th>State and/or Service Area</th>
<th># PP</th>
</tr>
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<tbody>
<tr>
<td>5/11/2017</td>
<td>DeCat/CPPC BBFG shared story</td>
<td></td>
<td>Local</td>
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<tr>
<td>5/18/2017</td>
<td>JRC- Women's and Children's Presentation</td>
<td>Presented information for the PP program and obtain referrals.</td>
<td>Local</td>
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<tr>
<td>5/22/2017</td>
<td>SART present</td>
<td></td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>5/24/2017</td>
<td>SART present</td>
<td></td>
<td>Local</td>
<td>1</td>
</tr>
<tr>
<td>5/25/2017</td>
<td>PSMAPP Class Participant</td>
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<td>Local</td>
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<tr>
<td>5/25/2017</td>
<td>DHS Presentation</td>
<td>Presented to DHS Des Moines County Unit Meeting.</td>
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<tr>
<td>5/30/2017</td>
<td>ADDS</td>
<td>Presented to ADDS groups in Burlington.</td>
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<tr>
<td>6/1/2017</td>
<td>Program Awareness/Prairie Ridg</td>
<td>Program Awareness for the Parent Partner Program</td>
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<tr>
<td>6/6/2017</td>
<td>Fremont County Coalition Presenter</td>
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<td>Local</td>
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<tr>
<td>6/6/2017</td>
<td>Unit meeting Child welfare new worker orientation</td>
<td>Attendee</td>
<td>Local</td>
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</tr>
<tr>
<td>6/8/2017</td>
<td>Kids Net Info Session</td>
<td>participated</td>
<td>Local</td>
<td>1</td>
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<tr>
<td>6/14/2017</td>
<td>PSMAPP</td>
<td>participated</td>
<td>Local</td>
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<tr>
<td>6/15/2017</td>
<td>Families Together Speaking</td>
<td>Program Awareness LSI Families Together Program</td>
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<tr>
<td>6/21/2017</td>
<td>parent share and support</td>
<td>speaking wngagement</td>
<td>Local</td>
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<tr>
<td>6/22/2017</td>
<td>PSMAPS</td>
<td>Supporting birth parents</td>
<td>Local</td>
<td>2</td>
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<tr>
<td>6/27/2017</td>
<td>Prairie Ridge</td>
<td>attended</td>
<td>Local</td>
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</table>
Iowa Parent Partner Annual Report
July 2016 – June 2017

Introduction

The Iowa Department of Human Services first implemented the Parent Partner mentoring program in four pilot sites in 2007. The pilot project was designed to provide better outcomes regarding re-abuse, length of placement, and reunification. The Parent Partner Program has since expanded to all 99 counties in Iowa. Researchers from the University of Nebraska-Lincoln’s Center on Children, Families, and the Law provide quarterly and annual reports on families involved with the Parent Partner Program. The data in these reports are retrieved from the Online Parent Partner Database. The Online Parent Partner Database stores data from seven forms: intake, contact log, client registration form, family self-assessment (entry), family self-assessment (exit), family feedback, and fidelity checklist. The quarterly and annual reports provide analyses of the number families entering and exiting the Parent Partner Program, family self-assessments, and fidelity to the Parent Partner model.

Intakes

Parent Partners entered intakes for 1164 parents between July 1st, 2016 and June 30th, 2017. 966 (91.3%) identified as Caucasian, 65 (6.1%) identified as African American, 16 (1.5%) identified as American Indian or Alaska Native, 9 (.8%) identified as Asian, and 2 (.2%) identified as a Native Hawaiian or other Pacific Islander. The remaining 106 parents had no race information included in the intake. As of July 1st, 2017, 915 intakes were open in the Online Parent Partner Database.

New Intakes by Service Area: July 1st, 2016 – June 30th, 2017

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Number of New Intakes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Des Moines</td>
<td>386 (33.2%)</td>
</tr>
<tr>
<td>Cedar Rapids</td>
<td>258 (22.2%)</td>
</tr>
<tr>
<td>Western</td>
<td>273 (23.5%)</td>
</tr>
<tr>
<td>Northern</td>
<td>186 (16.0%)</td>
</tr>
<tr>
<td>Eastern</td>
<td>61 (5.2%)</td>
</tr>
</tbody>
</table>

The total number of intakes increased by 4.1% compared to the previous fiscal year. The number of intakes increased in three service areas: Cedar Rapids (+4.5%), Western (+13.2%), and Northern (+23.2%). Two service areas saw declines: Des Moines (-4.5%) and Eastern (-18.7%; from 75 intakes to 61 intakes).
Case Closures

1275 cases closed between July 1st, 2016 and June 30th, 2017. 1076 (89.0%) identified as Caucasian, 101 (8.4%) identified as African American, 21 (1.7%) identified as American Indian or Alaskan Native, 9 (.7%) identified as Asian, and 2 (0.2%) identified as Native Hawaiian/Other Pacific Islander. The remaining 66 parents identified as multiracial or other, or had no race information included in the intake.

Closed Cases by Service Area: July 1st, 2016 – June 30th, 2017

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Number of Closed Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Des Moines</td>
<td>481 (37.7%)</td>
</tr>
<tr>
<td>Cedar Rapids</td>
<td>288 (22.6%)</td>
</tr>
<tr>
<td>Western</td>
<td>271 (21.3%)</td>
</tr>
<tr>
<td>Northern</td>
<td>177 (13.9%)</td>
</tr>
<tr>
<td>Eastern</td>
<td>58 (4.5%)</td>
</tr>
</tbody>
</table>

The overall number of closed cases increased by 20.6% compared to the previous fiscal year. The number of closed cases increased in four service areas: Des Moines (+24.6%), Cedar Rapids (+15.7%), Western (+52.2%), and Northern (+22.1%). Only the Eastern Service Area experienced a decrease (-41.4%).
Time to Case Closure

Statewide, the average time between the date an intake was created and the date the case was closed in the Online Parent Partner Database was **291 days** for cases that closed between July 1st, 2016 and June 30th, 2017. Statewide, the median time between the date the intake was created and the date the case was closed was **236 days**.

### Number of Days From Intake Date to Case Closure Date by Service Area

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Average days from intake created date to case closure date</th>
<th>Median days from intake created date to case closure date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Des Moines</td>
<td>329</td>
<td>258</td>
</tr>
<tr>
<td>Cedar Rapids</td>
<td>293</td>
<td>227</td>
</tr>
<tr>
<td>Western</td>
<td>250</td>
<td>223</td>
</tr>
<tr>
<td>Northern</td>
<td>279</td>
<td>225</td>
</tr>
<tr>
<td>Eastern</td>
<td>196</td>
<td>143</td>
</tr>
<tr>
<td>Statewide</td>
<td>291</td>
<td>236</td>
</tr>
</tbody>
</table>

Compared to the prior fiscal year’s data, median days from intake to case closure increased in three service areas and statewide: Des Moines (+19.4%), Northern (+5.6%), Eastern (+2.1%), and statewide (+10.8%). There were small decreases of less than 10% in Cedar Rapids and Western.
Family Self-Assessments

Entry Self-Assessments

1167 family entry self-assessments were entered in the Online Parent Partner Database between July 1st, 2016 and June 30th, 2017. The average and median self-assessment for entry assessments is shown in the table below. Parents rated themselves the highest at entry on their ability to effectively manage their situation to keep their children safe, getting the needed community resources, making appropriate decisions, having others who support positive choices, and talking honestly with others about their situation. Parents rated themselves lowest at entry on their comfort talking to their DHS worker or other service providers.

<table>
<thead>
<tr>
<th>Family Self-Assessment</th>
<th>Entry Assessment</th>
<th>Average</th>
<th>Median</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement</td>
<td>Average</td>
<td>Median</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>1 I am able to find the community resources I need to keep my children safe.</td>
<td>4.1</td>
<td>4.0</td>
<td>1167</td>
<td></td>
</tr>
<tr>
<td>2 I am able to complete the steps necessary to get the community resources I need.</td>
<td>4.2</td>
<td>4.0</td>
<td>1166</td>
<td></td>
</tr>
<tr>
<td>3 I am able to effectively manage my situation to keep my child(ren) safe when times are stressful.</td>
<td>4.3</td>
<td>5.0</td>
<td>1167</td>
<td></td>
</tr>
<tr>
<td>4 I am able to make the appropriate decisions for myself and my family.</td>
<td>4.2</td>
<td>4.0</td>
<td>1166</td>
<td></td>
</tr>
<tr>
<td>5 I have others who will listen when I need to talk about my problems.</td>
<td>4.1</td>
<td>4.0</td>
<td>1167</td>
<td></td>
</tr>
<tr>
<td>6 I have others who will support positive choices and changes I make.</td>
<td>4.2</td>
<td>5.0</td>
<td>1167</td>
<td></td>
</tr>
<tr>
<td>7 I talk reasonably and honestly with others about my situation and problems.</td>
<td>4.2</td>
<td>5.0</td>
<td>1165</td>
<td></td>
</tr>
<tr>
<td>8 If there is a crisis in my life I have someone I can talk to.</td>
<td>4.1</td>
<td>5.0</td>
<td>1165</td>
<td></td>
</tr>
<tr>
<td>9 I am able to effectively speak up for myself and my family to DHS and other service providers.</td>
<td>4.0</td>
<td>4.0</td>
<td>1166</td>
<td></td>
</tr>
<tr>
<td>10 I am able to listen to DHS and other service providers and understand their concerns with my situation.</td>
<td>4.1</td>
<td>4.0</td>
<td>1166</td>
<td></td>
</tr>
<tr>
<td>11 I feel comfortable when talking with my DHS worker or other service providers.</td>
<td>3.6</td>
<td>4.0</td>
<td>1163</td>
<td></td>
</tr>
</tbody>
</table>

The number of completed family self-assessments at entry was up slightly (+4.8%) compared to the prior fiscal year. There has been little change in average or median ratings year over year.
Retrospective and Exit Self-Assessments

328 parents completed a family self-assessment upon exiting the Parent Partner program between July 1\textsuperscript{st}, 2016 and June 30\textsuperscript{th}, 2017. The average self-assessment for entry, retrospective, and exit ratings for these parents is depicted below. Parents with missing data or who responded “I do not know” were removed from the analyses. Parents rated themselves highest at exit on being able to manage their situation, having others to support positive choices, talking reasonably and honestly with others, and having someone to talk to in a crisis. Parents rated themselves lowest at exit on their comfort when talking with their DHS worker or other service providers.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Entry</th>
<th>Retro</th>
<th>Exit</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am able to find the community resources I need to keep my children safe.</td>
<td>4.2</td>
<td>3.2</td>
<td>4.6</td>
</tr>
<tr>
<td>I am able to complete the steps necessary to get the community resources I need.</td>
<td>4.2</td>
<td>3.1</td>
<td>4.6</td>
</tr>
<tr>
<td>I am able to effectively manage my situation to keep my child(ren) safe when times are stressful.</td>
<td>4.3</td>
<td>3.2</td>
<td>4.7</td>
</tr>
<tr>
<td>I am able to make the appropriate decisions for myself and my family.</td>
<td>4.2</td>
<td>3.2</td>
<td>4.6</td>
</tr>
<tr>
<td>I have others who will listen when I need to talk about my problems.</td>
<td>4.1</td>
<td>3.1</td>
<td>4.6</td>
</tr>
<tr>
<td>I have others who will support positive choices and changes I make.</td>
<td>4.3</td>
<td>3.3</td>
<td>4.7</td>
</tr>
<tr>
<td>I talk reasonably and honestly with others about my situation and problems.</td>
<td>4.3</td>
<td>3.2</td>
<td>4.7</td>
</tr>
<tr>
<td>If there is a crisis in my life I have someone I can talk to.</td>
<td>4.2</td>
<td>3.2</td>
<td>4.7</td>
</tr>
<tr>
<td>I am able to effectively speak up for myself and my family to DHS and other service providers.</td>
<td>4.1</td>
<td>3.1</td>
<td>4.5</td>
</tr>
<tr>
<td>I am able to listen to DHS and other service providers and understand their concerns with my situation.</td>
<td>4.2</td>
<td>3.0</td>
<td>4.5</td>
</tr>
<tr>
<td>I feel comfortable when talking with my DHS worker or other service providers.</td>
<td>3.8</td>
<td>2.8</td>
<td>4.3</td>
</tr>
</tbody>
</table>

The number of family self-assessments completed upon exit increased substantially (+25.2%) as compared to the prior fiscal year. The pattern of ratings has not changed from the prior reporting period.
Retro and Exit Comparisons

Family self-assessment scores from retrospective to exit are compared in the table below. Only self-assessments that had data for both a retrospective and an exit rating for the measure are included in each analysis; if the data are missing or the parent selected “I don’t know,” the data are not included. For each of the 11 self-assessment items, parents rated themselves as significantly higher on the exit self-assessment than on the retrospective self-assessment. This means that parents are rating themselves higher at completion of the Parent Partner program than they rate themselves when they think back to how they were at the beginning of the program. Items with an asterisk indicate a statistically significant difference between the Retro and Exit average ratings.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Retro Average</th>
<th>Exit Average</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1* I am able to find the community resources I need to keep my children safe.</td>
<td>3.2</td>
<td>4.6</td>
<td>304</td>
</tr>
<tr>
<td>2* I am able to complete the steps necessary to get the community resources I need.</td>
<td>3.1</td>
<td>4.6</td>
<td>305</td>
</tr>
<tr>
<td>3* I am able to effectively manage my situation to keep my child(ren) safe when times are stressful.</td>
<td>3.2</td>
<td>4.6</td>
<td>304</td>
</tr>
<tr>
<td>4* I am able to make the appropriate decisions for myself and my family.</td>
<td>3.2</td>
<td>4.6</td>
<td>305</td>
</tr>
<tr>
<td>5* I have others who will listen when I need to talk about my problems.</td>
<td>3.1</td>
<td>4.6</td>
<td>305</td>
</tr>
<tr>
<td>6* I have others who will support positive choices and changes I make.</td>
<td>3.2</td>
<td>4.7</td>
<td>305</td>
</tr>
<tr>
<td>7* I talk reasonably and honestly with others about my situation and problems.</td>
<td>3.2</td>
<td>4.6</td>
<td>306</td>
</tr>
<tr>
<td>8* If there is a crisis in my life I have someone I can talk to.</td>
<td>3.2</td>
<td>4.6</td>
<td>305</td>
</tr>
<tr>
<td>9* I am able to effectively speak up for myself and my family to DHS and other service providers.</td>
<td>3.0</td>
<td>4.5</td>
<td>306</td>
</tr>
<tr>
<td>10* I am able to listen to DHS and other service providers and understand their concerns with my situation.</td>
<td>3.0</td>
<td>4.5</td>
<td>305</td>
</tr>
<tr>
<td>11* I feel comfortable when talking with my DHS worker or other service providers.</td>
<td>2.8</td>
<td>4.3</td>
<td>302</td>
</tr>
</tbody>
</table>

The pattern of ratings has not changed from the prior reporting period.
Percentage of Families with At Least 1-point Increase from Retro to Exit on At Least Three Measures

306 parents completed both an exit self-assessment and a retrospective self-assessment between July 1st, 2016 and June 30th, 2017. The current performance standard is 70% of parents must have at least a one-point increase from retro to exit self-assessment on at least three measures/items. 247 (80.7%) parents met this performance measure during this annual reporting period.

The pattern of results for the most recent fiscal year was comparable to that of the previous fiscal year, although a slightly smaller percentage of parents (80.7% versus 85.7% last year) met the identified performance standard.
Family Feedback: Fidelity Checklist and Family Outcomes

Parent Partners entered data for 336 Family Feedback forms for families exiting the Parent Partner program between July 1, 2016 and June 30, 2017. Parents with missing data or who responded “I don’t know” are excluded from the following analyses. Parents report that their Parent Partner always encouraged them and their families (90%), encouraged them to fulfill their case plan activities (88%), coached them on what to expect (87%), and supported them at meetings (85%). Parents rated these same four items as having the highest average score: each had an average score of at least 4.8 out of 5.0.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never (1)</th>
<th>Rarely (2)</th>
<th>Sometimes (3)</th>
<th>Often (4)</th>
<th>Always (5)</th>
<th>Average</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>MY PARENT PARTNER . .</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Encouraged me to fulfill my case plan activities.</td>
<td>1 (.3%)</td>
<td>0 (0%)</td>
<td>7 (2.1%)</td>
<td>32 (9.5%)</td>
<td>296 (88.1%)</td>
<td>4.9</td>
<td>336</td>
</tr>
<tr>
<td>2 Had regular face to face visits with me.</td>
<td>0 (0%)</td>
<td>4 (1.2%)</td>
<td>16 (4.8%)</td>
<td>55 (16.4%)</td>
<td>259 (77.1%)</td>
<td>4.7</td>
<td>336</td>
</tr>
<tr>
<td>3 Had other (email, phone, web) communication and contact with me.</td>
<td>0 (0%)</td>
<td>4 (1.2%)</td>
<td>16 (4.8%)</td>
<td>55 (16.4%)</td>
<td>260 (77.6%)</td>
<td>4.7</td>
<td>335</td>
</tr>
<tr>
<td>4 Advocated for me and my family for needed resources.</td>
<td>2 (0.6%)</td>
<td>5 (1.5%)</td>
<td>16 (4.8%)</td>
<td>38 (11.4%)</td>
<td>273 (81.7%)</td>
<td>4.7</td>
<td>334</td>
</tr>
<tr>
<td>5 Was encouraging to me and my family.</td>
<td>0 (0%)</td>
<td>1 (0.3%)</td>
<td>9 (2.7%)</td>
<td>24 (7.2%)</td>
<td>301 (89.9%)</td>
<td>4.9</td>
<td>335</td>
</tr>
<tr>
<td>6 Connected me with community resources.</td>
<td>1 (0.3%)</td>
<td>11 (3.3%)</td>
<td>17 (5.1%)</td>
<td>49 (14.8%)</td>
<td>253 (76.4%)</td>
<td>4.6</td>
<td>331</td>
</tr>
<tr>
<td>7 Helped me connect with the community.</td>
<td>2 (.6%)</td>
<td>14 (4.3%)</td>
<td>19 (5.8%)</td>
<td>61 (18.5%)</td>
<td>233 (70.8%)</td>
<td>4.6</td>
<td>329</td>
</tr>
<tr>
<td>8 Coached me on communication strategies.</td>
<td>5 (1.5%)</td>
<td>6 (1.8%)</td>
<td>17 (5.1%)</td>
<td>44 (13.2%)</td>
<td>261 (78.4%)</td>
<td>4.7</td>
<td>333</td>
</tr>
<tr>
<td>9 Supported me at FTM, court, treatment, and other gatherings.</td>
<td>3 (0.9%)</td>
<td>4 (1.2%)</td>
<td>13 (3.9%)</td>
<td>29 (8.7%)</td>
<td>283 (85.2%)</td>
<td>4.8</td>
<td>332</td>
</tr>
<tr>
<td>10 Coached me on what to expect throughout the process.</td>
<td>1 (0.3%)</td>
<td>3 (0.9%)</td>
<td>9 (2.7%)</td>
<td>29 (8.7%)</td>
<td>291 (87.4%)</td>
<td>4.8</td>
<td>333</td>
</tr>
<tr>
<td><strong>Total</strong> (out of a possible score of 50)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>47.3</strong></td>
</tr>
</tbody>
</table>

The number of respondents completing the Family Feedback forms was considerably higher (+24.9%) than for the prior fiscal year. The pattern of results was basically unchanged.
Parents reported the most significant improvement in their willingness to make changes (74%), and their level of personal responsibility and accountability (70%). On average, parents indicated they improved most on their ability to advocate for themselves, knowledge of what needs to be done for custody, knowledge of whom to contact with concerns, their level of personal responsibility, and their willingness to make changes (3.6 out of 4.0).

### Family Feedback: Family Outcomes

<table>
<thead>
<tr>
<th>Statement</th>
<th>Decreased (1)</th>
<th>Remained the Same (2)</th>
<th>Some Improvement (3)</th>
<th>Significant Improvement (4)</th>
<th>Average</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLEASE RATE YOUR . . .</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Relationship with people who are able to connect you with resources.</td>
<td>5 (1.5%)</td>
<td>45 (13.8%)</td>
<td>102 (31.4%)</td>
<td>173 (53.2%)</td>
<td>3.4</td>
<td>325</td>
</tr>
<tr>
<td>2 Relationship with people who support your positive changes.</td>
<td>6 (1.8%)</td>
<td>49 (15.1%)</td>
<td>73 (22.5%)</td>
<td>197 (60.6%)</td>
<td>3.4</td>
<td>325</td>
</tr>
<tr>
<td>3 Level of communication with your DHS worker.</td>
<td>17 (5.2%)</td>
<td>54 (16.4%)</td>
<td>95 (28.9%)</td>
<td>163 (49.5%)</td>
<td>3.2</td>
<td>329</td>
</tr>
<tr>
<td>4 Level of communication with your attorney(s).</td>
<td>10 (3.1%)</td>
<td>80 (24.7%)</td>
<td>84 (25.9%)</td>
<td>150 (46.3%)</td>
<td>3.2</td>
<td>324</td>
</tr>
<tr>
<td>5 Ability to advocate appropriately for yourself and your family.</td>
<td>2 (0.6%)</td>
<td>26 (7.9%)</td>
<td>88 (26.7%)</td>
<td>213 (64.7%)</td>
<td>3.6</td>
<td>329</td>
</tr>
<tr>
<td>6 Knowledge of what needs to be done for custody of your children.</td>
<td>2 (0.6%)</td>
<td>28 (8.5%)</td>
<td>80 (24.3%)</td>
<td>219 (66.6%)</td>
<td>3.6</td>
<td>329</td>
</tr>
<tr>
<td>7 Ability to get to appointments on time.</td>
<td>4 (1.2%)</td>
<td>47 (14.3%)</td>
<td>65 (19.8%)</td>
<td>212 (64.6%)</td>
<td>3.5</td>
<td>328</td>
</tr>
<tr>
<td>8 Ability to find community resources for your family.</td>
<td>1 (0.3%)</td>
<td>32 (9.8%)</td>
<td>87 (26.7%)</td>
<td>206 (63.2%)</td>
<td>3.5</td>
<td>326</td>
</tr>
<tr>
<td>9 Knowledge of who to contact with needs or concerns regarding your case.</td>
<td>2 (0.6%)</td>
<td>29 (8.8%)</td>
<td>82 (24.9%)</td>
<td>216 (65.7%)</td>
<td>3.6</td>
<td>329</td>
</tr>
<tr>
<td>10 Level of personal responsibility and accountability for your actions.</td>
<td>6 (1.8%)</td>
<td>20 (6.1%)</td>
<td>73 (22.3%)</td>
<td>228 (69.7%)</td>
<td>3.6</td>
<td>327</td>
</tr>
<tr>
<td>11 Willingness to make changes.</td>
<td>6 (1.8%)</td>
<td>20 (6.1%)</td>
<td>61 (18.6%)</td>
<td>241 (73.5%)</td>
<td>3.6</td>
<td>328</td>
</tr>
<tr>
<td><strong>Total</strong> (out of a possible score of 44)</td>
<td><strong>38.3</strong></td>
<td><strong>308</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The pattern of results has not changed in comparison with the prior fiscal year, although the proportion of “significant improvement” responses was slightly higher for nine of eleven items (all items except 5 and 6).
Parent Partner: Fidelity Checklist and Family Outcomes

Parent Partners completed 867 fidelity checklists between July 1st, 2016 and June 30th, 2017. If the Parent Partner did not respond or responded “I don’t know,” the data are not included in the analyses. Parent Partners reported they were always encouraging to the participant (75%), always encouraged the participant to fulfill their case plan activities (73%), and always coached the participant on what to expect (71%). On average, Parent Partners rated these same three fidelity items the highest; each was rated 4.6 on a 5.0 scale.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never (1)</th>
<th>Rarely (2)</th>
<th>Sometimes (3)</th>
<th>Often (4)</th>
<th>Always (5)</th>
<th>Average</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>I encouraged the participant to fulfill their case plan activities.</td>
<td>13 (1.5%)</td>
<td>8 (0.9%)</td>
<td>44 (5.1%)</td>
<td>169 (19.5%)</td>
<td>633 (73.0%)</td>
<td>4.6</td>
<td>867</td>
</tr>
<tr>
<td>I had regular face to face visits with the participant.</td>
<td>15 (1.7%)</td>
<td>42 (4.9%)</td>
<td>150 (17.5%)</td>
<td>247 (28.8%)</td>
<td>404 (47.1%)</td>
<td>4.2</td>
<td>858</td>
</tr>
<tr>
<td>I had other (email, phone, web) communication and contact with the participant.</td>
<td>12 (1.4%)</td>
<td>33 (3.9%)</td>
<td>151 (17.6%)</td>
<td>244 (28.5%)</td>
<td>417 (48.7%)</td>
<td>4.2</td>
<td>857</td>
</tr>
<tr>
<td>I advocated for the participant for needed resources.</td>
<td>17 (2.0%)</td>
<td>31 (3.6%)</td>
<td>114 (13.3%)</td>
<td>211 (24.6%)</td>
<td>486 (56.6%)</td>
<td>4.3</td>
<td>859</td>
</tr>
<tr>
<td>I encouraged the participant.</td>
<td>14 (1.6%)</td>
<td>9 (1.0%)</td>
<td>40 (4.6%)</td>
<td>154 (17.8%)</td>
<td>648 (74.9%)</td>
<td>4.6</td>
<td>865</td>
</tr>
<tr>
<td>I connected the participant with community resources.</td>
<td>27 (3.2%)</td>
<td>45 (5.3%)</td>
<td>153 (18.0%)</td>
<td>218 (25.7%)</td>
<td>405 (47.8%)</td>
<td>4.1</td>
<td>848</td>
</tr>
<tr>
<td>I helped the participant connect with the community.</td>
<td>27 (3.2%)</td>
<td>47 (5.6%)</td>
<td>171 (20.2%)</td>
<td>206 (24.4%)</td>
<td>394 (46.8%)</td>
<td>4.1</td>
<td>845</td>
</tr>
<tr>
<td>I coached the participant on communication strategies.</td>
<td>23 (2.7%)</td>
<td>29 (3.4%)</td>
<td>99 (11.6%)</td>
<td>197 (23.0%)</td>
<td>508 (59.3%)</td>
<td>4.3</td>
<td>856</td>
</tr>
<tr>
<td>I supported the participant at FTM, court, treatment, and other gatherings.</td>
<td>39 (4.6%)</td>
<td>19 (2.2%)</td>
<td>70 (8.2%)</td>
<td>162 (19.1%)</td>
<td>560 (65.9%)</td>
<td>4.4</td>
<td>850</td>
</tr>
<tr>
<td>I coached the participant on what to expect throughout this process.</td>
<td>15 (1.8%)</td>
<td>17 (2.0%)</td>
<td>52 (6.1%)</td>
<td>167 (19.5%)</td>
<td>605 (70.7%)</td>
<td>4.6</td>
<td>856</td>
</tr>
</tbody>
</table>

| Total (out of a possible score of 50)                                       | 43.5      | 818       |

The number of completed Parent Partner fidelity checklists was 21.6% higher than for the previous fiscal year. Nine of ten items (all but item 2) had a slightly greater proportion of “always” responses compared to last year.
Parent Partners most often perceived “significant improvement” in willingness to make changes (38%), knowledge of what needs to be done for custody (37%), and knowledge of whom to contact with concerns (37%). On average, Parent Partners indicated that parents most improved in their ability to advocate for themselves, knowledge of what needs to be done for custody, and knowledge of whom to contact with concerns (3.0 on a 4.0 scale).

<table>
<thead>
<tr>
<th>Statement</th>
<th>Decreased (1)</th>
<th>Remained the Same (2)</th>
<th>Some Improvement (3)</th>
<th>Significant Improvement (4)</th>
<th>Average</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Relationship with people who are able to connect them with resources.</td>
<td>53 (6.6%)</td>
<td>218 (27.1%)</td>
<td>264 (32.9%)</td>
<td>268 (33.4%)</td>
<td>2.9</td>
<td>803</td>
</tr>
<tr>
<td>2 Relationship with people who support their positive changes.</td>
<td>62 (7.8%)</td>
<td>212 (26.6%)</td>
<td>257 (32.2%)</td>
<td>267 (33.5%)</td>
<td>2.9</td>
<td>798</td>
</tr>
<tr>
<td>3 Level of communication with their DHS worker.</td>
<td>58 (7.3%)</td>
<td>243 (30.6%)</td>
<td>238 (30.0%)</td>
<td>254 (32.0%)</td>
<td>2.9</td>
<td>793</td>
</tr>
<tr>
<td>4 Level of communication with their attorney(s).</td>
<td>34 (4.7%)</td>
<td>267 (36.5%)</td>
<td>214 (29.3%)</td>
<td>216 (29.5%)</td>
<td>2.8</td>
<td>731</td>
</tr>
<tr>
<td>5 Ability to advocate appropriately for themselves and family.</td>
<td>49 (6.1%)</td>
<td>215 (26.8%)</td>
<td>253 (31.6%)</td>
<td>284 (35.5%)</td>
<td>3.0</td>
<td>801</td>
</tr>
<tr>
<td>6 Knowledge of what needs to be done for custody of their children.</td>
<td>51 (6.3%)</td>
<td>217 (27.0%)</td>
<td>240 (29.8%)</td>
<td>297 (36.9%)</td>
<td>3.0</td>
<td>805</td>
</tr>
<tr>
<td>7 Ability to get to appointments on time.</td>
<td>72 (9.0%)</td>
<td>232 (29.1%)</td>
<td>213 (26.7%)</td>
<td>280 (35.1%)</td>
<td>2.9</td>
<td>797</td>
</tr>
<tr>
<td>8 Ability to find community resources for their family.</td>
<td>38 (4.8%)</td>
<td>239 (30.3%)</td>
<td>243 (30.8%)</td>
<td>269 (34.1%)</td>
<td>2.9</td>
<td>789</td>
</tr>
<tr>
<td>9 Knowledge of who to contact with needs or concerns regarding their case.</td>
<td>35 (4.4%)</td>
<td>231 (28.7%)</td>
<td>244 (30.3%)</td>
<td>294 (36.6%)</td>
<td>3.0</td>
<td>804</td>
</tr>
<tr>
<td>10 Level of personal responsibility and accountability for their actions.</td>
<td>100 (12.4%)</td>
<td>215 (26.7%)</td>
<td>204 (25.4%)</td>
<td>285 (35.4%)</td>
<td>2.8</td>
<td>804</td>
</tr>
<tr>
<td>11 Willingness to make changes.</td>
<td>100 (12.4%)</td>
<td>203 (25.1%)</td>
<td>203 (25.1%)</td>
<td>303 (37.5%)</td>
<td>2.9</td>
<td>809</td>
</tr>
</tbody>
</table>

| Total (out of a possible score of 44)                                     |               |                       |                      |                             |         | 32.7  |
|                                                                            |               |                       |                      |                             | 707     |       |

The pattern of ratings for family outcomes was quite similar to those for the previous fiscal year report.
Family Feedback and Parent Partner Comparisons

Pairwise comparisons were used to compare parents’ responses on the fidelity checklist and family outcomes measures to Parent Partners’ responses. Only parents with responses for both the family feedback and the fidelity checklist are included in the following analyses. The trend was for parents to report slightly more fidelity behaviors than the Parent Partners. The difference was statistically significant for seven out of ten items. The difference in total scores was also statistically significant.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Participant Average</th>
<th>Parent Partner Average</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Encouraged the participant to fulfill case plan activities.</td>
<td>4.9</td>
<td>4.8</td>
<td>324</td>
</tr>
<tr>
<td>2* Regular face to face visits.</td>
<td>4.7</td>
<td>4.6</td>
<td>321</td>
</tr>
<tr>
<td>3* Other communication and contact.</td>
<td>4.7</td>
<td>4.5</td>
<td>320</td>
</tr>
<tr>
<td>4* Advocated for needed resources.</td>
<td>4.7</td>
<td>4.5</td>
<td>319</td>
</tr>
<tr>
<td>5 Encouraged the participant.</td>
<td>4.9</td>
<td>4.8</td>
<td>321</td>
</tr>
<tr>
<td>6* Connected with community resources.</td>
<td>4.6</td>
<td>4.3</td>
<td>318</td>
</tr>
<tr>
<td>7* Helped connect with the community.</td>
<td>4.6</td>
<td>4.3</td>
<td>315</td>
</tr>
<tr>
<td>8* Coached on communication strategies.</td>
<td>4.7</td>
<td>4.5</td>
<td>321</td>
</tr>
<tr>
<td>9* Supported at FTM, court, treatment, and other gatherings.</td>
<td>4.8</td>
<td>4.6</td>
<td>318</td>
</tr>
<tr>
<td>10 Coached on what to expect throughout this process.</td>
<td>4.8</td>
<td>4.7</td>
<td>320</td>
</tr>
<tr>
<td><strong>Total * (out of a possible score of 50)</strong></td>
<td><strong>47.4</strong></td>
<td><strong>45.8</strong></td>
<td><strong>310</strong></td>
</tr>
</tbody>
</table>

* The difference between the average participant rating and the average Parent Partner rating was statistically significant.
Parents reported greater improvement than did Parent Partners on nine (9) out of 11 family outcome measures. The difference in ratings was statistically significant for seven items. Items with an asterisk in the table below identify statistically significant differences between participant and Parent Partner ratings. The difference in total scores was statistically significant.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Participant Average</th>
<th>Parent Partner Average</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Relationship with people who are able to connect with resources.</td>
<td>3.4</td>
<td>3.3</td>
<td>312</td>
</tr>
<tr>
<td>2  Relationship with people who support positive changes.</td>
<td>3.4</td>
<td>3.3</td>
<td>310</td>
</tr>
<tr>
<td>3  Level of communication with DHS worker.</td>
<td>3.2</td>
<td>3.3</td>
<td>312</td>
</tr>
<tr>
<td>4  Level of communication with attorney(s).</td>
<td>3.2</td>
<td>3.2</td>
<td>293</td>
</tr>
<tr>
<td>5* Ability to advocate appropriately.</td>
<td>3.6</td>
<td>3.4</td>
<td>316</td>
</tr>
<tr>
<td>6* Knowledge of what needs to be done for custody of children.</td>
<td>3.6</td>
<td>3.4</td>
<td>314</td>
</tr>
<tr>
<td>7* Ability to get to appointments on time.</td>
<td>3.5</td>
<td>3.4</td>
<td>310</td>
</tr>
<tr>
<td>8* Ability to find community resources.</td>
<td>3.5</td>
<td>3.4</td>
<td>310</td>
</tr>
<tr>
<td>9* Knowledge of who to contact with needs or concerns regarding the case.</td>
<td>3.6</td>
<td>3.4</td>
<td>313</td>
</tr>
<tr>
<td>10* Level of personal responsibility and accountability.</td>
<td>3.6</td>
<td>3.4</td>
<td>313</td>
</tr>
<tr>
<td>11* Willingness to make changes.</td>
<td>3.6</td>
<td>3.4</td>
<td>315</td>
</tr>
<tr>
<td><strong>Total</strong> (out of a possible score of 44)</td>
<td><strong>38.3</strong></td>
<td><strong>37.3</strong></td>
<td><strong>276</strong></td>
</tr>
</tbody>
</table>

The pattern of results compared to the previous fiscal year report was largely unchanged.
Relationship Between Fidelity Checklist and Family Outcomes

For each parent, the Parent Partner completed a Fidelity Checklist and a Family Outcomes measure. The parent also completed a Fidelity Checklist and a Family Outcomes measure. There are six correlations to examine:

<table>
<thead>
<tr>
<th>Measure 1</th>
<th>Measure 2</th>
<th>What the relationship tells us</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Partner report of Fidelity Checklist</td>
<td>Parent Partner report of Family Outcomes</td>
<td>Whether Parent Partners’ reports of fidelity to the model relate to Parent Partners’ reports of improvement on the family outcomes</td>
</tr>
<tr>
<td></td>
<td>Parent report of Fidelity Checklist</td>
<td>Whether Parent Partners and parents agree on fidelity to the model</td>
</tr>
<tr>
<td></td>
<td>Parent report of Family Outcomes</td>
<td>How Parent Partners’ reports of fidelity to the model relate to parents’ reports of improvement on the family outcomes</td>
</tr>
<tr>
<td>Parent Partner report of Family Outcomes</td>
<td>Parent report of Fidelity Checklist</td>
<td>How Parent Partners’ reports of improvement on family outcomes relate to parents’ reports of fidelity to the model</td>
</tr>
<tr>
<td></td>
<td>Parent report of Family Outcomes</td>
<td>Whether Parent Partners and parents agree on parents’ improvement on family outcomes</td>
</tr>
<tr>
<td>Parent report of Fidelity Checklist</td>
<td>Parent report of Family Outcomes</td>
<td>How parents’ reports of fidelity to the model relate to parents’ reports of improvement on the family outcomes</td>
</tr>
</tbody>
</table>

The highlighted box above (relationship between Parent Partners’ reports of family outcomes and parents’ reports of fidelity) provides the most important information. The strength of this relationship provides an indication of how closely parent’s views of the treatment they received relate to their Parent Partner's assessment of the family’s improvement. The table below includes the relationships between each measure. Values with an asterisk (*) are statistically significant.

<table>
<thead>
<tr>
<th>Measure 1</th>
<th>Measure 2</th>
<th>Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Partner report of Fidelity Checklist</td>
<td>Parent Partner report of Family Outcomes</td>
<td>+.42*</td>
</tr>
<tr>
<td></td>
<td>Parent report of Fidelity Checklist</td>
<td>+.44*</td>
</tr>
<tr>
<td></td>
<td>Parent report of Family Outcomes</td>
<td>+.27*</td>
</tr>
<tr>
<td>Parent Partner report of Family Outcomes</td>
<td>Parent report of Fidelity Checklist</td>
<td>+.37*</td>
</tr>
<tr>
<td></td>
<td>Parent report of Family Outcomes</td>
<td>+.55*</td>
</tr>
<tr>
<td>Parent report of Fidelity Checklist</td>
<td>Parent report of Family Outcomes</td>
<td>+.35*</td>
</tr>
</tbody>
</table>
From this table, we found that:

- With higher Parent Partner perceptions of fidelity to the Parent Partner model, there are improved family outcomes as reported by the Parent Partners.
- Parent Partners and parents tend to agree in their perceptions of fidelity to the model.
- With higher Parent Partner perceptions of fidelity to the model, there are improved family outcomes as reported by the parents.
- **Parent Partner reports of family outcomes are positively related to parent reports of fidelity to the model. This means that with higher parent reports of fidelity, there are improved family outcomes as reported by the Parent Partners.**
- Parent Partners and parents tend to agree in their perceptions of family outcomes.
- With higher parent perceptions of fidelity to the Parent Partner model, there are improved family outcomes as reported by the parents.

The magnitude of the correlations—which measures the strength of the relationships—was higher for all six indicators in the current report than in the prior report.
DHS staff revised the matrix below to reflect changes in the benchmarks.

### Table 24(g): Improvement Plan Matrix

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Measure</th>
<th>Benchmark</th>
<th>Data Source</th>
<th>Associated Goals &amp; Objectives (Obj)</th>
</tr>
</thead>
</table>
| 1: Differential    | 1: Recurrence of Maltreatment = Number of children in the denominator who had another substantiated or indicated report of maltreatment within 12 months of their initial report | 1: By end of year 1, established baseline, performance goal, and interim performance benchmarks for years 2 through 5.  
2: By end of year 2, achieved interim performance benchmark of 10.9%.  
3: By end of year 3, achieved interim performance benchmark of 10.7%.  
4: By end of year 4, achieved interim performance benchmark of 12.9%.  
5: By end of year 5, achieved interim performance benchmark of 13.5%. | NCANDS      | X                                                  |
<p>| Response           |                                                                         |                                                                                               | NCANDS      | X                                                  |
|                    |                                                                         |                                                                                               | NCANDS      | X                                                  |
|                    |                                                                         |                                                                                               | NCANDS      | X                                                  |
| 2: Child Welfare   | 1: Community Care Services: Percentage of                                | 1: By end of year 1, defined performance goal                                               | Service     | X                                                  |
|                    |                                                                         |                                                                                               | Contracts   |                                                     |</p>
<table>
<thead>
<tr>
<th>Intervention</th>
<th>Measure</th>
<th>Benchmark</th>
<th>Data Source</th>
<th>Associated Goals &amp; Objectives (Obj)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services</td>
<td>families referred to Community Care who have a confirmed or founded report of child neglect or abuse within twelve (12) months where the actual incident occurred fourteen (14) days after the date of the referral to Community Care will be nine percent (9%) or less.</td>
<td>and measurement within statewide contract and established performance benchmarks for year 5. <strong>2: By end of year 5</strong>, Achieved performance benchmark of 9% or lower.</td>
<td>Service Contracts</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td><strong>2: Safety Plan Services:</strong> Children will not suffer maltreatment during Safety Plan Services.</td>
<td><strong>1: By end of year 1</strong>, defined performance goal and measurement within statewide contract and established performance benchmarks for years 2 through 5. <strong>2: By end of year 2</strong>, established baseline performance and performance benchmarks for years 3 through 5. <strong>3: By end of year 3</strong>, achieved interim performance benchmark of 89%. <strong>4: By end of years 4 and 5</strong>, maintain interim performance benchmark of 92%.</td>
<td>Service Contracts</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Service Contracts</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Service Contracts</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Service Contracts</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Service Contracts</td>
<td>X</td>
</tr>
<tr>
<td>3: Family Safety, Risk &amp;</td>
<td><strong>1: By end of year 1</strong>,</td>
<td>Service</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Intervention</td>
<td>Measure</td>
<td>Benchmark</td>
<td>Data Source</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>---------</td>
<td>-----------</td>
<td>-------------</td>
<td></td>
</tr>
</tbody>
</table>
| Permanency (FSRP) Services: (a): Children in cases receiving FSRP Services will be safe from abuse* for the entire Episode** of Services and for at least twelve (12) consecutive months following the service end date of their FSRP Services, regardless of contractor***.  
(b) Children who are in placement in the beginning of, or enter placement during, their case’s episode of FSRP Services will be reunited within twelve (12) months and remain at home without experiencing reentry into care within twelve (12) consecutive months of their reunification date. | defined performance goal and measurement within statewide contract.  
2: By end of year 5, established baseline performances a) & b). | Contracts |
| | | Service Contracts | | X | X | X |

---

1 *For purposes of calculating this measure, abuse in which the person responsible is employed by or a caretaker in the child’s placement setting or a childcare setting will not be counted against the contractor. However, if abuse occurs in a relative placement and the relative is responsible, it will be counted against the contractor.

**Episode of service means the period from the start date of services through the service end date in which a case receives services under the same contract.

***For purposes of this measure, cases must be closed from receiving Family Safety, Risk, and Permanency Services for at least twelve (12) consecutive months, without any confirmed, not placed or founded abuse reports to be eligible for incentive payments. It is possible that more than one contractor would be eligible for an incentive payment on the same case in situations where the case was transferred to another contractor, without a break in services, and no abuse occurred while either contractor delivered services and within twelve (12) consecutive months of final service closure.
<table>
<thead>
<tr>
<th>Intervention</th>
<th>Measure</th>
<th>Benchmark</th>
<th>Data Source</th>
<th>Associated Goals &amp; Objectives (Obj)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Goal 1/Obj 1</td>
</tr>
<tr>
<td>4: Children’s Bureau – Maltreatment in Foster Care =</td>
<td>1: By end of year 1, established baseline, performance goal, and interim performance benchmarks for years 2 through 5.</td>
<td>NCANDS &amp; AFCARS</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2: By end of year 2, achieved interim performance benchmark of 15.39.</td>
<td>NCANDS &amp; AFCARS</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3: By end of year 3, achieved interim performance benchmark of 14.89.</td>
<td>NCANDS &amp; AFCARS</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4: By end of year 4, achieved interim performance benchmark of 17.85.</td>
<td>NCANDS &amp; AFCARS</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5: By end of year 5, achieved interim performance benchmark of 18.85.</td>
<td>NCANDS &amp; AFCARS</td>
<td>X</td>
</tr>
<tr>
<td>5: Children’s Bureau – Re-Entry to Foster Care in 12 Months=</td>
<td>1: By end of year 1, established baseline, performance goal, and interim performance benchmarks for years 2 through 5.</td>
<td>AFCARS</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2: By end of year 2, achieved interim performance benchmark of 9.9%.</td>
<td>AFCARS</td>
<td>X</td>
</tr>
<tr>
<td>Intervention</td>
<td>Measure</td>
<td>Benchmark</td>
<td>Data Source</td>
<td>Associated Goals &amp; Objectives (Obj)</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3: By end of year 3, achieved interim performance benchmark of 12.7%. 4: By end of year 4, achieved interim performance benchmark of 8.8%. 5: By end of year 5, achieved interim performance benchmark of 9.0%.</td>
<td>AFCARS</td>
<td>Goal 1/ 1a  b  c</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of children who entered foster care in a 12-month period who discharged within 12 months to reunification, living with relative, or guardianship</td>
<td>AFCARS</td>
<td>X</td>
</tr>
<tr>
<td>Caseworker Visits</td>
<td>1: Cases will demonstrate monthly, quality caseworker visits with children.</td>
<td>1a: By end of year 2, 36% of cases demonstrate monthly, quality caseworker visits with children. 1b: By end of year 3, 50% of cases demonstrate monthly, quality caseworker visits with children. 1c: By end of year 5, 55% of cases demonstrate monthly, quality caseworker visits with children.</td>
<td>Case Reviews – Item 14</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2a: Cases will demonstrate monthly, quality caseworker visits with mother. 2b: Cases will demonstrate monthly, quality caseworker visits with father.</td>
<td>Case Reviews – Item 14</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2a1: By end of year 2, 40% of cases demonstrate monthly, quality caseworker visits with mother. 2a2: By end of year 3, 41% of cases demonstrate monthly, quality caseworker visits with mother.</td>
<td>Case Reviews – Item 15</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Case Reviews - Item 15</td>
<td>Case Reviews - Item 15</td>
<td>X</td>
</tr>
<tr>
<td>Intervention</td>
<td>Measure</td>
<td>Benchmark</td>
<td>Data Source</td>
<td>Associated Goals &amp; Objectives (Obj)</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2a3: By end of year 5, 43% of cases demonstrate monthly, quality caseworker visits with mother.</td>
<td>Case Reviews – Item 15</td>
<td>X X X X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2b1: By end of year 2, 26% of cases demonstrate monthly, quality caseworker visits with father.</td>
<td>Case Reviews – Item 15</td>
<td>X X X X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2b2: By end of year 3, 27% of cases demonstrate monthly, quality caseworker visits with father.</td>
<td>Case Reviews – Item 15</td>
<td>X X X X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2b3: By end of year 5, 29% of cases demonstrate monthly, quality caseworker visits with father.</td>
<td>Case Reviews – Item 15</td>
<td>X X X X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3: Cases will demonstrate appropriate assessment and service provision for children, parents, and foster parents, including relative caregivers.</td>
<td>Case Reviews – Item 12</td>
<td>X X X X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1: By end of year 2, 60% of cases demonstrate appropriate assessment and service provision for children, parents, and foster parents, including relative caregivers.</td>
<td>Case Reviews – Item 12</td>
<td>X X X X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2: By end of year 3, 50% of cases demonstrate appropriate assessment and service provision for children, parents, and foster parents, including relative caregivers.</td>
<td>Case Reviews – Item 12</td>
<td>X X X X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3: By end of year 5, 55% of cases demonstrate</td>
<td>Case Reviews</td>
<td>X X X X</td>
</tr>
<tr>
<td>Intervention</td>
<td>Measure</td>
<td>Benchmark</td>
<td>Data Source</td>
<td>Associated Goals &amp; Objectives (Obj)</td>
</tr>
<tr>
<td>--------------</td>
<td>---------</td>
<td>-----------</td>
<td>-------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Goal 1/Obj 1</td>
</tr>
</tbody>
</table>

### 4: Cases will demonstrate concerted efforts to involve parents and children in case planning.

1: **By end of year 2**, 60% of cases demonstrate concerted efforts to involve parents and children in case planning.

2: **By end of year 3**, 55% of cases demonstrate concerted efforts to involve parents and children in case planning.

3: **By end of year 5**, 60% of cases demonstrate concerted efforts to involve parents and children in case planning.

- **Item 12**

- **Case Reviews – Item 13**

- **Case Reviews – Item 13**

### 5: Rate of Placement Change = 

Of children in the denominator, the total number of placement moves during the 12-month period.

- **AFCARS**

Of children who enter foster care in a 12-month period, the total number of days.

- **AFCARS**
Table 24(g): Improvement Plan Matrix

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Measure</th>
<th>Benchmark</th>
<th>Data Source</th>
<th>Associated Goals &amp; Objectives (Obj)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>these children were in care as of the end of the 12-month period</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Family</td>
<td>DHS service cases with a child in foster care will have a FTDM within</td>
<td>1: By end of year 1, statewide contract(s) will be awarded. 2: By end of</td>
<td>Service Contracts</td>
<td>Goal 1/ Goal 2/ Goal 3</td>
</tr>
<tr>
<td>Team</td>
<td>30 days of the child's removal from the home.</td>
<td>year 5, evaluate FTDM performance and its impact to improving CFSR</td>
<td>Service Contracts</td>
<td>Obj 1/ Obj 2/ Obj 1/ Obj 2</td>
</tr>
<tr>
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Iowa Child and Family Service Plan
Federal Fiscal Years 2015 – 2019
Updated Foster and Adoptive Parent
Diligent Recruitment Plan

June 29, 2018
Title IV-B Child and Family Service Plan
Federal Fiscal Years 2015 – 2019
Updated Foster and Adoptive Parent
Diligent Recruitment Plan

State of Iowa
Iowa Department of Human Services
Division of Adult, Children and Family Services

Contact Person

Name: Tracey Parker
Title: Program Manager
Address: Iowa Department of Human Services
         Division of Adult, Children and Family Services
         Hoover State Office Building – 5th Floor
         1305 E. Walnut Street
         Des Moines, IA  50319
Phone: (515) 281-8799
FAX: (515) 281-6248
E-Mail: tparker@dhs.state.ia.us
DHS has five geographic service delivery areas. DHS awarded a contract for the Recruitment, Retention, Training and Support for Resource Families (RRTS) to one agency in each service area, a change from the previous statewide contract. The awarded contracts were as follows:

- Western Service Area – Lutheran Services in Iowa
- Northern Service Area – Four Oaks Family Services
- Eastern Service Area – Four Oaks Family Services
- Cedar Rapids Service Area – Four Oaks Family Services
- Des Moines Service Area – Four Oaks Family Services

While Four Oaks received contracts in four service areas, they are responsible for independently meeting the requirements of the contract and achieving service area specific performance measures.

Another significant change was to incorporate all in-service training and supports into the RRTS contract. In-service training responsibilities, previously held through a contract with the Iowa Foster and Adoptive Parent Association, ended June 30, 2017.

The contracted providers are responsible for the following:

- Developing service area specific plans that include strategies and numerical goals for each service area based on the needs of the service area for the following criteria:
  - Families that reflect the race and ethnicity of the children in care in the service area;
  - Families who have the ability to take sibling groups of two or more;
  - Families who have the ability to parent older children, especially teens;
  - Families who are geographically located to allow children to remain in their neighborhoods and schools;
  - Families who have the skills to care for children who exhibit difficult behaviors or have significant mental health, behavioral, developmental or medical needs;
  - Families who can provide a continuum of care including respite, short term placements, transitioning children to permanency and adoption;
  - Families who will mentor and work collaboratively with birth parents; and
  - Families who understand the importance of maintaining a child’s connections to their family, school, community and culture and will help maintain those connections.
- Conducting licensing activities for foster families and approval activities for adoptive families including:
  - Providing orientation sessions for interested families;
  - Providing pre-service Trauma Informed Partnering for Safety and Permanence - The Model Approach to Partnerships in Parenting (TIPS-MAPP);
  - Completing all background checks according to state and federal law;
• Completing an initial home study and all other required paperwork; and
• Completing renewal activities and updating home studies.

• Providing service area specific matching services for children in need of foster home placement. Matching criteria is established based on the needs of each child but may include:
  o Keeping siblings together;
  o Keeping children in their home school and neighborhood;
  o The family’s ability to parent older children;
  o The family’s ability to meet the child’s cultural needs;
  o The family’s ability to meet the child’s emotional and behavioral needs; or
  o The child’s permanency goal.

• Providing support services to foster families and pre-adoptive families. The contract requires providers’ staff to:
  o Assign one caseworker to a foster family in the beginning of the licensing process who will remain with the family until the family no longer provides care. The caseworker:
    ▪ Is the family’s primary contact for questions and when a need or concern arises.
    ▪ Conducts licensing renewal activities.
    ▪ Is actively involved in the matching process.
    ▪ Monitors compliance with rules and corrective action plans to come into compliance when needed.
    ▪ Monitors training completion.
  o Visit a family within 5 days of their first placement;
  o Contact each family within 3 days of a new placement;
  o Visit each foster family who has a child in their home at least every other month with one visit unrelated to licensing renewal or adoption approval activities, and have a meaningful phone contact in any month a visit was not required;
    ▪ Foster families who do not have a child placed in their home have monthly phone contact.
  o Provide support services based on the foster/pre-adoptive family’s needs that may include:
    ▪ Crisis intervention;
    ▪ Assisting families with the transition of teens to adulthood;
    ▪ Assisting families with the transition of children to permanency through reunification;
    ▪ Partnering, coordinating and collaborating with other service providers;
    ▪ Providing services in a culturally competent manner;
    ▪ Coordinating and collaborating with service providers to assist families in the transition from foster care to adoption;
    ▪ Assisting families in understanding the difference between foster care and adoption.

• Providing in-service trainings to foster families that are timely, relevant, and intentional to increase a family’s skills and abilities to parent children in care.

• Providing post-adoption support to all adoptive families who adopted children that receive or eligible to receive adoption subsidy. Support services are voluntary and families can self-refer or have DHS staff refer them. Services are free of charge to
the family and may be provided in the family’s home. Support services are tailored to meet the needs of the family and may include:
- Crisis intervention;
- Providing assistance in developing behavior management plans;
- Assisting and supporting the family’s relationship with the birth family;
- Advocating for the family with school, DHS or other service providers; and
- Assisting families in securing community resources.

- Assisting DHS in finding adoptive families for waiting children by:
  - Registering children on the national exchange through AdoptUSKids;
  - Providing adoptive families with AdoptUSKids registration information;
  - Facilitating information sharing between adoptive families and DHS adoption workers;
  - Managing the state Heart Gallery; and
  - Collaborating on or coordinating adoption month events.

- Recruiting, training, and supporting enhanced foster families. These are specially identified foster families who have the skills, ability, capacity and willingness to care for children coming from a congregate care setting who have behaviors and needs that make it difficult to find a foster family home.
  - Enhanced foster families will receive additional training beyond the required 6 hours a year.
  - Enhanced foster families will receive a higher maintenance payment rate of $50.00 per day.
  - Enhanced foster families will be limited to caring for no more than two children in care.

The RRTS contract is a performance based contract. Performance measures are the same for each of the five contracts, but baselines and targets are specific to each service area. The performance measures are:
- Children will achieve stability in foster family care. Children first removed from their home or from shelter and placed into a foster family home will be stable in that foster family home for 180 days, or will have returned home, been placed with a relative, placed in pre-adoption status or obtained guardianship.
  - This measure is done quarterly based on a cohort of children who entered care in the quarter.
- The number of foster families who are available for matching will be increased. Available for matching means a family who has either had a child placed in their home within the previous 12 months, is not licensed for a specific child, and who is not only providing respite.
  - Data used to establish baselines and establish targets.
  - Achievement determined annually at the end of the state fiscal year.
- The number of non-white families available for matching will be increased.
  - Same criteria as above
  - Both measures count non-white families.
  - Achievement determined annually at the end of the state fiscal year.
- Year 1 – Increase the number of Enhanced Foster Family Homes available for matching
  - Achievement determined annually at the end of the state fiscal year.
- Year 2 – Children placed in an Enhanced Foster Family Home will be stable for three months.
  - Achievement determined annually at the end of the state fiscal year.

FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

A description of the characteristics of children for whom foster and adoptive homes are needed

DHS provides data to the contractor in order to determine recruitment and retention goals and targets. Recruitment plans are based on the needs of each service area and the data specific to the service area. Recruitment and retention targets for specific populations of children may include:

- Teens
- Sibling groups
- Non-white children
- Children with difficult behaviors (physically aggressive, sexual acting out, impulsivity, etc.)
- Children with significant needs (mental health concerns, developmental disabilities, intellectual disabilities, medically fragile, etc.)

The RRTS contractors receive age, race and ethnicity data for every child who exited or entered a foster home each week. The RRTS contractors also use a database called Carematch that records demographic information on foster and adoptive families and on children placed in foster or adoptive homes. They use this data when developing service area specific recruitment plans.

Recruitment and retention plans focus on developing a sufficient number of families who have the skills and abilities to care for children who have difficult behaviors or significant needs. Child specific data is not kept on these two recruitment categories as it is expected that all foster families will have or will learn the skills necessary to meet the needs of children coming into care.
The most recent data regarding age, race and ethnicity for the children in family foster care are in the tables below:

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Source: DHS
Specific strategies to reach out to all parts of the community

Service area recruitment plans cover the entire area; however, prioritized areas are identified based on the demographics and geographic location of children coming into care. Service areas analyze data to determine which geographic locations children are removed from, and prioritize those areas to have a sufficient number of foster/adoptive families, while also recruiting throughout the area.

Research and experience shows the best form of recruitment is family to family. RRTS staff consistently engages current foster and adoptive parents to act as ambassadors for foster care in their home communities. Ambassadors use their personal and professional networks to raise awareness of the need for foster families in their communities.

Strategies common to all service areas include:
- Engaging faith based organizations and houses of worship in all communities, especially non-white communities;
- Partnering with local media outlets, especially non-white;
- Partnering with local businesses and civic organizations;
- Reaching out to schools, child care providers, and other agencies that serve families.
- Family to family resources such as “tool kits” with recruitment information, and educating current foster families on the needs in their own communities to assist in outreach.

Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information

Recruitment plans combine general recruitment activities with targeted recruitment activities based on the needs of the service area. Examples of general recruitment activities are:
- Recruitment teams engage local media outlets by providing staff or resource families for interviews;
- Use of print and electronic media for general recruitment such as the use of public service announcements (PSAs), and promotions for upcoming events;
- Providing brochures to businesses, churches, child care centers, medical facilities or other entities who serve families;
- Utilizing Why Foster Teens campaign to increase the number of foster and adoptive families willing to care for teens.

Child specific recruitment through the recruitment and retention contract for a child in foster care is more difficult due to the time it takes to license a family. The child’s team, including the contractor, works together to identify any currently licensed families, relatives, or other people in the child’s life who may be placement resources.
**Strategies for assuring that all prospective foster/adoptive parents have access to agencies that license/approve foster/adoptive parents, including location and hours of services so that the agencies can be accessed by all members of the community**

Each contractor has a website and toll-free number for any prospective foster or adoptive family to contact to receive information and to enroll in an orientation. Orientations occur in groups and individually to explain the licensing/approval process, begin the record check process, and enroll families in pre-service training. The contract requires pre-service training to be available to interested families within 60 days of completing orientation and within 60 miles of the family’s home. Families may choose to attend later trainings due to preference or scheduling.

RRTS contractors began using TIPS-MAPP for pre-service training on October 1, 2017. Below is the number of trainings held in each service area from October 2017 through April 2018:

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<th>Service Area</th>
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</tr>
<tr>
<td>Cedar Rapids</td>
<td>10</td>
</tr>
<tr>
<td>Des Moines</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>55</strong></td>
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</tbody>
</table>

Pre-Service trainings occur in various locations in the service area to meet the contract requirement that prospective families receive training within 60 miles of their home. RRTS contractors also may use Deciding Together pre-service training for individuals or small groups to meet the needs in rural areas of the state. In addition, they offer Caring for Our Own in each service area for relatives who are fostering or adopting kin children.

**Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations**

Please see the DHS training plan for department staff training on working with diverse communities.

Contractor staff receives ongoing training provided by experts or specialists in areas of racial, ethnic, and cultural diversity. Examples of these trainings include LGBTQ
training by an advocacy and educational organization or representatives from refugee communities who discuss the culture specific to their homeland.

Native American TIPS-MAPP pre-service training occurs in northwest Iowa to provide more culturally responsive training to prospective Native American foster and adoptive families. Three staff with Meskwaki Family Services are certified as trainers in Native American TIPS-MAPP and plan to start providing pre-service training on the settlement in the next state fiscal year.

**Strategies for dealing with linguistic barriers**

TIPS-MAPP forms are available in Spanish and English.

Interpreters are available through the RRTS contractors for all language groups, from inquiry through completing the licensing/approval process.

**Non-discriminatory fee structures**

Families who apply to become foster parents or adoptive parents through the DHS are not charged any fees for a home study or to attend pre-service training. The recruitment and retention contract includes the cost of record checks and home studies. Families must take CPR and First Aid training prior to initial licensure, must keep their certification current after licensure, and may have to pay the cost of that training. Families also may have fees for water testing in rural areas. Families receive a $100.00 stipend each year to help cover the costs of required ongoing training. However, most of the training offered by the RRTS contractors is free.

**Procedures for a timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided that such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.**

The RRTS contractors are responsible for child specific recruitment for waiting children. Examples of these recruitment activities include:

- Registering waiting children on the national adoption exchange through AdoptUSKids;
- Displaying the Heart Gallery throughout the state;
- Partnering with a local television station to present a waiting child on a regular segment called “Wednesday’s Child”; and
- Partnering with Wendy’s Wonderful Kids.
DHS is responsible for selecting the adoptive family that will best meet the needs of the child, not the race or ethnicity of the family in relation to the child. Transracial adoptions are common and children do no not wait for a home based on the race or ethnicity.

Children who are in need of an adoptive home are photo listed on the Iowa Adoption Exchange on the Lutheran Services in Iowa and the Four Oaks websites, as well as on the AdoptUSKids website. A child must be registered on the Iowa exchange within 60 days of termination of parental rights unless the child meets a deferral reason. Reasons to defer a child are:

- The child is in an adoptive placement.
- The child’s foster parents or another person with a significant relationship is being considered as the adoptive family.
- The child needs diagnostic study or testing to clarify the child’s needs and provide an adequate description of them which is limited to 90 days.
- The child is receiving medical care or mental health treatment, and the child’s care or treatment provider determined that meeting prospective adoptive parents is not in the child’s best interest and deferral is limited to 120 days.
- The child is 14 years of age or older and will not consent to an adoptive plan, and the consequences of not being adopted have been explained to the child.
- The termination of parental rights is under appeal by the birth parents and foster parents or other persons with a significant relationship continue to be considered as the prospective adoptive family.

RRTS contractors work with DHS staff to arrange photos for registration on AdoptUSKids, for the Heart Gallery, and to photo list children on the respective websites. DHS staff is responsible for referring children for photo listing to the RRTS contractors, who then register the children on AdoptUSKids.

Below is a detailed timeline of activities for completion over the five years of this plan.
## Table 7: Strategies and Activities to Develop Diligent Recruitment Plan

**Goal:** To have sufficient statewide capacity in family foster care in order to improve stability and keep children close to their home communities.

<table>
<thead>
<tr>
<th>Year</th>
<th>Strategies</th>
<th>Activities</th>
<th>Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFY 2015 (10/1/14 to 9/30/15)</td>
<td>Use the Diligent Recruitment Navigator tool to guide discussion towards identifying goals and strategies that build on strengths and improve areas of need and incorporate all requirements for the diligent recruitment plan.</td>
<td>• Form a stakeholder group to work through the Diligent Recruitment Navigator tool. Members may include representatives of: o DHS social workers o DHS supervisors o DHS program management staff o DHS Quality Assurance o Recruitment and Retention Contractor o Iowa Foster and Adoptive Parent Association o Foster care youth or foster care alumni o Parent Partners o Meskwaki tribe and/or tribal representatives from western Iowa o Wendy’s Wonderful Kids o Other identified community partners • Gather data from DHS, contractor and/or other sources • Analyze data to identify trends, strengths, needs and gaps • Identify strengths and needs related to the recruitment and retention of families for targeted child populations (i.e. teens, sibling groups, non-white children) • Partner with the Winnebago tribe in the diligent recruitment grant.</td>
<td>• Team members will be identified by 12/1/14 • Goals and strategies will be identified by the team by 7/1/15 • Provide recommendations to DHS leadership on how to strengthen targeted and overall recruitment and retention efforts by 9/30/15. Team members were identified in May 2015. An event was held on July 29, 2015 for team members to identify strengths, weaknesses, opportunities and threats to the current recruitment and retention process.</td>
</tr>
</tbody>
</table>
**Goal:** To have sufficient statewide capacity in family foster care in order to improve stability and keep children close to their home communities.

<table>
<thead>
<tr>
<th>Year</th>
<th>Strategies</th>
<th>Activities</th>
<th>Benchmarks</th>
<th></th>
</tr>
</thead>
</table>
| FFY 2016      | • Obtain stakeholder and foster/adoptive family input to incorporate into the re-procurement process.  
• Release the request for proposal for R&R and foster/adoptive parent training and support.  
• Continue to build on recruitment and retention strategies to increase the number of non-white families and increase overall capacity.  
• DHS will begin planning for re-procuring the statewide contract for the recruitment and retention of resource families. | • Develop targeted goals  
• Develop strategies to achieve goals  
• Develop a methodology and establish benchmarks to monitor progress towards meeting goals  
• Incorporate findings, recommendations and other pertinent information from the stakeholder group to the extent possible while maintaining the integrity of the procurement process.  
• Complete a Request for Proposal (RFP) | • Release of a request for proposal in the fall of 2016. |  |
| FFY 2017      | • Continue to monitor progress toward achieving goals identified by the stakeholder group  
• DHS will complete the re-procurement process | • Review data  
• Assess effectiveness of strategies  
• Make modifications to the plan and strategies based on monitoring  
• Select a contractor before 5/1/17  
• Execute a contract by 7/1/17  
• Begin implementation of the contract requirements | • To be determined  
• Award contracts to successful bidders.  
• Develop timeline for ending R&R contract and implementing RRTS contract.  
• Meet implementation milestones for new contract. Determine final performance measure achievement for the contract ending 6/30/17. |  |
**Goal:** To have sufficient statewide capacity in family foster care in order to improve stability and keep children close to their home communities.

<table>
<thead>
<tr>
<th>Year</th>
<th>Strategies</th>
<th>Activities</th>
<th>Benchmarks</th>
</tr>
</thead>
</table>
| FFY 2018 (10/1/17 to 9/30/18) | • Begin full implementation of the new contracts.  
• Use data to inform recruitment and retention plans.  
• Review stakeholder input from the CFSR stakeholder interviews to guide contract or practice changes. | • Monitor performance  
• Revise annual recruitment and retention plans as needed to meet goals.  
• Hold quarterly meetings in each service area to address strengths, needs, and strategies to improve performance.  
• Provide trauma informed pre-service training to help prepare prospective foster and adoptive families to care for children with trauma history. | • Approval of service area recruitment and retention plans.  
• Achievement of contract performance measures. |
| FFY 2019 (10/1/18 to 9/30/19) | • Build and enhance training and support for foster families through the RRTS contract.  
• Continue to use data to inform recruitment and retention plans. | • Make contract changes through amendments as needed  
• Monitor performance | • Achievement of contract performance measures. |
Iowa Department of
Human Services

Iowa Child and Family Service Plan
Federal Fiscal Years 2015 – 2019
Updated Health Care Oversight and Coordination Plan
June 29, 2018
Title IV-B Child and Family Service Plan
Federal Fiscal Years 2015 – 2019
Update Health Care Oversight and Coordination Plan

State of Iowa
Iowa Department of Human Services
Division of Adult, Children and Family Services

Contact Person

Name: Heather Davidson
Title: Program Manager
Address: Iowa Department of Human Services
Division of Adult, Children and Family Services
Hoover State Office Building – 5th Floor
1305 E. Walnut Street
Des Moines, IA 50319
Phone: (515) 281-3012
FAX: (515) 281-6248
E-Mail: hdavids@dhs.state.ia.us
A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice

If a child coming into care has not had a physical health screening prior to placement, the initial physical health screening must be scheduled within 14 calendar days of the child coming into care. Medical professionals determine the need for any follow-up appointments. After the initial physical, children in foster care have physcals on an annual basis, or in accordance with applicable Medicaid periodicity schedule for health exams, according to the age of the child. The social work case managers (SWCMs) ask the foster home or foster group care facility at monthly visits about the foster child’s health care. If the provider sends them a report or “summary of the visit” report, it is included in the case file.

How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child’s maltreatment and removal from home

Any child’s health needs identified through screenings are met as the SWCM may assist foster families by scheduling the applicable health care appointments and therapy appointments. SWCMs monitor the ongoing treatment and their outcomes. For foster group care, the SWCM assures the group care provider addressed the identified health needs of the foster child. The SWCM monitors the child’s health care treatments and therapy by the foster group care provider’s health reports sent to them and at their monthly visits.

In addition to the SWCM receiving copies of the Physical Record form and/or the “summary of the visit”, the SWCM may receive other health care appointment information from the foster care provider. The SWCM reviews the health information received, adds it to the case file, and updates the child and family’s case permanency plan. The SWCM addresses the health care information with the child’s parents, if they did not attend the appointment, especially if any medication is prescribed or changed. The SWCM also addresses the child’s health care during monthly visits with the child and/or parents. When SWCMs receive notification of a medication review, they participate in this review as available and follow-up with the foster care provider if they were not available to attend.

The Iowa Foster and Adoptive Parent Association (IFAPA) continued educating our foster parents this FY year with trainings on trauma and assure they address the effects of trauma on the brain and the behavior of a child. Their trainings on child development include child physical and emotional development that assists foster parents in recognizing any developmental issues of a child and addressing them.

How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record

The concept of a “medical home” was new to SWCMs and some foster care providers. Now that many medical offices have electronic records, it is easier to have a medical home for foster children in addition to our mental health providers focusing on medical homes.
For health care providers who have electronic medical records, the foster care provider may ask for a “summary of the visit” or discharge/referral form at the end of the health care visit, if it is not automatically provided. If the health care provider does not have electronic medical records, the foster care provider can give the provider the Physical Record form and request it be completed and returned to them. The Physical Record form includes a list of previous diseases that can be checked and dated, chronic illnesses and an area to list medications prescribed, physical examination information including vision, hearing, dental and mental health, and an area to complete preliminary diagnosis and recommendations, including any recommendations for further assessment or evaluation. The foster parent provides the Physical Record form, “summary of the visit”, and other additional documentation of the child’s health care to the SWCM.

**Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care**

The DHS continues to work with foster care providers on establishing and maintaining a medical home by educating them on what a medical home means, the importance of a medical home and assuring that the health care records follow the child when they move to another placement or leave foster care. Until June 30, 2017, the IFAPA sent a weekly electronic newsletter to foster, adoptive and kin parents, which DHS utilized for educating foster parents on the need for them to keep the child’s SWCM informed of the health care services received by the foster child and providing the child’s health care information they have to the SWCM at the time the child leaves their home.

As of June 30, 2017, the DHS contract with IFAPA ended. IFAPA still exists and offers monthly trainings for foster and adoptive parents but not at the previous contract level of at least 60 trainings per quarter across the state. IFAPA always provided more than the 60 trainings required by the contract with well-qualified trainers. DHS placed the training money used for the IFAPA contract into each of the five service area recruitment and retention and training contracts.

Medicaid implemented statewide Integrated Health Homes in 2015. The Integrated Health Home (IHH) is a team of professionals working together to provide whole-person, patient-centered, coordinated care for adults with a serious mental illness (SMI) and children with a serious emotional disturbance (SED). The Medicaid Behavioral Health Care Managed Care Organizations administers IHH and community-based Integrated Health Homes provide the services. Children with a SED and their families receive IHH services using the principles and practices of a System of Care model. This includes peer support and family support services. The peer support is a person who has a child with SED and can provide emotional support to the parents and assist the family in navigating the system for obtaining mental health services. Foster children in foster homes are eligible for this program.
The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications

Medication monitoring at the foster parent level:
The DHS continues to work with the five new recruitment, retention, support and training (RRTS) providers to provide training to foster parents on medications, including resources for understanding what the medication is; what the medication is used to address; possible side effects of the medication; when to contact the child’s doctor if there is a problem with the medication or the child’s reaction to the medication; description for what a psychotropic medication is; when to contact the child’s case manager; possible alternatives to medications; and how the foster parent can advocate for the best interest in regards to the foster child’s health care needs.

Foster parents are part of Iowa’s collaborative team in monitoring medications and the health care needs of foster children.

Medication monitoring at the agency level:
Iowa Medicaid Enterprise (IME) staff sends a quarterly report to the Bureau Chief for Service Training and Supports for each of the five service areas for agency level medication monitoring. IME staff also sends a similar report to the Chief JCO for distribution to the other Chief JCOs for agency level medication monitoring of JCS children in foster care.

Tables 1 through 7 provide psychotropic medication data for fiscal year (FY) 2010-2011 (our baseline), FY 2012, FY 2013, FY 2014, FY 2015, FY 2016, FY 2017 psychotropic medication data. The source for all tables below is Iowa Medicaid Enterprise (IME), unless otherwise noted.

Table 1: FY 2010-2011 Data - Psychotropic Medication Use for Foster Care Children

<table>
<thead>
<tr>
<th>Foster Children Age Range Mos.</th>
<th>1 to 18 mos.</th>
<th>19 to 36 mos.</th>
<th>37 to 60 mos.</th>
<th>61 to 96 mos.</th>
<th>97 to 144 mos.</th>
<th>145 to 180 mos.</th>
<th>181 to 215 mos.</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age range</td>
<td>1-1.5 yrs</td>
<td>1.6-3 yrs</td>
<td>3.1 to 5 yrs</td>
<td>5.1 to 8 yrs</td>
<td>8.1 to 12 yrs</td>
<td>12.1 to 15 yrs</td>
<td>15.1 to 17.9 yrs</td>
<td></td>
</tr>
<tr>
<td>Anti-convulsants</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>9</td>
<td>24</td>
<td>51</td>
<td>155</td>
<td>244</td>
</tr>
<tr>
<td>Anti-Depressant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>29</td>
<td>118</td>
<td>230</td>
<td>634</td>
<td>1016</td>
</tr>
<tr>
<td>Anxiolytics</td>
<td>4</td>
<td>1</td>
<td>11</td>
<td>9</td>
<td>10</td>
<td>21</td>
<td>59</td>
<td>105</td>
</tr>
<tr>
<td>Atypical Anti-psychotic</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>52</td>
<td>128</td>
<td>196</td>
<td>377</td>
<td>764</td>
</tr>
<tr>
<td>Sedative</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Stimulants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Typical Anti-psychotic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3321</td>
</tr>
</tbody>
</table>
Table 2: FY 2012 Data - Psychotropic Medication Use for Foster Care Children

<table>
<thead>
<tr>
<th>Foster Children Age Range</th>
<th>Anti-convulsants</th>
<th>Anti-Depressant</th>
<th>Anxiolytics</th>
<th>Atypical Antipsychotic</th>
<th>Sedative</th>
<th>Stimulants</th>
<th>Typical Antipsychotic</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-18 mos. 0-1.5 yrs.</td>
<td>1</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>19-36 mos. 1.6-3 yrs.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>37-60 mos. 3.1-5 yrs.</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>13</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>61-96 mos. 5.1-8 yrs.</td>
<td>10</td>
<td>40</td>
<td>7</td>
<td>58</td>
<td>1</td>
<td>133</td>
<td>1</td>
<td>250</td>
</tr>
<tr>
<td>97-144 mos. 8.1-12 yrs.</td>
<td>25</td>
<td>114</td>
<td>12</td>
<td>98</td>
<td>228</td>
<td>2</td>
<td></td>
<td>479</td>
</tr>
<tr>
<td>145-180 mos. 12.1-15</td>
<td>52</td>
<td>253</td>
<td>29</td>
<td>205</td>
<td>280</td>
<td>6</td>
<td></td>
<td>825</td>
</tr>
<tr>
<td>181-215 mos. 15.1-17.9</td>
<td>142</td>
<td>644</td>
<td>67</td>
<td>367</td>
<td>11</td>
<td>447</td>
<td>10</td>
<td>1,688</td>
</tr>
<tr>
<td>Grand Total</td>
<td>236</td>
<td>1,056</td>
<td>122</td>
<td>827</td>
<td>19</td>
<td>1,102</td>
<td>19</td>
<td>3,287</td>
</tr>
</tbody>
</table>

From FY 2010-2011 to FY 2012, the total psychotropic medications prescribed decreased 1%. The Atypical Antipsychotics increased 8%, and the Typical Antipsychotic decreased 5%. The older children (age 12.1 to 17.9 yrs.) also had reduction of 4% decrease in the amount of medications prescribed.

Table 3: FY 2013 Data - Psychotropic Medication Use for Foster Care Children

<table>
<thead>
<tr>
<th>Foster Children Age Range</th>
<th>Anti-convulsants</th>
<th>Anti-Depressant</th>
<th>Anxiolytics</th>
<th>Atypical Antipsychotic</th>
<th>Sedative</th>
<th>Stimulants</th>
<th>Typical Antipsychotic</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-18 mos. 0-1.5 yrs.</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>19-36 mos. 1.6-3 yrs.</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>7</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>37-60 mos. 3.1-5 yrs.</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>12</td>
<td></td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>61-96 mos. 5.1-8 yrs.</td>
<td>6</td>
<td>34</td>
<td>7</td>
<td>36</td>
<td>156</td>
<td>226</td>
<td>3</td>
<td>239</td>
</tr>
<tr>
<td>97-144 mos. 8.1-12 yrs.</td>
<td>23</td>
<td>113</td>
<td>9</td>
<td>112</td>
<td>226</td>
<td>3</td>
<td></td>
<td>486</td>
</tr>
<tr>
<td>145-180 mos. 12.1-15</td>
<td>52</td>
<td>249</td>
<td>19</td>
<td>157</td>
<td>3</td>
<td>278</td>
<td>4</td>
<td>762</td>
</tr>
<tr>
<td>181-215 mos. 15.1-17.9</td>
<td>131</td>
<td>619</td>
<td>72</td>
<td>298</td>
<td>8</td>
<td>444</td>
<td>15</td>
<td>1,587</td>
</tr>
<tr>
<td>Grand Total</td>
<td>218</td>
<td>1,019</td>
<td>113</td>
<td>610</td>
<td>16</td>
<td>1,116</td>
<td>22</td>
<td>3,114</td>
</tr>
</tbody>
</table>

From FY 2012 to FY 2013, the total psychotropic medications prescribed decreased 5%. The Atypical Antipsychotics decreased 26%, and the Typical Antipsychotic increased 16%. The older children (age 12.1 to 17.9 yrs.) again had a decrease in the amount of medications prescribed by 7%.
## Table 4: FY 2014 Data - Psychotropic Medication Use for Foster Care Children

<table>
<thead>
<tr>
<th>Foster Child Age Range</th>
<th>Anti-convulsants</th>
<th>Anti-Depressant</th>
<th>Anxiolytics</th>
<th>Atypical Antipsychotic</th>
<th>Sedative</th>
<th>Stimulants</th>
<th>Typical Anti-psychotic</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-18 mos. 0-1.5 yrs.</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>19-36 mos. 1.6-3 yrs.</td>
<td>1</td>
<td>6</td>
<td>9</td>
<td>13</td>
<td>1</td>
<td>30</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>37-60 mos. 3.1-5 yrs.</td>
<td>9</td>
<td>38</td>
<td>8</td>
<td>40</td>
<td>141</td>
<td>30</td>
<td></td>
<td>236</td>
</tr>
<tr>
<td>61-96 mos. 5.1-8 yrs.</td>
<td>29</td>
<td>103</td>
<td>8</td>
<td>89</td>
<td>207</td>
<td>1</td>
<td></td>
<td>437</td>
</tr>
<tr>
<td>97-144 mos. 8.1-12 yrs.</td>
<td>80</td>
<td>309</td>
<td>48</td>
<td>223</td>
<td>141</td>
<td>15</td>
<td></td>
<td>1,104</td>
</tr>
<tr>
<td>145-180 mos. 12.1-15</td>
<td>142</td>
<td>614</td>
<td>61</td>
<td>246</td>
<td>4</td>
<td>458</td>
<td>16</td>
<td>1,541</td>
</tr>
</tbody>
</table>

**Grand Total** | 263 | 1,071 | 126 | 607 | 8 | 1,246 | 33 | 3,354 |

From FY 2013 to FY 2014, the total psychotropic medications prescribed increased 8%. The atypical antipsychotics decreased less than 1%, and the typical antipsychotic increased 50%. The older children (age 12.1 to 17.9 yrs.) had an increase in the amount of medications prescribed by 13%.

## Table 5: FY 2015 Data - Psychotropic Medication Use for Foster Care Children

<table>
<thead>
<tr>
<th>Foster Children Age Range</th>
<th>Anti-convulsants</th>
<th>Anti-Depressant</th>
<th>Anxiolytics</th>
<th>Atypical Antipsychotic</th>
<th>Sedative</th>
<th>Stimulants</th>
<th>Typical Anti-psychotic</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-18 mos. 0-1.5 yrs.</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>19-36 mos. 1.6-3 yrs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>8</td>
<td>141</td>
<td>1</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>37-60 mos. 3.1-5 yrs.</td>
<td>1</td>
<td>29</td>
<td>6</td>
<td>26</td>
<td>120</td>
<td>180</td>
<td></td>
<td>358</td>
</tr>
<tr>
<td>61-96 mos. 5.1-8 yrs.</td>
<td>16</td>
<td>81</td>
<td>11</td>
<td>69</td>
<td>1</td>
<td>189</td>
<td>4</td>
<td>574</td>
</tr>
<tr>
<td>97-144 mos. 8.1-12 yrs.</td>
<td>49</td>
<td>201</td>
<td>17</td>
<td>103</td>
<td>1</td>
<td>199</td>
<td>3</td>
<td>1440</td>
</tr>
<tr>
<td>145-180 mos. 12.1-15</td>
<td>163</td>
<td>588</td>
<td>63</td>
<td>192</td>
<td>3</td>
<td>418</td>
<td>13</td>
<td>1,440</td>
</tr>
</tbody>
</table>

**Grand Total** | 231 | 900 | 100 | 392 | 8 | 925 | 17 | 2,573 |

From FY 2014 to FY 2015, the total psychotropic medications prescribed decreased 30%. The atypical antipsychotics decreased 35%, and the typical antipsychotic decreased 16%. The older children (age 12.1 to 17.9 yrs.) had a decrease in the amount of medications prescribed by 24%.
Table 6: FY 2016 Data - Psychotropic Medication Use for Foster Care Children

<table>
<thead>
<tr>
<th>Foster Children Age Range</th>
<th>Anti-convulsants</th>
<th>Anti-Depressant</th>
<th>Anxiolytics</th>
<th>Atypical Antipsychotic</th>
<th>Sedative</th>
<th>Stimulants</th>
<th>Typical Anti-psychotic</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-18 mos. 0-1.5 yrs.</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>19-36 mos. 1.6 -3 yrs.</td>
<td>1</td>
<td>7</td>
<td>4</td>
<td>25</td>
<td>147</td>
<td>1</td>
<td>237</td>
<td>37</td>
</tr>
<tr>
<td>37-60 mos 3.1 - 5 yrs.</td>
<td>1</td>
<td>7</td>
<td>4</td>
<td>25</td>
<td>147</td>
<td>1</td>
<td>237</td>
<td>37</td>
</tr>
<tr>
<td>61-96 mos 5.1- 8 yrs.</td>
<td>4</td>
<td>52</td>
<td>8</td>
<td>25</td>
<td>147</td>
<td>1</td>
<td>237</td>
<td>37</td>
</tr>
<tr>
<td>97-144 mos. 8.1 - 12 yrs</td>
<td>22</td>
<td>121</td>
<td>12</td>
<td>71</td>
<td>197</td>
<td>2</td>
<td>425</td>
<td>2</td>
</tr>
<tr>
<td>145-180 mos. 12.1 - 15</td>
<td>76</td>
<td>339</td>
<td>27</td>
<td>112</td>
<td>289</td>
<td>6</td>
<td>851</td>
<td>1</td>
</tr>
<tr>
<td>181-215 mos. 15.1 - 17.9</td>
<td>137</td>
<td>529</td>
<td>72</td>
<td>157</td>
<td>353</td>
<td>10</td>
<td>1,262</td>
<td>1</td>
</tr>
<tr>
<td>Grand Total</td>
<td>241</td>
<td>1,048</td>
<td>120</td>
<td>369</td>
<td>8</td>
<td>1,012</td>
<td>19</td>
<td>2,817</td>
</tr>
</tbody>
</table>

From FY 2015 to FY 2016, the total psychotropic medications prescribed increased 9%. The Atypical Antipsychotics decreased 6%, and the typical antipsychotic decreased 6%. The older children (age 12.1 to 17.9 yrs.) had an increase in the amount of medications prescribed by 5%.

Table 7: FY 2017 Data - Psychotropic Medication Use for Foster Care Children

<table>
<thead>
<tr>
<th>Foster Children Age Range</th>
<th>Anti-convulsants</th>
<th>Anti-Depressant</th>
<th>Anxiolytics</th>
<th>Atypical Antipsychotic</th>
<th>Sedative</th>
<th>Stimulants</th>
<th>Typical Anti-psychotic</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-18 mos. 0-1.5 yrs.</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>19-36 mos. 1.6 -3 yrs.</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>37-60 mos 3.1 - 5 yrs.</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>17</td>
<td>2</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>61-96 mos 5.1 - 8 yrs.</td>
<td>2</td>
<td>47</td>
<td>5</td>
<td>38</td>
<td>134</td>
<td>2</td>
<td>226</td>
<td>226</td>
</tr>
<tr>
<td>97-144 mos. 8.1 - 12 yrs</td>
<td>18</td>
<td>104</td>
<td>13</td>
<td>52</td>
<td>197</td>
<td>3</td>
<td>388</td>
<td>388</td>
</tr>
<tr>
<td>145-180 mos. 12.1 - 15</td>
<td>78</td>
<td>277</td>
<td>21</td>
<td>81</td>
<td>231</td>
<td>2</td>
<td>690</td>
<td>690</td>
</tr>
<tr>
<td>181-215 mos. 15.1 - 17.9</td>
<td>141</td>
<td>480</td>
<td>69</td>
<td>94</td>
<td>293</td>
<td>6</td>
<td>1,084</td>
<td>1,084</td>
</tr>
<tr>
<td>Grand Total</td>
<td>248</td>
<td>912</td>
<td>112</td>
<td>267</td>
<td>4</td>
<td>872</td>
<td>11</td>
<td>2,426</td>
</tr>
</tbody>
</table>

From FY 2016 to FY 2017, the total psychotropic medications prescribed decreased 16%. The Atypical Antipsychotics decreased 38%, and the typical antipsychotic decreased 7%. The older children (age 12.1 to 17.9 yrs.) had an increase in the amount of medications prescribed by 19%.

Iowa changed from one managed care organization (MCO) to three new MCOs in SFY 2017. These MCOs just started providing a quarterly report regarding the psychotropic medications approved for foster children. The information in the SFY 2016 data above is from the MCO report information. Each MCO quarterly report was not consistent in how they reported this information. The ACFS program manager reviewed their quarterly reports and made suggestions for changes on them and requested each MCO consistently report the same information, dosages of the medication be added and add an indication of any psychotropic medications that are cross-tapered or titrated.

One MCO dropped their contract with the Department. Then later the Department contracted with another MCO and was back to having three MCOs. The Department
did not receive MCO reports in SFY 2017 and used the IME report that had been used for the psychotropic medications and will continue to use the IME reports.

**Medication monitoring at the client level:**
When SWCMs receive notification of a medication review, they participate in this review, as available, and follow-up with the foster care provider and the child's parents if they were not available to attend.

The Iowa Medicaid Enterprise (IME) sends a quarterly medication report to the Bureau Chief of Service Training and Supports in Field Operations. The Bureau Chief divides up the quarterly report of all foster children on psychotropic medications by service area and highlights the age for any child under the age of 6 as these ages are the most critical to monitor for psychotropic medications prescribed. After this report is divided up, the quarterly reports are then sent to each Social Work Administrator to distribute to the social work case manager (SWCM) supervisor who reviews them before disseminating them to each SWCM.

IME staff also sends a quarterly report of all Juvenile Court Services (JCS) children in foster care on psychotropic medications to the identified point of contact Chief Juvenile Court Officer (JCO) and DHS policy staff. The report is similar in structure and content to the DHS report. The Chief JCO ensures that the report gets to the appropriate JCO. The Chief JCOs distribute the report to their supervisors who review them prior to disseminating to each JCO.

These medication reports show the county, the SWCMs or JCOs name, child’s name, data ID number, age, name of the psychotropic medication and the date prescribed. Each SWCM receives the attached document (Attachment A) when receiving a quarterly report on the foster children in their caseload.

In the past, the Drug Utilization Review (DUR) Commission examined the use of multiple antipsychotics and sent notification letters to prescribers and pharmacies stating they identified a member as having a drug related issue and made a suggestion regarding medication therapy. Currently, provider notification letters are based on 6 months of pharmacy claims data and these letters are sent only to Medicaid fee-for-service providers. The DUR Commission sends these letters to providers that meet a certain set of criteria, either through regular profile reviews (which consist of 1,800 profiles over a 12 month period) or a targeted intervention (specific population, member count varies). The DUR does not send letters to all prescribers who prescribe two or more psychotropic agents simultaneously. Additionally, the DUR reviews 300 member (of all ages) profiles identified with the highest level of risk for a drug related issue at each meeting; a small portion is for children for whom not all are on psychotropic medications.
How Iowa actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.

During an assessment, the DHS child protective worker (CPW) may contact a Child Protection Center (CPC)/Child Advocacy Center (CAC). The CPC/CACs provide forensic interviews, medical exams, treatment, and follow-up services for alleged child victims and their families. These specialized services aim to limit the amount of trauma experienced by child victims and their non-offending family members. The CAC/CPCs coordinate with law enforcement and county attorneys in the prosecution of criminal cases involving child endangerment, child fatalities, and sexual abuse. They also provide professional case consultation and statewide training. CPWs also may contact a child’s doctor to discuss medical issues, including medication usage.

DHS social work case managers (SWCMs) continually assess the physical, dental, and mental health, and substance abuse needs, if applicable, of foster care children. SWCMs consult with physicians or other appropriate medical or non-medical professionals for initial and ongoing medical exams, mental health evaluations, substance abuse evaluations, and necessary follow-up treatment, if determined needed by the health professional. DHS SWCMs also participate in Joint Treatment Planning Conferences (JTPC) with DHS field operations support unit (FOSU) staff, DHS Mental Health and Disability Services (MHDS) staff, and medical professionals to discuss complex cases in an effort to ensure that foster care children receive the most appropriate services for their needs.

Outline the procedures and protocols the State has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses.

When children enter foster care, their medical, mental/behavioral, and developmental health care should remain with their established professional providers, to the greatest extent possible. Providers who have an established relationship with the child are most likely to have rapport with the child and family, have extensive knowledge of the child and family’s histories, and have existing treatment plans that can be utilized or revised to support a child’s placement in a foster family setting. To implement this approach, DHS staff drafted pre-file language to include in the child’s case plan documentation of:

- efforts to retain professional providers for children entering/in foster care and
- activities to evaluate service needs in order to avoid inappropriately diagnoses of mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities

Since this approach will require a legislative change, Iowa requested a legislative delay, which, if approved by the Children’s Bureau, would make this provision effective for Iowa on July 1, 2019.

DHS also plans to engage internal and external stakeholders, including pediatricians, other experts in health care, and experts in and recipients of child welfare services, in a
robust discussion of how Iowa’s child welfare system can ensure that children entering foster care are not misdiagnosed with disorders that would result in non-foster family home placements. DHS anticipates these discussions will be part of Iowa’s Child and Family Services Review (CFSR) Program Improvement Plan (PIP) development process. Additionally, these discussions also provide an opportunity to evaluate Iowa’s current Health Care Oversight and Coordination Plan for potential improvements.

**Steps to ensure that the components of the transition plan development process required under section 475(5)(H) of the Act that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.**

Consistent with the Fostering Connections and Increasing Adoptions Act of 2008, the transition plan development process for youth in foster care age 14 and older covers, among other items, health care coverage and access to health care coverage at foster care exit; information about the importance of designating another individual to make health care treatment decisions on behalf of the child if the child becomes unable to participate in such decisions and the child does not have, or does not want, a relative who would otherwise be authorized under State law to make such decisions; the child receives a copy of Iowa’s Durable Power of Attorney for Health Care form, recognized under Iowa state law, and information about what it means to assign someone as a Durable Power of Attorney for Health Care, including instructions for completing the form. Plans are reviewed at least every six months, including during the 90 days before a child reaches age 18 and within 90 days of exit if over age 18.

Iowa put into law the Chafee option to offer Medicaid coverage, known as Medicaid for Independent Young Adults (MIYA), effective July 1, 2006 for youth that leave state paid foster care on or after their 18th birthday and meet certain income guidelines (must be below 200% of the poverty guidelines). Activities since then included ongoing training to staff, youth and care providers for continued Medicaid coverage for eligible youth as they leave foster care.

Effective January 1, 2014, Iowa implemented Expanded Medicaid for Independent Young Adults (E-MIYA) in accordance with the Affordable Health Care Act, which allows youth who leave foster care at age 18 or older (and who received federal Medicaid while in foster care) to continue to receive Medicaid up to age 26, regardless of income or resources. The aptly named E-MIYA (Expanded Medicaid for Independent Young Adults) extended Iowa’s existing MIYA program to a larger population of youth (youth exiting all foster care placements) and prolongs the length of Medicaid (from 21 to 26) for youth aging out of foster care.

Quarterly meetings occurred with interested providers, including AMP and aftercare services, to inform them about the new program and answer questions. An ongoing Questions and Answers document was created and continues to be maintained to date. Medicaid coordinators participated in aftercare meetings to collect questions and
explain the changes. Aftercare providers notified youth in their services of this opportunity and some reached out to former participants as well. DHS included E-MIYA in training required for all new case managers.

Iowa continues to utilize the streamlined procedure for youth automatically continuing on Medicaid used previously for the MIYA program (reviewing first for any other Medicaid coverage groups the youth may be eligible for), once their foster care case is closed; E-MIYA uses a passive annual review to ensure location of the participant and any changes in household which may make the participant eligible for other Medicaid coverage groups rather than E-MIYA.

The DHS transition planning specialists continue to train workers on educating youth on the review procedure prior to discharge from care; additionally aftercare workers were educated on the procedure to assist those youth on their caseload with the review process as were foster families; the reapplication process is stressed in new worker training; and youth who are automatically placed on E-MIYA or any other type of Medicaid coverage group at the point of discharge receive a letter from the DHS explaining the Medicaid coverage and the renewal process. Aftercare staff continues to receive monthly lists of youth participating in the Aftercare program who have a Medicaid annual review due the following month. This process greatly enhanced youth participating in the aftercare program to have continued Medicaid coverage.

DHS contracted with Achieving Maximum Potential (AMP) to develop a video, which features young people in foster care and alumni. The video will raise awareness to the challenges facing young people with mental health challenges. It guides social workers and others who care about young people on ways to support them. A leading Iowa mental health professional emphasizes the challenges, in particular the impact of traumatic childhood experiences. The need to make informed choices about medication is addressed by youth and professionals. A DHS transition administrator further recognizes child welfare’s obligation to provide support and details what the new E-MIYA is and how a young person who was in foster care at age 18 can apply.
Psychotropic Medication Report

You are receiving the attached report because one or more of your clients in out-of-home care:

1. Has been prescribed two or more psychotropic medications and/or
2. Is under the age of 6 and receiving at least one psychotropic medication

DHS has the responsibility to ensure the mental health needs of children in out-of-home care are met, including the oversight of medication prescribed for mental health. Appropriate oversight includes, but is not limited to:

- Ensuring that a child is seen regularly by a physician to monitor the effectiveness of the medication, assess any side effects and/or health implications, consider any changes needed to dosage or medication type, and determine whether medication is still necessary and/or if other treatment options would be more appropriate.
- Regularly following up with foster parents/caregivers about administering medications appropriately and about the child’s experience with the medications(s), including any side effects.

Given increasing research regarding potential negative effects of prescribing multiple psychotropic medications concurrently or for very young children, oversight is critical. Providing appropriate oversight of medication at the DHS worker level requires teamwork, including coordination and communication amongst DHS, caregivers, service providers, parents, medical/mental health providers, and when appropriate, the child. Parental involvement and decision-making should be encouraged to the greatest extent possible.

You are being asked to verify that the attached report accurately reflects the medications the child is currently taking. If the report is accurate:

- Does everything appear to be going well (e.g., are there adverse side effects, etc.)? Does the child or others report concerns about the medications?
- If you have questions regarding the medication and possible side effects, consult the child’s physician, pharmacist, or the National Institutes of Health’s Drug Information Website at U.S. National Library of Medicine.
- If appropriate, advocate on the child’s behalf to have the medications reviewed by the physician and explore alternatives.
- Ensure the child’s parents are aware.

Place the attached medication report in the case file and document any corresponding case management activities in Visitation Notes (under the Child Well-Being section) or Contact Notes.

If you have any questions, please contact the Service Help Desk.
Title IV-B Child and Family Service Plan
Federal Fiscal Years 2015 – 2019
Updated Disaster Plan

State of Iowa
Iowa Department of Human Services
Division of Adult, Children and Family Services

Contact Person

Name:  Jim Chesnik
Title:  Program Manager

Address:  Iowa Department of Human Services
Division of Adult, Children and Family Services
Hoover State Office Building – 5th Floor
1305 E. Walnut Street
Des Moines, IA  50319

Phone:  (515) 281-9368
FAX:  (515) 281-6248
E-Mail:  jchesni@dhs.state.ia.us
Iowa Disaster Declarations in 2017

In recent years, Iowa has been affected by many different types of severe weather. In 2017, these included the following:

- On March 8, 2017, Governor Terry Branstad declared a State of Disaster Emergency (SDE) for the counties of Appanoose, Muscatine, Scott, and Wayne due to damaging winds, thunderstorms, and tornadoes that resulted in damage to public and private property from downed power lines and poles.
- On March 17, 2017, Governor Branstad declared a SDE for the state of Iowa due to wildfires in the regions of Colorado, Kansas, Oklahoma, and Texas. This affected the transport of forage through Iowa to provide disaster relief to cattlemen affected by a shortage of forage caused by these fires.
- On May 17, 2017, Governor Branstad declared a SDE for the counties of Kossuth and Webster due to damaging winds, heavy rains, and thunderstorms that resulted in significant damage to public and private property.
- On July 14, 2017, Governor Terry Branstad declared a SDE for the counties of Clayton, Fayette and Dubuque due to a severe storm system that caused damaging winds, heavy rains, and flash flooding resulting in significant damage to public and private property.
- On July 20, 2017, Governor Terry Branstad declared a SDE for the counties of Allamakee, Clayton, Fayette, and Winneshiek due to a severe storm system that caused heavy rains, flash flooding, and tornadoes resulting in personal injury and damage to public and private property.
- On July 22, 2017, Governor Terry Branstad declared a SDE for the counties of Bremer, Buchanan, Clinton, and Johnson due to a severe storm system that caused heavy rains, flash flooding, and tornadoes.
- On July 24, 2017, Governor Terry Branstad declared a SDE for the counties of Chickasaw, Dubuque, Floyd, and Kossuth due to a severe storm system that caused heavy rains, flash flooding, and tornadoes resulting in death and personal injuries and damage to public and private property.
- On August 27, 2017, a Presidential Disaster Declaration (DR-4334) for damage occurred for severe storms during July 19 – 23, 2017. This declaration included the counties of Allamakee, Bremer, Buchanan, Chickasaw, Clayton, Fayette, and Mitchell.

None of these events involved the county of or counties adjacent to the central office of the Department of Human Services and this disaster plan was not implemented. Neither local department offices nor providers of child welfare services in these counties reported interruptions of services.

The National Center for Missing and Exploited Children (NCMEC)

The National Center for Missing and Exploited Children (NCMEC) joint initiative to reunify children with their families after a disaster continues. In 2016, the Iowa
Department of Human Services (DHS) and other federal, state, and county governmental entities joined this effort. Children separated from their parents or guardians during disorder caused by a disaster may be susceptible to kidnapping, abuse, and in the most extreme cases, trafficking and exploitation.

Child-serving agencies and organizations, including schools, child care, foster and congregate care, hospitals, as well as local and state governments and non-governmental organizations play an important role in planning for and supporting the reunification of families in the aftermath of a disaster.

A reunification working group formed comprising key Iowa stakeholders to identify service gaps, capacity concerns, and resources to assist with child reunification efforts. This project served as the basis of a larger general reunification planning document for Iowa. Due to the nature of the county based response systems in Iowa, the focus shifted to local planning.

The second annual Iowa Children and Youth in Disasters Summit held in September 2017 focused on children in disasters and examine the resources available through federal, state, local, and non-government organizations.

Introduction to the Department’s Child Welfare Disaster Plan
The Iowa Department of Human Services’ Continuity of Operations (COOP) and Continuity of Government (COG) Implementation Plan allows the Iowa Department of Human Services (DHS) to maintain its ability to continue services for persons under its care who are displaced or adversely affected by a natural or man-made disaster. Procedures and actions to be taken by the DHS’s Division of Adult, Children and Family Services (Division) in response to a crisis are described in the COOP/COG Plan.

Changes to previous child welfare plans
The Iowa COOP/COG was re-written across state government in 2013, updated in 2014, and overhauled in 2017, putting in place new safety measures in state government buildings. The fundamental operating procedures of previous years’ child welfare plans remain intact.

The DHS Child Welfare Disaster Plan
This section includes child welfare planning information for the Iowa COOP/COG Plan and descriptions of supplemental procedures that relate to the federal requirements for disaster planning. These procedures describe how Iowa would:

- Identify, locate, and continue availability of services for children under state care or supervision displaced or adversely affected by a disaster;
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases;
- Remain in communication with caseworkers and other essential child welfare personnel displaced because of a disaster;
- Preserve essential program records; and
- Coordinate services and share information with other states.
Operationally, the COOP/COG Plan focuses on the following: emergency authority in accordance with applicable law; safekeeping of vital resources, facilities and records; and, establishment of emergency operating capacity. It also follows executive and legal directives under Iowa law. Additionally, the Division developed supplemental procedures related to communications with local, state, and federal entities.

Iowa Code, Chapter 29C.5 and 29C.8 both require comprehensive evacuation planning. In addition, the Iowa Severe Weather and Emergency Evacuation Policy, adopted December 2001, states: “It is the Governor’s philosophy that there must be plans to ensure that State Government can operate under exceptional circumstances. Therefore, Executive branch departments must deploy plans to ensure staffing and provisions of essential services to the public during severe weather or emergency closings.”

The Foster Care and Protection of Adults and Children sections of the COOP/COG Plan concentrate on individuals and families who receive services provided by the DHS and provide guidelines for foster care providers to develop emergency procedures responsive to accidents or illness, fire, medical and water emergencies, natural disasters, acts of terror and other life threatening situations for children in out-of-home care. Beginning in SFY 2012, contracts for foster group care and child welfare emergency services required contractors to collaborate with the DHS and implement written plans for disasters and emergency situations, including training plans for staff and volunteers. These contractor plans focused on situations involving intruders or intoxicated persons; evacuations; fire; tornado, flood, blizzard, or other weather incidents; power failures; bomb threats; chemical spills; earthquakes; events involving nuclear materials; or, other natural or man-made disasters.

Disaster Communications with Federal Department of Health and Human Services (DHHS) Partners
If Iowa is affected by either a natural or man-made disaster that affects the clients of the DHS or inhibits the ability of the DHS to provide services, the following communication steps shall be followed:

- The Director of the Iowa Department of Human Services or the Director’s designee(s), the Administrator of the Division of Adult, Children and Family Services, or the Chief of the Bureau of Child Welfare and Community Services shall call Deborah Smith, Region VII Program Manager in the DHHS Regional Office, at her office (816) 426-2262 or other emergency preparedness staff available at any hour at the cell phone number (816) 518-8630, at the earliest possible opportunity.
- If there is no response from the Regional Office, the Director or designee shall call Joe Bock, Deputy Associate Commissioner, Children’s Bureau, at (202) 205-8618.
- The content of the call shall be a summary of the situation and a request for any assistance that may be necessary or appropriate.

1 State of Iowa Continuity of Operations (COOP) & Continuity of Government (COG) Implementation Plan, Page 2 (Approved July 30, 2013)
Disaster Communications with Other State and National Organizations

If Iowa is affected by a natural or man-made disaster that affects the clients of the DHS or inhibits the ability of the DHS to provide services, the following communication steps shall be followed related to notification of other states and national groups:

- The Director of the Iowa Department of Human Services or the Director’s designee(s), the Administrator of the Division of Adult, Children and Family Services, or the Chief of the Bureau of Child Welfare and Community Services shall call the administrative office of the American Public Human Services Association (APHSA) at (202) 682-0100 and the Child Welfare League of America (CWLA) at (703) 412-2400.

- The content of the calls shall be a summary of the situation and a request for any assistance that may be necessary or appropriate.

The information below is referred to in the COOP/COG plan and the following table:

- Jerry R. Foxhoven, Director, Iowa Department of Human Services, (515) 281-5452
- Mikki Stier, Deputy Director, Iowa Department of Human Services, (515) 281-6360
- Anthony Lyman, Chief Information Officer, (515) 281-8303
- Laverne Armstrong, Administrator of the Division of Field Operations, (515) 281-8746
- Steven Campagna, Chief of the Bureau of Child Welfare Systems, (515) 281-6894
- The Division or Bureau Policy Team:
  - Jana Rhoads, Administrator of the Division of Adult, Children and Family Services, (515) 281-5521
  - Janee Harvey, Chief of the Bureau of Child Welfare and Community Services, (515) 281-6802
  - Julie Allison, Chief of the Bureau of Child Care Services, (515) 281-6177
- Central Abuse Hotline, (800) 362-2178

State Procedures Related To Identified Federal Requirements

The actions reported in the following table are from Iowa’s COOP/COG Plan or are supplemental to the plan, and they identify the personnel needs, equipment needs, vital records and databases, and facility and infrastructure needed for each action. These actions encompass the four federal requirements identified at the beginning of this section.
<table>
<thead>
<tr>
<th>Essential Functions</th>
<th>Personnel/Special Skills</th>
<th>Application(s) Necessary for Function</th>
<th>Other Processes &amp; Interfaces Needed</th>
<th>Essential Communication Needed</th>
<th>Customers/Vendors</th>
<th>Documents/Vital Records Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
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</tr>
<tr>
<td>1 Communicate with foster care providers regarding status and assistance needs and any initial instructions; Determine if there is an initial need to relocate clients through Deputy Director for Programs and Services.</td>
<td>Division/ Bureau Policy Team</td>
<td>Foster Care Database</td>
<td>Central Abuse Hotline</td>
<td>Telephone, Email, Internet, Intranet</td>
<td>DHS field staff, Juvenile Court Officers, child welfare services contractors, Dept. of Inspections and Appeals</td>
<td>Employees manual, foster care licensing information</td>
</tr>
<tr>
<td>2 Determine potential relocation sites (other institutions or foster care homes) to use if needed and offer assistance with placement and transportation logistics if needed.</td>
<td>Division Policy Team/ Institution/foster care providers (DHS Field Office responsibility)</td>
<td>Foster Care Database</td>
<td>Central Abuse Hotline</td>
<td>Telephone, Email, Internet, Intranet</td>
<td>DHS field staff, Juvenile Court Officers, child welfare services contractors, Dept. of Inspections and Appeals</td>
<td>Employees manual, foster care licensing information</td>
</tr>
<tr>
<td>3 Contact IT to transfer the Central Abuse Hotline to the alternate location</td>
<td>Administrator of the Division of Field Operations</td>
<td>JARVIS database</td>
<td>Central Abuse Hotline</td>
<td>Telephone, Email, Internet, Intranet</td>
<td></td>
<td>Employees manual</td>
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<tr>
<td>Essential Functions</td>
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<td>Support staff and providers by making policy clarification available through the Central Abuse Hotline Help Desk.</td>
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<td>Coordinate responses to staffing needs for abuse allegations identified through the Central Abuse Hotline; Coordinate with the Division of Field Operations for response. Respond to abuse allegations; assign local staff to respond to local site</td>
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<td>Coordinate staffing and assign as necessary to back-up inoperable service areas to respond to foster care providers’ needs.</td>
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<tr>
<th>Personnel/Special Skills</th>
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<tr>
<td>Bureau Policy Team</td>
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<tr>
<td>Administrator of the Division of Field Operations, IT Manager</td>
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<tr>
<td>IT Liaison, Chief of the Bureau of Child Welfare and Community Services</td>
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</tr>
<tr>
<td>7 Ensure care provider payment system continues by contacting IT and transferring system to alternate location (ensure client/server JARVIS database and mainframe FACS application are operational); Implement paper back-up payment system if necessary.</td>
</tr>
<tr>
<td>8 Provide staffing to back-up inoperable service areas to respond to foster care providers’ needs.</td>
</tr>
<tr>
<td>Essential Functions</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Protection of Children and Adults</td>
</tr>
<tr>
<td>1 Determine status of group homes or institutions in affected area; Assess the</td>
</tr>
<tr>
<td>affected area and determine the nearest institution that’s able to accept persons if needed.</td>
</tr>
<tr>
<td>2 Coordinate with CWIS team and ICN to ensure the Abuse Hotline Phone Number is</td>
</tr>
<tr>
<td>transferred to alternate location site; Provide staffing to receive abuse</td>
</tr>
<tr>
<td>allegations. Forward reports to the specific area where abuse may have occurred.</td>
</tr>
<tr>
<td>If no local phone lines, phone assessment will be completed by policy division.</td>
</tr>
<tr>
<td>Essential Functions</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>3 Contact CWIS team to ensure foster care payroll system continues to issue monthly payment checks to care providers; if not available, implement paper issuance system using the most recent database backup.</td>
</tr>
<tr>
<td>4 Organize and provide emergency responders to respond to providers requesting assistance or policy clarification.</td>
</tr>
<tr>
<td>5 Ensure access to the Central Abuse Registry and MIS systems are available (JARVIS); Determine need to modify current policies regarding child abuse allegation response times.</td>
</tr>
<tr>
<td>Essential Functions</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>6 Provide staffing to respond to abuse allegations; Assess the availability of field staff to conduct abuse assessments and make staff re-assignments as needed.</td>
</tr>
<tr>
<td>7 Assist new placement of children and provide transportation if required</td>
</tr>
</tbody>
</table>
## FY 18 Updates to Training Plan

<table>
<thead>
<tr>
<th>Course Title</th>
<th>One Paragraph Syllabus</th>
<th>IV-E Administrative Functions</th>
<th>Setting/Venue</th>
<th>Duration</th>
<th>Provider of the Training</th>
<th># Days/Hours</th>
<th>Audience</th>
<th>Total Estimated Costs</th>
<th>Funding Sources and Benefiting Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Emotional Health: Trauma Informed Assessment &amp; Intervention</td>
<td>This recording will discuss the use of Trauma Informed Assessment and Intervention in referrals for services and in the development of the case plan.</td>
<td>IV-E All Child Welfare and State Funds</td>
<td>Referral to services; Development of the case plan; Case reviews; Case management</td>
<td>Recording</td>
<td>ISU</td>
<td>.18 day</td>
<td>DHS Staff, Community Provider staff</td>
<td>$2,412</td>
<td>IV-E All Child Welfare and State Funds</td>
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<tr>
<td>CC 370 Interview of Alleged Perpetrators During Protective Assessments</td>
<td>This recording will discuss interviewing alleged perpetrators during child protective assessments.</td>
<td>State Only</td>
<td>Recording</td>
<td>Part-time</td>
<td>Iowa Attorney General's office / DHS Staff</td>
<td>.3 day</td>
<td>DHS Staff</td>
<td>$2,412</td>
<td>State Only</td>
</tr>
<tr>
<td>CP 201 Basic Training for Intake Workers (formerly referred to as SP 801 Centralized Intake Training)</td>
<td>This is a condensed version of CP 200 Basic Training for Child Protective Workers. This is a shortened version that presents the introduction, purpose, expectations, and methods used by Child Protective Workers.</td>
<td>State Only</td>
<td>Face to Face</td>
<td>Part-time</td>
<td>DHS Staff</td>
<td>1 day</td>
<td>DHS Staff</td>
<td>$11,753</td>
<td>State Only</td>
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<td>Course Title</td>
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<td>Duration</td>
<td>Provider of the Training</td>
<td># Days/Hours</td>
<td>Audience</td>
<td>Total Estimate Costs</td>
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</tr>
<tr>
<td>SP 270 Mental Health Fundamentals</td>
<td>This course is designed to equip staff with a fundamental mental health knowledge base for working with families when behavioral indicators of mental health issues are present. It teaches participants how to connect behavioral indicators to child safety and provides guidance for workers in addressing risks related to mental health issues in planning throughout the life of the case.</td>
<td></td>
<td>Referral to services; Development of the case plan; Case reviews; Case management</td>
<td>Face to Face</td>
<td>Part-time</td>
<td>ISU/Contracted Trainer</td>
<td>1 day</td>
<td>DHS Staff, Community Provider staff</td>
<td>$34,452</td>
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<tr>
<td>SP 311 Trauma Fundamentals</td>
<td>This course gives an overview of trauma and how it affects brain development, family functioning, and child safety. Participants will learn to identify coping responses, strengths, and protective factors that promote resilience and reduce risk. Participants will also recognize how secondary trauma impacts them and develop personalized self-care plans.</td>
<td></td>
<td>Referral to services; Development of the case plan; Case reviews; Case management</td>
<td>Face to Face</td>
<td>Part-time</td>
<td>Contracted Trainer</td>
<td>1 day</td>
<td>DHS Staff, Community Provider staff</td>
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### FY 18 Updates to Training Plan

<table>
<thead>
<tr>
<th>Course Title</th>
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<th>IV-E Administrative Functions</th>
<th>Setting/Venue</th>
<th>Duration</th>
<th>Provider of the Training</th>
<th># Days/Hours</th>
<th>Audience</th>
<th>Total Estimated Costs</th>
<th>Funding Sources and Benefiting Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>SP 312 Medical Fundamentals</td>
<td>The foundational medical course will provide new Social Worker 2s, 3s, and Supervisors with the knowledge base to make quick and accurate assessments for safety-risk. The medical perspectives of many types of child abuse and the implications for case plan development will be explored using scenarios, pictures, and outcomes.</td>
<td>IV-E All Child Welfare and State Funds</td>
<td>Face to Face</td>
<td>Part-time</td>
<td>Contracted Trainer</td>
<td>2 days</td>
<td>DHS Staff</td>
<td>$58,654</td>
<td>IV-E All Child Welfare and State Funds</td>
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<tr>
<td>SP 313 Legal Fundamentals for Child Protective Workers</td>
<td>This course is designed to equip staff on the fundamentals of the judicial system that assist in preparation for and participation in judicial determinations through careful review of the Iowa Code.</td>
<td>IV-E All Child Welfare and State Funds</td>
<td>Face to Face</td>
<td>Part-time</td>
<td>Contracted Trainer</td>
<td>1 day</td>
<td>DHS Staff</td>
<td>$11,125</td>
<td>IV-E All Child Welfare and State Funds</td>
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<tr>
<td>SP 337 Maintaining Connections</td>
<td>This course focuses on the parents’ rights in terms of family interactions, the caseworker’s role and responsibility in supporting family interactions, creating a Family Interaction Plan, and shared parenting. Contents include best practices for planning and implementing family interactions, reasonable efforts, documentation, and overcoming barriers to maintaining connections.</td>
<td>IV-E All Child Welfare and State Funds</td>
<td>Face to Face</td>
<td>Part-time</td>
<td>ISU/Contracted Trainer</td>
<td>1 day</td>
<td>DHS Staff, Community Provider staff</td>
<td>$84,143</td>
<td>IV-E All Child Welfare and State Funds</td>
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<tr>
<td>Course Title</td>
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<td>Administrative Functions</td>
<td>Setting/Venue</td>
<td>Duration</td>
<td>Provider of the Training</td>
<td># Days/Hours</td>
<td>Audience</td>
<td>Total Estimated Costs</td>
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<tr>
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</tr>
<tr>
<td>SP 409 Domestic Violence Intermediate: Safe and Together</td>
<td>This course will use the Safe and Together model by practicing interviewing and documentation skills, discussing real-time child welfare cases and creating regional action plans geared toward improving systems.</td>
<td>IV-E All Child Welfare and State Funds</td>
<td>Referral to services; Development of the case plan; Case reviews; Case management</td>
<td>Face to Face</td>
<td>Part-time</td>
<td>ISU/Contracted Trainer</td>
<td>2 days</td>
<td>DHS Staff, Community Provider staff</td>
<td>$97,276</td>
</tr>
<tr>
<td>SP 502 TOP Tool-Guided Application &amp; Practice (GAP) Training</td>
<td>To provide an in depth look at the uses and benefits of the Tool-Guided Application &amp; Practice Tool. The Guided Application and Practice session will focus on the use of Treatment Outcome Package Multi-Rater Reports (MRR) to guide family meetings and other team meetings from preparation through follow up with meeting participants.</td>
<td>IV-E All Child Welfare and State Funds</td>
<td>Development of the case plan; Case reviews; Case management</td>
<td>Face to Face</td>
<td>Part-time</td>
<td>Contracted Trainer</td>
<td>Half-day</td>
<td>DHS Staff</td>
<td>$55,215</td>
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</table>
### FY 18 Updates to Training Plan

<table>
<thead>
<tr>
<th>Course Title</th>
<th>One Paragraph Syllabus</th>
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<th>Setting/ Venue</th>
<th>Duration</th>
<th>Provider of the Training</th>
<th># Days/Hours</th>
<th>Audience</th>
<th>Total Estimated Costs</th>
<th>Funding Sources and Benefiting Programs</th>
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</thead>
<tbody>
<tr>
<td>SP 810* Supervisor’s Role in Addressing Secondary Trauma</td>
<td>To provide a framework and tools for Social Work Supervisors to identify and address risk factors and assist workers to develop and implement strategies around safety planning. Also to assist workers in dealing with critical incidents and create a plan of action.</td>
<td>IV-E All Child Welfare and State Funds</td>
<td>Development of the case plan, Case reviews, Case management and supervision</td>
<td>Face to Face</td>
<td>Part-time</td>
<td>Contracted Trainer</td>
<td>1 day</td>
<td>DHS Supervisors</td>
<td>$35,929</td>
<td>IV-E All Child Welfare and State Funds</td>
</tr>
<tr>
<td>SW 023 FACS Refresher</td>
<td>This refresher course provides a basic overview of the FACS application including case set-up, placements and service entry, and payments.</td>
<td>IV-E All Child Welfare and State Funds</td>
<td>Development of the case plan; Case reviews; Case management</td>
<td>Face to Face</td>
<td>Part-time</td>
<td>DHS Help Desk Staff</td>
<td>Half-day</td>
<td>DHS Staff</td>
<td>$3,174</td>
<td>IV-E All Child Welfare and State Funds</td>
</tr>
</tbody>
</table>

*SP 810 was listed in FY 17 as Critical Thinking in Child Protection Decision Making for Supervisors. In FY 18, the course number SP 810 was used again inadvertently and completely by mistake.*
<table>
<thead>
<tr>
<th>Course Title</th>
<th>One Paragraph Syllabus</th>
<th>IV-E</th>
<th>Administrative Functions</th>
<th>Setting/Venue</th>
<th>Duration</th>
<th>Provider of the Training</th>
<th># Days/Hours</th>
<th>Audience</th>
<th>Total Estimated Costs</th>
<th>Funding Sources and Benefiting Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>SW 402 Child Care in Home Settings Spring 2018</td>
<td>Provides information on infant and toddler development in context of the rule requirements for child care in the home settings and the evolution of child care in Iowa. This training will offer more in-depth information about the evolution of child care in Iowa and the provision of child care in context of infant and toddler development.</td>
<td>State Only</td>
<td>Face to Face</td>
<td>Part-time</td>
<td>DHS Bureau of Child Care</td>
<td>1 day</td>
<td>DHS Staff</td>
<td>$1,554</td>
<td>State Only</td>
<td></td>
</tr>
<tr>
<td>Caring Dads</td>
<td>Caring Dads is a group intervention program that works with fathers to change patterns of abuse, increase fathers’ awareness and application of child-centered fathering and to promote respectful co-parenting with children’s mothers.</td>
<td>State Only</td>
<td>Face to Face</td>
<td>Part-time</td>
<td>Contracted Trainer / ISU</td>
<td>.3 day</td>
<td>Men who have abused, neglected, or exposed their children to domestic violence.</td>
<td>$30,000</td>
<td>State Only</td>
<td></td>
</tr>
</tbody>
</table>
### SW2s and SW2 Supervisors - New Worker Training Plan

<table>
<thead>
<tr>
<th>Completion Timeframe</th>
<th>#</th>
<th>Course</th>
<th>Modality</th>
<th>Hours</th>
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<tbody>
<tr>
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<tr>
<td>CC 364</td>
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<td>Confidentiality and Dissemination</td>
<td>Recording</td>
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<td><strong>Within the first 3 months</strong></td>
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<td></td>
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<td></td>
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<tr>
<td>CC 368</td>
<td></td>
<td>ICWA Update</td>
<td>Recording</td>
<td>1</td>
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<tr>
<td>DS 168</td>
<td></td>
<td>Mandatory Dependent Adult Abuse Reporter Training</td>
<td>Online</td>
<td>2</td>
</tr>
<tr>
<td>DS 169</td>
<td></td>
<td>Mandatory Child Abuse Reporter Training</td>
<td>Online</td>
<td>2</td>
</tr>
<tr>
<td>HS 001</td>
<td></td>
<td>Confidentiality is Key</td>
<td>Online</td>
<td>1</td>
</tr>
<tr>
<td>HS 003</td>
<td></td>
<td>Confidentiality: HIPAA Privacy &amp; Security</td>
<td>Online</td>
<td>1.25</td>
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<tr>
<td><strong>Within the first 6 months</strong></td>
<td></td>
<td></td>
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<tr>
<td>SP 100</td>
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<td>Overview of Child Welfare eLearning</td>
<td>Online</td>
<td>2</td>
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<td>SP 105</td>
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<td>Substance Abuse eLearning</td>
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<td>4.5</td>
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<tr>
<td>SP 106</td>
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<td>Domestic Violence eLearning</td>
<td>Online</td>
<td>2</td>
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<tr>
<td>SP 107</td>
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<td>Impact of Abuse on Child Development eLearning</td>
<td>Online</td>
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</tr>
<tr>
<td>SP 150</td>
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<td>Child Welfare in Iowa</td>
<td>Webinar</td>
<td>4.5</td>
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<tr>
<td>SP 270</td>
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<td>Mental Health Fundamentals</td>
<td>Classroom</td>
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<tr>
<td>SP 309</td>
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<td>Domestic Violence Fundamentals</td>
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<tr>
<td>SP 310</td>
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<tr>
<td>SP 311</td>
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<tr>
<td>SP 312</td>
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<td>Medical Fundamentals</td>
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<td>SP 334</td>
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<td>Family Team Decision Making Fundamentals</td>
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<td>SP 337</td>
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<td>SW 020</td>
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<td>SW 071</td>
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<td>Testifying in Juvenile Court</td>
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<td>SW 073</td>
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<td>Permanency &amp; Termination of Parental Rights</td>
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<tr>
<td><strong>Within 12 Months</strong></td>
<td></td>
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<tr>
<td>SP 535</td>
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<td>Assessing throughout the Case</td>
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<tr>
<td>SP 542</td>
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<td>SW 500</td>
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<td>SW 507</td>
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</table>

**Total Hours** 156.5
### SW3s and SW3 Supervisor - New Worker Training Plan

<table>
<thead>
<tr>
<th>Required Coursework</th>
<th>Completion Timeframe</th>
<th>Course</th>
<th>Modality</th>
<th>Hours</th>
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<tbody>
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<td></td>
<td>Within the 1st month</td>
<td>Pathway to Learning</td>
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<tr>
<td></td>
<td></td>
<td>CC364</td>
<td>Confidentiality and Dissemination</td>
<td>Recording</td>
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<tr>
<td></td>
<td></td>
<td>CC370</td>
<td>Interview of Alleged Perpetrators During Protective Assessments</td>
<td>Recording</td>
</tr>
<tr>
<td></td>
<td>Within the first 3 months</td>
<td>CC360</td>
<td>Authoring Domestic Violence-Informed Allegations</td>
<td>Recording</td>
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<td>CC368</td>
<td>ICWA Update</td>
<td>Recording</td>
</tr>
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<td></td>
<td></td>
<td>DS168</td>
<td>Mandatory Dependent Adult Abuse Reporter Training</td>
<td>Online</td>
</tr>
<tr>
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<td>DS169</td>
<td>Mandatory Child Abuse Reporter Training</td>
<td>Online</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HS001</td>
<td>Confidentiality is Key</td>
<td>Online</td>
</tr>
<tr>
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<td>HS003</td>
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<td>First Six Months</td>
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<td>DA202</td>
<td>Fundamentals of Dependent Adult Assessments</td>
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<td>Online</td>
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<td>SP103</td>
<td>Legal Fundamentals eLearning</td>
<td>Online</td>
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<td></td>
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<td>SP104</td>
<td>Medical Fundamentals eLearning</td>
<td>Online</td>
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<td>SP105</td>
<td>Substance Abuse eLearning</td>
<td>Online</td>
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<td>SP106</td>
<td>Domestic Violence eLearning</td>
<td>Online</td>
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<td>SP107</td>
<td>Impact of Abuse on Child Development eLearning</td>
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</tr>
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<td></td>
<td></td>
<td>SP150</td>
<td>Child Welfare in Iowa</td>
<td>Webinar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SP270</td>
<td>Mental Health Fundamentals</td>
<td>Classroom</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SP309</td>
<td>Domestic Violence Fundamentals</td>
<td>Classroom</td>
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<td></td>
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<td>SP310</td>
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<td>SP311</td>
<td>Trauma Fundamentals</td>
<td>Classroom</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SP312</td>
<td>Medical Fundamentals</td>
<td>Classroom</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SP313</td>
<td>Legal Fundamentals for Child Protective Workers</td>
<td>Classroom</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SP334</td>
<td>Family Team Decision Making Fundamentals</td>
<td>Classroom</td>
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<td></td>
<td></td>
<td>SP337</td>
<td>Family Interaction Fundamentals</td>
<td>Classroom</td>
</tr>
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<td></td>
<td>Within 12 Months</td>
<td>SP535</td>
<td>Assessing throughout the Case</td>
<td>Classroom</td>
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<tr>
<td></td>
<td></td>
<td>SP542</td>
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<td>Classroom</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SW500</td>
<td>Social Work Ethics</td>
<td>Webinar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SW507</td>
<td>Race: The Power of an Illusion</td>
<td>Classroom</td>
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</table>

**Total Hours**: 158.0
Iowa Department of Human Services
Division of Adult, Children & Family Services

The Child Abuse Prevention and Treatment Act (CAPTA) Grant

2017-2018 Year End Report
June 2018
The Child Abuse Prevention and Treatment Act (CAPTA) require states receiving a CAPTA State Grant to submit an annual report describing how the grant was used. Following is Iowa’s 2018 annual CAPTA report which includes the required information and a description of how CAPTA funds were used in a manner that aligns with and supports the overall goals for the improvement and delivery of child welfare services.

IOWA’S PROGRAM MANAGER FOR THE CHILD ABUSE PREVENTION & TREATMENT ACT (CAPTA)

The Department of Human Services (DHS) Program Manager for Iowa’s Child Abuse and Prevention & Treatment Act (CAPTA) is:

Patricia A. Barto, MSW
Iowa Department of Human Services
1305 E Walnut Street
Des Moines, IA 50319
pbarto@dhs.state.ia.us
Phone: (515) 281-7151

SUBSTANTIVE CHANGES TO STATE LAW
SECTION 106(b)(1)(C)(i)

The State of Iowa continues to maintain laws that are compliant with the requirements of CAPTA. Several new laws and amendments to Iowa law were passed in SFY 2018 but none of these negatively impact Iowa’s eligibility under CAPTA. The Iowa Attorney General’s Office was consulted and actively involved in assisting DHS in proposing and reviewing new legislation pertaining to the child abuse and neglect.

Senate File 2418 (S.F. 2418)
Relating to Iowa’s Definition of Sexual Abuse
On July 1, 2016 Iowa had amended its law (2016 Iowa Acts, chapter 1063, section 7 (S.F. 2258)) to modify the definition of sexual abuse, to include, not only the person responsible for the care of the child (caretaker), but also to include any person who resides in a home with the child. This modification allowed DHS to address allegations of sexual abuse by perpetrators who may have previously fallen through the cracks due to the state’s definition of “a person responsible for the care of the child”.

At the time of this law change, legal protections were already in place regarding children who perpetrate sexual abuse on another child in the same home, particularly children considered as sexually reactive versus sexual perpetrators.
If a finding is confirmed or founded on a minor child in the home, any child under the age of 14 determined to have committed sexual abuse is not placed on Iowa's Child Abuse Registry. Additionally, if DHS determines there is a good cause, any child age 14 -17 determined to have committed sexual abuse is not placed on the Iowa Child Abuse Registry.

Despite these legal protections, DHS saw a significant number of allegations involving very young children who were determined to be displaying age appropriate sexual curiosity or were sexually reactive children following the passage of S.F. 2258 in 2016.

As a result, Senate File 2418 (S.F. 2418) was passed in 2018 to again modify the child abuse definition of sexual abuse to limit a "person who resides in a home with the child" to a person who is fourteen years of age or older and resides in a home with the child. This bill has been signed by the governor and will be effective July 1, 2018.

**Relating to definition of Allows Access to a registered Sex Offender**

S.F. 2418 modifies the child abuse definition of Allows Access to a Registered Sex Offender. The previous wording in the definition had led to Founded cases of this abuse type to be overturned upon appeal. This law change will take effect on July 1, 2018.

**Relating to Mandatory Reporter Training and Certification Workgroup**

In addition to the law changes described above, S.F. 2418 also establishes a mandatory reporter training and certification workgroup. This was the result of concerns from various stakeholders regarding a need for quality mandatory reporting training and certification requirements. Under this bill DHS is charged with facilitating the mandatory reporter training and certification workgroup. Members of the workgroup are to include representatives from human services, education, public health, public safety, human rights, the department on aging, the office of the attorney general; a court appointed special advocate; and any other experts that DHS deems necessary. In addition to these designated members, four members of the general assembly are to serve as ex officio, nonvoting members. The workgroup is to submit a report with recommendations relating to mandatory child abuse and dependent adult abuse reporter training and certifications requirements to the legislature by December 15, 2018.

**Senate File 360 (S.F. 360)**

**Relating to the Newborn Safe Haven Act**

Section 233.1, subsection 2, paragraph b, Code 2017 is amended to read as follows:

b. “Newborn infant” means a child who is, or who appears to be thirty days of age or younger. (Prior to this law change it was fourteen days of age or younger)

Section 233.1, subsection 2, Code 2017 is amended by adding “First responder” to whom a parent may voluntarily release custody of a newborn infant by relinquishing physical custody. First responder means an emergency medical care provider, a registered nurse staffing an authorized service program under section 147A.12, a physician assistant staffing an authorized service program under section 147A.13, a fire fighter, or a peace officer as defined in section 801.4.
Program Areas Selected for Improvement
Section 106(b)(1)(C)(ii)

In Iowa’s CAPTA State Plan, submitted in June 2011, the Iowa Department of Human Services (IDHS) identified specific areas to target for improving Iowa’s child protection system. Of the fourteen areas set forth in CAPTA, IDHS identified the following six for improvement:

1. the intake, assessment, screening, and investigation of reports of child abuse or neglect;

2. (A) creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and

   (B) improving legal preparation and representation, including—
   • procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; and
   • provisions for the appointment of an individual appointed to represent a child in judicial proceedings

3. developing, strengthening, and facilitating training including—
   • training regarding research-based strategies, including the use of differential response, to promote collaboration with the families;
   • training regarding the legal duties of such individuals;
   • personal safety training for case workers; and
   • training in early childhood, child, and adolescent development;
4. developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level;

5. supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs—
   - to provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and
   - to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports; and

6. developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in—
   - investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and
   - the provision of services that assist children exposed to domestic violence, and that also support the caregiving role of their non-abusing parents.

There have been no changes in the areas for which CAPTA grant funding is being utilized since Iowa submitted their CAPTA State Plan in 2011.

**ANNUAL SUMMARY OF ACTIVITIES, TRAINING, AND SERVICES SECTION 108(e)**

The following sections include updates on recent activities supported through the State’s CAPTA grant, either alone or in combination with other State or Federal funds in each of the areas identified in Iowa’s State Plan.

**INTAKE, ASSESSMENT, SCREENING, AND INVESTIGATION OF CHILD ABUSE OR NEGLECT**

*DHS Child Protection Program Manager/State Liaison Officer (SLO)*
The intake, assessment, screening, and investigation of reports of child abuse and neglect continues to be a program area that DHS utilizes CAPTA basic state grant funds to support a policy position within the Division of Adult, Child, and Family Services at DHS. This policy position, the Child Protection Program Manager, also serves as Iowa’s State Liaison Officer (SLO). Iowa’s current SLO is:
The Child Protection Program Manager plays an important role in developing and implementing policy as it relates to intake, screening, and the assessment of reports of child abuse and neglect. Duties include:

- Management of policy and the employee manual as it relates to intake and assessment of child abuse and neglect and technical assistance for the Service Help Desk and DHS field staff as needed.
- Participation in the implementation of state and federal legislative mandates impacting the child protection program.
- Preparation of services requests, review of business requirements and the testing of the child welfare information system affected by changes to the law or system improvements as needed.
- Assistance with the development and delivery of training for DHS field staff.
- Presentations on Bi-Monthly Service CIDS calls as it relates to child protection policy.
- Assisting with information for federal reports and performance measures for the child protection program.
- Legislative work including recommending and developing amendments to Iowa Code and preparing bill reviews and fiscal notes regarding how proposed legislation may impact the child protection program, the agency, and constituents.
- Exceptions to DHS Policy, providing preliminary decisions as to whether the exception can be granted.
- Requests For Information (RFIs), providing DHS policy to the requestor and as needed preparing reports and public information materials for DHS personnel, legislators, other state agencies, and the community.
- Providing oversight to the maintenance of the Child Abuse Registry including reviewing requests for access to the Child Abuse Registry via Iowa’s Single Contact Repository (SING).
- Representing DHS on the Iowa’s Child Death Review Team, the Child Sex Trafficking MDT, and other various interagency workgroups and public meetings with external partners.
- Providing case consultation to the Department of Inspection and Appeals as the entity that responds to abuse in state operated facilities.

**DHS Intake, Assessment, Screening, and Investigation of Reports of Child Abuse and Neglect**

When the DHS receives a report of suspected child abuse or neglect and the allegation meets the three criteria for abuse or neglect in Iowa (victim is under the age of 18, allegation involves a caretaker for most abuse types, and the allegation meets the Code of Iowa definition for child abuse), the DHS accepts the report of suspected abuse or neglect for a Child Protective Assessment. On January 1, 2014, Iowa implemented a
Differential Response (DR) System. Under the DR System, when the DHS intake staff accepts a report of suspected abuse, the staff assigns the report to one of two pathways for assessment, a Family Assessment (FA) or a Child Abuse Assessment (CAA).

The DHS staff assigns accepted reports of suspected abuse or neglect to a FA when only Denial of Critical Care is alleged with no imminent danger, death, or injury to a child and other criteria as outlined in 441 Iowa Administrative Code (IAC) 175.24(2)(b) is also met. Cases eligible for a FA are less serious allegations of abuse or neglect. During the course of a FA, the DHS child protective worker (CPW):

- Visits the home and speaks with individual family members to gather an understanding of the concerns reported, what the family is experiencing, and engages collateral contacts in order to get a holistic view;
- Evaluates safety and risk for the child(ren);
- Engages the family to assess family strengths and needs through a full family functioning assessment; and
- Connects the family to any needed voluntary services.

CPWs must complete FA reports by the end of 10 business days, with no finding of abuse or neglect, no consideration for placement on the Central Abuse Registry, and no recommendation for court intervention made. Successful closure of an FA indicates the children are safe and are at a low to moderate risk of future abuse. CPWs make recommendations for services available in the community for families with low risk; they offer families at moderate risk voluntary, state purchased services called Community Care.

If at any time during the FA the CPW receives information that makes the family ineligible for a FA, inclusive of a child being "unsafe", the DHS staff reassigns the case to the CAA pathway. The same CPW continues to work the case.

Process and outcome measures continue to indicate that the system works as designed and the outcomes for children and families are positive. Highlights of report findings include:

- Ninety-three percent (93%) of children who received a FA did not experience a substantiated abuse report within twelve months.
- Ninety-eight-point-twenty-one percent (98.21%) of families referred to Community Care services did not experience a Child in Need of Assistance (CINA) adjudication within six months of service.
- Eighty-nine-point-ten (89.10%) of families referred to Community Care services did not experience a substantiated abuse report within twelve months of service.
- DHS referred 3,458 families to the state purchased services, Community Care.
- One-thousand- five-hundred-fifty-four (1,554) of the 8,722 families were re-assigned from the FA pathway to the CAA pathway. These re-assigned families comprised 4% of all accepted intakes for calendar year 2017.
- Forty-two percent (42%) of the cases reassigned resulted in a substantiated finding, which indicates utilization of pathway reassignment as designed.

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The CAA is Iowa’s traditional path of assessing reports of suspected child abuse or neglect. The DHS CPW utilizes the same family functioning, safety and risk assessments as under the FA pathway. However, by the end of 20 business days, the CPW must make a finding of whether abuse or neglect occurred, consider whether a perpetrator’s name meets criteria to be placed on the Central Abuse Registry, and determine whether court intervention will be requested. Findings include:

- **“Founded”** means that DHS determined by a preponderance of credible evidence (greater than 50%) that child abuse or neglect occurred and the circumstances meet the criteria for placement on the Iowa Central Abuse Registry.

- **“Confirmed”** means that DHS determined by a preponderance of credible evidence (greater than 50%) that child abuse or neglect occurred but the circumstances did not meet the criteria specified for placement on the Iowa Central Abuse Registry because the incident was minor, isolated, and unlikely to reoccur. (Only two abuse types, physical abuse and denial of critical care, lack of supervision or lack of clothing, can be confirmed).

- **“Not Confirmed”** means that DHS determined there was not a preponderance of credible evidence (greater than 50%) indicating that child abuse or neglect occurred.

If a report of suspected child abuse or neglect does not meet the criteria to be accepted for assessment, DHS intake staff rejects the report. DHS intake staff may screen a rejected report for a Child In Need of Assistance (CINA) Assessment, if the report meets the criteria for the child to be adjudicated a CINA in accordance with Iowa Code §232.2.6. DHS uses CINA Assessments to determine if juvenile court intervention should be recommended for a child and also examines the family’s strengths and needs in order to support the families’ efforts to provide a safe and stable home environment for their children.

### Table 2(n): DHS Child Protective Assessments (CY 2010-2017)

<table>
<thead>
<tr>
<th>Calendar Year (CY)</th>
<th>Total Assessed Reports</th>
<th>Family Assessments (Percentage)**</th>
<th>Assessments Not Confirmed (Percentage)</th>
<th>Assessments Confirmed &amp; Founded (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017***</td>
<td>33,418</td>
<td>7,136 (21%)</td>
<td>17,724 (53%)</td>
<td>8,558 (26%)</td>
</tr>
<tr>
<td>2016</td>
<td>25,707</td>
<td>7,457 (29.0%)</td>
<td>11,766 (45.8%)</td>
<td>6,484 (25.2%)</td>
</tr>
<tr>
<td>2015</td>
<td>24,298</td>
<td>7,469 (30.7%)</td>
<td>10,787 (44.4%)</td>
<td>6,042 (24.9%)</td>
</tr>
<tr>
<td>2014</td>
<td>23,562</td>
<td>7,769 (33.0%)</td>
<td>10,259 (43.5%)</td>
<td>5,534 (23.5%)</td>
</tr>
<tr>
<td>2013</td>
<td>26,129</td>
<td>NA</td>
<td>17,218 (65.9%)</td>
<td>8,911 (34.1%)</td>
</tr>
<tr>
<td>2012</td>
<td>28,918</td>
<td>NA</td>
<td>19,302 (66.7%)</td>
<td>9,616 (33.3%)</td>
</tr>
<tr>
<td>2011</td>
<td>30,747*</td>
<td>NA</td>
<td>21,035 (68.4%)</td>
<td>9,712 (31.6%)</td>
</tr>
<tr>
<td>2010</td>
<td>26,413</td>
<td>NA</td>
<td>17,432 (66.0%)</td>
<td>8,981 (34.0%)</td>
</tr>
</tbody>
</table>

Source: SACWIS

*The number of total reports increased 16% due to a policy clarification regarding confidentiality.

**Family Assessments began in CY 2014 with the implementation of a Differential Response (DR) System.

***The number of total reports increased 11% due to factors that included a practice change resulting in new allegations being addressed in a new report as well as additional reports resulting from a number of high profile cases.

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THE COMPREHENSIVE ADDICTION AND RECOVERY ACT of 2016 (CARA)

SECTION 106(b)(2)(B)(ii) and (iii)
On July 1, 2017 House File 543 became law. The legislation amended Iowa Code Section 232.77 subsection 2 (b) as follows:

\[
\text{b. If a health practitioner involved in the delivery or care of a newborn or infant discovers in the newborn or infant physical or behavioral symptoms that are consistent with the effects of prenatal drug exposure or a fetal alcohol spectrum disorder, the health practitioner shall report such information to the department in a manner prescribed by rule of the department.}
\]

This law was passed in order to implement the federal amendments to CAPTA made by P.L. 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA). With the passage of House File 543 Iowa is in compliance with the Comprehensive Addiction and Recovery Act of 2016 (CARA). Iowa now has in place legislation and child welfare policies and procedures that remove the term “illegal” as applied to substance abuse affecting infants and addresses the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.

Iowa health care providers involved in the delivery or care of such infants are now mandated to notify DHS. Child welfare policies include plans of safe care and procedures for monitoring those plans to ensure that appropriate services are being provided to the infant and the family. DHS has also implemented system changes to meet the annual data report requirements in section 106(d) of CAPTA regarding the number of identified infants, the number of infants that have a Safe Plan of Care, and the number of infants for whom a referral was made for services, including services for the affected family or caregiver.

Provide information on any changes made to implementation and/or lessons learned from implementation:

To demonstrate further compliance with CARA by ensuring child safety and well-being following release from the care of medical providers, the DHS revisited the development of Safe Plans of Care for infants born and identified as being affected by (all) substance abuse or withdrawal symptoms, or Fetal Alcohol Spectrum Disorder. DHS Staff reviewed and implemented the practice implications for intake, assessment, and case management on March 31, 2017.

- **Intake:**
  - Reports for children born positive for an illegal substance will continue to be accepted as Presence of Illegal Drugs in a Child’s Body and assessed as a CAA.
  - If abuse criteria is not met and there is no current child welfare case, but DHS receives concerns by a medical provider that an infant is affected by substance use, withdrawal symptoms, or Fetal Alcohol Spectrum Disorder, a CINA assessment will be accepted.
  - The intake will be rejected and information provided to the social work case manager (SWCM) if there is an open child welfare case.

- **Assessment:**
  - The child protective worker will consult with the medical provider to confirm the infant is affected by substance abuse, withdrawal symptoms, or Fetal Alcohol Spectrum Disorder.
- If the medical provider determines the infant is not affected, the information will be documented in the assessment (CAA, FA, or CINA).
- If the medical provider determines the infant is affected, the information will be documented on the Safe Plan of Care on the Safety Plan form.
  - If the family is not willing to participate in the development of a Safe Plan of Care, consultation with the County Attorney is required.

**Case management:**
- For an existing child welfare case, the SWCM will consult with the medical provider to confirm the infant is affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder.
  - If the medical provider determines the infant is not affected, the information will be documented in a contact note in Family and Children Services (FACS), a component of Iowa’s child welfare information system.
  - If the medical provider determines the infant is affected, the information will be documented on the Safe Plan of Care on the Safety Plan form.
  - If the family is not willing to participate in the development of a Safe Plan of Care, consultation with the County Attorney is required.

**County Attorney Consultation**
- DHS staff in all counties currently have a process in which they consult with their county attorneys. How each county attorney handles the concerns of a family not cooperating with a Safe Plan of Care can vary across the state. If the lack of cooperation becomes a safety concern, it is likely county attorneys will support the filing of a Child In Need of Assistance petition. It is in circumstances where the lack of cooperation does not rise to a safety concern that there will likely be a variance across the state.
- As referenced with respect to the DEC workgroup, a part of the workgroup’s discussion and ultimate recommendations included the change in state statute to support mandatory reporter laws consistent with Public Law 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA). County Attorneys were represented on this workgroup.

**Lessons Learned**
Since the 2017 implementation of CARA, DHS has continued to review practice and refine policy where needed to meet the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. Observations and lessons learned during the first year of CARA include:
- The availability of services for infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder and their mothers with substance use disorders, is more limited in the rural parts of Iowa as compared to the urban sites in the state.
- In Iowa, services such as Early ACCESS, Home Visiting, and the Iowa Family Support program, which are all targeted for this population of children, are voluntary services. As such, it is difficult to monitor a parent’s participation and compliance with the program. This is also true of the Community Care program to which many families are referred.
- There is a need for data collection and sharing across systems for this population group.
Based on an internal DHS case review, there is a need for further training on the differences between Safe Plans of Care and Safety Plans. Case reviews indicated that, while protective assessments are being done for children affected by substance abuse and services are being provided, Safe Plans of Care are not being written. As a result, there will be additional training for DHS field staff regarding CARA and Safe Plans of Care. Also, a new form will be developed specifically for Safe Plans of Care. DHS will no longer use the Safety Plan form for Safe Plans of Care.

There is a need for more collaboration and sharing across systems (Medical, Mental Health, DHS etc.) regarding internal protocols and approaches in identifying these infants and providing the needed services. The next steps will focus on improving DHS practice around CARA and Safe Plans of Care. Once DHS has improved its internal response and practice, options to collaborating with other systems will be reviewed and discussed.

Confidentiality across systems can be an issue at times and can affect the degree of collaboration between systems.

Provide update on any multi-disciplinary outreach, consultation or coordination the state has taken to support implementation

Stakeholders with interest in best practices for Drug Endangered Children collaborated with the DHS in 2016 to implement law change supporting CARA, as well as additional efforts to better address substance abuse at intake, through assessment, and into services provided by the DHS or within the community. Following the law changes implemented July 1, 2017, the DHS worked with the Iowa Department of Public Health to provide the update to mandatory reports. The DHS also provided training and Q/A sessions for DHS staff and worked with medical providers to facilitate trainings and Q/A sessions specific to their needs. DHS released a Letter of Notification and a Guidance Document for external stakeholders and medical providers regarding the implementation of CARA. DHS also provided a statewide webinar for medical providers across the state. The webinar was recorded and remains available. Before additional outreach efforts are made, DHS is focusing on how to improve internal practice around CARA. Communication with DHS staff, as well as with external partners continues in an effort to review and improve upon policy and practice as necessary.

2017 Implementation Efforts

DHS Internal Efforts

Below is a listing of activities that DHS has initiated with the passage of House File 543, which was passed in order to implement the federal requirements under CARA.

- A CAPTA-CARA Workgroup was established to identify the policies, procedures and system changes that would be needed to implement CARA.
- On March 16, 2017, CARA and the related changes in policies, procedures and system changes were presented and discussed on a Bi-Monthly Service CIDs call with DHS field supervisors.
- Added supports including communication documents and instructional releases were provided to the DHS staff from the Central Office Policy Division and the Service Help Desk.
- System changes were implemented within the DHS JARVIS system.
- The Iowa Administrative Code (IAC) or “Rule”, the IHS Employee’s Manual and related forms were updated to reflect the new law changes.
• Policy Program Managers comprised and distributed a Letter of Notification and Guidance document (Attachment E) for external stakeholders and partners, e.g. medical providers, Juvenile Court Services (Judges, Attorneys, and court appointed special advocates (CASA)), mandatory reporters, and mental health, regarding the implantation of CARA.

DHS External Efforts
In addition to its internal preparations, DHS has also reached out to a number of different groups and agencies across Iowa to ensure that they are aware of the CARA requirements and of the changes in Iowa law that became effective July 1, 2017. While DHS is continuing its outreach and notification efforts to ensure the implementation of these provisions, below are the actions DHS has taken to date.
• Information regarding the CARA requirements as it relates to Mandatory Reporters was posted on the DHS Website.
• The CARA Letter of Notification and the Guidance document was shared with the Iowa Department of Public Health (IDPH) who in turn posited it on the IDPH Mandatory Reporter Training web page.
• A presentation, accompanied by the Guidance document, was offered to the Child Protection Council, Statewide Citizen Review Panel. This group consists of members who represent a number of different disciplines such as medical, child advocacy and prevention, law enforcement, the University of Iowa, juvenile justice, and Iowa’s Child Advocacy Centers. Each of these professionals was asked to share this information within their areas of practice.
• The Cara Letter of Notification and Guidance document were sent to the Juvenile Justice Division to be shared statewide with Juvenile Justice personal and Juvenile Judges.
• The CARA Letter of Notification was distributed through the DHS Iowa Medicaid Enterprise (IME) Division to all health providers of Medicaid in Iowa.

Provide brief update on the state’s monitoring of plans of safe care to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for substance-exposed infants and affected family member and caregivers
• Monitoring
  o How Safe Plans of Care are monitored will depend upon the circumstances of each case and will be documented within the Safe Plan of Care.
    ▪ In cases where there are ongoing DHS services involved with the family, the assigned social work case manager (SWCM) would play a larger role in monitoring. The family’s case plan would identify the referrals and services. The SWCM would have ongoing interactions with the family and would be assessing the safety, need and effectiveness of services as long as the case was open.
    ▪ However, if a family is cooperative with the Safe Plan of Care and there is not an ongoing DHS services case, the medical/community providers would be identified to monitor the plan. If the provider had further concerns, they would contact the DHS hotline and the intake process would begin again.
Describe any technical assistance needs the state has determined are needed to receive to support effective implementation of these provisions. It would be helpful to have examples of other state’s policy, procedures, and practices. Also, copies of Safe Plans of Care. Information on how other states are monitoring Safe Plans of Care with regard to voluntary services would be helpful.

The DHS has planned a review in August 2018 regarding Safe Plans of Care. More needs may be identified following the review.

Specific information on plans for using the increased funding, with a priority on developing, implementing or monitoring plans of safe care
Iowa is preparing for an on-site visit with regional partners to review the development, implementing, and monitoring of Safe Plans of Care. This visit is scheduled for August 22 and 23, 2018. The review will include the following:

1. Review 3-5 cases with Safe Plans of Care, with a focus on the Safe Plans of Care and monitoring of them. The plan is to include a variety of cases for the review (i.e. at least one during CPA, one ongoing case, one where the infant didn't leave mom’s care/home, a good example, and a tough/challenging example). This is a follow up from an internal review completed in March 2018, following the November 2017 CIDS. The August review will include the same DHS individuals who were involved with the previous review. Additionally, a Child Protection Worker (CPW), Social Work Case Manager (SWCM), and field supervisor will be asked to be part of the review. The DHS Service Business Team will also be invited to join the review.

2. The regional partner will meet with DHS staff that is doing the work with children and families involving Safe Plans of Care. These field staff may be the same people who are identified for the review or it could be other CPWs, SWCMs, and Supervisors.

3. There are plans to meet with an existing group who is currently involved with this population (infants affected) to discuss successes and challenges and overall how it’s going in Iowa. Some potential groups discussed included Dr. Chasnoff’s group, the DEC group, or Court Improvement.

4. Identify policy and practice changes which would improve the developing, implementing, or monitoring of Safe Plans of Care in Iowa. Such changes could potentially include updates to the Child Welfare Information System, statewide training for DHS staff and stakeholders, and a data sharing plan.
MULTIDISCIPLINARY TEAMS AND LEGAL PREPARATION AND REPRESENTATION

(A) Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and

According to Iowa Code (235A.13, subsection 8), an MDT is defined as follows:

"Multidisciplinary team" means a group of individuals who possess knowledge and skills related to the diagnosis, assessment, and disposition of child abuse cases and who are professionals practicing in the disciplines of medicine, nursing, public health, substance abuse, domestic violence, mental health, social work, child development, education, law, juvenile probation, or law enforcement, or a group established pursuant to section 235B.1, subsection 1.

The Iowa Code also establishes the following requirement of DHS as it relates to MDTs (232.71B, subsection 11):

In each county or multicounty area in which more than fifty child abuse reports are made per year, the department shall establish a multidisciplinary team, as defined in section 235A.13, subsection 8. Upon the department’s request, a multidisciplinary team shall assist the department in the assessment, diagnosis, and disposition of a child abuse assessment.

Multidisciplinary Activities

Background

DHS encourages the use of MDT’s and supports the ongoing efforts that the Child Protection Council (CPC) has provided in this area. In the fall of 2013, with the support of the Council and Children’s Justice Act grant funds, DHS released an informal procurement opportunity for a researcher/consultant to assist in facilitation of a stakeholder workgroup and in the research and evaluation of the current status of MDTs across the state of Iowa. On January 1, 2014 a contract was awarded to Iowa State University (ISU) to conduct a statewide assessment of Iowa’s MDTs.

As part of the Assessment a workgroup was formed to review the history and various definitions of MDTs, child abuse statistics, recent demographic shifts, and the current status of MDTs in Iowa. The workgroup examined similarities and differences in roles and responsibilities of DHS (as defined by Iowa Code) and non-DHS MDTs (i.e. Child Advocacy Centers, County Attorney MDTs, etc.). The group also reviewed the results of telephone interviews conducted by ISU regarding the purpose and function of MDTs in seven other states.

In addition, findings of a newly developed 2014 MDT Survey that was administered and analyzed by ISU were evaluated by the workgroup members in light of earlier findings of a 1990 MDT Survey. The 2014 survey responses were analyzed overall and by various respondent subgroups (i.e., DHS MDT members and non-DHS MDT members). In general, it was found that where MDTs exist, the survey results indicated that these teams appear to be going well, but there is a need to improve on assuring that MDTs are developed, used, and accessed consistently across the state and in accordance with the law.
The work of this project was summarized in a final report (*Multidisciplinary Team Approach to Protective Assessments: Review and Consultation, Final Report*). The full report was submitted to Children’s Bureau in 2015. Following the report, a number of the MDT recommendations were implemented.

**Memorandums of Understandings (MOUs)**

In 2016 DHS updated the Memorandums of Understandings (MOUs) between DHS and each of the state’s Child Advocacy Centers (CACs). This was to assure that CACs are reaching out to all of the counties in their assigned DHS Service Area to assist with a multidisciplinary approach to investigations/assessments. All of the CACs were asked to sign a Memorandum of Understanding that included Interagency Agreements for all of Iowa’s 99 counties. Each of the Interagency Agreements required signatures from the local CAC, DHS, the County Attorney’s Office, and county/municipal law enforcement. This collaboration is seen as critical in building and enhancing MDTs throughout the state.

**2016- 2018 Activities**

To further bolster support for MDTs across the state, DHS began collaborating with the state’s Child Advocacy Centers (CACs) around multidisciplinary trainings in 2016. DHS supported the use of Children’s Justice Act grant dollars for multiple “mini-grants” for CACs to provide local training specific to the use of a multidisciplinary approach to child abuse assessments. Funding was provided up to $5000.00 a piece for each of the CACs in the state.

Based on the success of this project, these grants are now awarded annually to the CACs. Under the contracts, CACs are required to develop and submit a training plan for approval. Directives are provided on the training topics to ensure that they reflective areas such as child trauma, human trafficking, child fatalities, and children with disabilities. The trainings are promoted and made available to all disciplines involved in child protective services. During SFY18, the total number of attendees across the state was 533. This number was up significantly from the prior year (SFY17) which was at 343.

In addition to the CAC Mini-Grants, DHS also supported the use of CJA funding for scholarships for DHS staff and other professionals involved in Iowa’s child protection system to attend the MDT statewide Protecting Families Spring Conference which was held in April of 2018. The conference was sponsored by the Mercy Child Protection Center which is a nationally accredited Child Advocacy Center (CACs). Attendance at the multidisciplinary statewide conference was good with 168 persons attending. Of that number, approximately 50 were DHS social workers, supervisors, and administrators.

The statewide conference and the regional and local multidisciplinary trainings provide valuable information to DHS workers who handle child abuse and neglect cases and other professionals in child welfare. The conference and trainings promote a multidisciplinary approach in addressing child abuse and neglect cases. In addition, they offer local networking opportunities for the child welfare professionals who are in attendance.
(B) Improving legal preparation and representation

Another area of focus for which the DHS utilizes CAPTA grant funds is the preparation and procedures related to child abuse/neglect appeals of substantiated findings. The DHS recognizes the rights to due process for any individual accused of child abuse and/or neglect and has in place a process by which individuals can appeal a decision made by the DHS and request a hearing before an Administrative Law Judge.

There is significant preparation work involved in appeals. Therefore, CAPTA funds are used to support salary and staff time for a position to assist with the appeal preparation. This person is responsible for providing child abuse information to the DHS Appeals Division and to the Attorney General’s Office once an appellant requests an appeal on either a founded or confirmed child abuse report.

DEVELOPING, STRENGTHENING, AND FACILITATING TRAINING

DHS provides for a variety of training programs geared toward Child Protective Service intake workers, assessment workers, case managers, supervisors, and contracted service providers. These various training programs, despite different audiences, all cut across the four identified areas:

(A) training regarding research-based strategies, including the use of differential response, to promote collaboration with the families;
(B) training regarding the legal duties of such individuals;
(C) personal safety training for case workers; and
(D) training in early childhood, child, and adolescent development;

Many of the trainings are outlined in the State’s APSR and are funded through a variety of state and federal sources. However, there are a few training and support initiatives that are specifically funded through CAPTA which are outlined below. Further detail on the trainings can be found in the Developing and Implementing Procedures for Collaboration among Child Protective Services, Domestic Violence Services, and other Agencies section of this report.

Domestic Violence Response Coordinator

CAPTA funds are used specifically to contract with the Iowa State University’s Child Welfare Training and Research Project, to fund a key training position. This position is the “Domestic Violence Response Coordinator” for the DHS. This role is critical to the state’s training of Child Protective Workers.

Safe & Together Model

The Domestic Violence Response Coordinator was responsible for the management and organization of Iowa’s rollout of the Safe and Together Model. The Safe and Together Model is a perpetrator pattern based, child centered, and survivor strengths approach to working with domestic violence. The model which has since been adapted to a number of different disciplines was originally developed for use in the child welfare system. The rollout began in June of 2015 by introducing the model to 51 DHS Leadership members. Following that event, 43 content experts, 132 DHS supervisors,
and a total of 904 front line DHS workers and other community service providers received the training through November of 2015. In total, 1,130 people across the state receiving training in the Safe and Together Model. This model has been critical in creating a paradigm shift towards a more domestic violence informed child welfare system by helping child protective workers and their partners, build the skills necessary to engage non-perpetrating caretakers and promote collaboration with families.

The use of the Safe and Together Model was expanded in 2016. In addition to incorporating this model into the existing Domestic Violence training courses for DHS workers, Connect And Protect (CAP) team were formed in each of the Service Areas. CAP team members, who have received advanced training in the Safe and Together Model, provide cases consultation services regarding child abuse cases that include domestic violence. In addition, team members also facilitate information sharing within their local communities.

**Mental Health, Substance Abuse and Domestic Violence Training**

In addition to implementing the Safe and Together Model in Iowa, the Domestic Violence Response Coordinator has also played a critical role in the development and implementation of other training courses. The Coordinator was involved in the development and presentation of a course which focused on screening for mental health, substance abuse, and domestic violence during child abuse assessments and another training which highlighted the effect of mental health disorders on parental capacity. These training courses provided DHS staff with concrete tools to more effectively screen child protective cases for individual or co-occurring issues.

In SFY 2018, the Coordinator worked with an advisory committee to redesign the Domestic Violence Fundamentals course which included information on screening, the tools of the Safe & Together model and updated information and statistics on domestic violence in Iowa. The Coordinator facilitated this training with 35 new workers. The training received high evaluation marks despite it being a mandated course.

In addition, the Coordinator worked with the Safe & Together Institute to develop a Domestic Violence Intermediate course that is a practice-driven two day course offered to help workers put the tools and components of the Safe & Together model into practice. The course includes specific instruction on how to engage perpetrators of domestic violence and how to partner and work with survivors of domestic violence and their children. Through role play, the workers learn how to practice and use these strategies in real-life scenarios. In SFY 2018, 65 participants received 2 days of intensive practice training with a Safe & Together Institute trainer. This number is significant as the course was not required. The training received high evaluation marks. The Coordinator attended 2 of the 3 trainings as a participant and liaison, and worked with the Institute to coordinate the logistics of the trainings.

In an effort to address the lack of services specific to perpetrators of domestic violence, the Coordinator has also worked with DHS and partners at Prevent Child Abuse Iowa to establish 2 pilot offerings of the Caring Dads program in Polk County. The Caring Dads curriculum works with fathers to change patterns of abuse, increase fathers’ awareness and application of child-centered fathering, and to promote respectful co-parenting with children’s mothers. Sessions are held for 2 hours a week for 17 weeks.
Additional trainings offered by DHS are outlined in the State's APSR. The trainings are highlighted here due to the use of CAPTA funds that support the Domestic Violence Response Coordinator position that has played a key role in the development and implementation of these trainings.

**DEVELOPING AND ENHANCING THE CAPACITY OF COMMUNITY-BASED PROGRAMS TO INTEGRATE SHARED LEADERSHIP STRATEGIES BETWEEN PARENTS AND PROFESSIONALS TO PREVENT AND TREAT CHILD ABUSE AND NEGLECT AT THE NEIGHBORHOOD LEVEL**

There are multiple initiatives through the IDHS which seek to develop and enhance community-based programs and shared leadership strategies to prevent and treat child abuse and neglect at the neighborhood level. While not all of these initiatives are funded directly through the CAPTA basic state grant, they often intersect closely with those that are.

**COMMUNITY PARTNERSHIPS FOR PROTECTING CHILDREN (CPPC)**
The Community Partnerships for Protecting Children (CPPC) approach aims to keep children safe from abuse and neglect and to support families. This approach recognizes that keeping children safe is everybody's business and that community members must be offered opportunities to help vulnerable families and shape the services and supports provided.

In Iowa, Community Partnerships have brought together parents, youth, social service professionals, faith ministries, local business, schools and caring neighbors to help design, govern and participate in programs that seek to create a continuum of care and support for children, youth and parents in their neighborhoods.

**What is Community Partnership?**
- Community Partnerships for Protecting Children (CPPC) is an approach that recognizes keeping children safe is everybody's business.
- It's an approach that neighborhoods, towns, cities, and states can adopt to improve how children are protected from maltreatment.
- A Community Partnership is not a *program* - rather, it is a way of working with families that helps services to be more inviting, needs-based, accessible, and relevant.
- Community Partnerships incorporate prevention strategies as well as those needed to address identified maltreatment.
- The Community Partnership approach aims to blend the work and expertise of both professionals and residents to bolster supports for vulnerable families and children.
- It's an opportunity for community members to get involved in helping families in need, and in shaping the types of services and supports needed by these families.
- It is a partnership of public and private agencies, systems, community members, and professionals who work together to:
  - prevent maltreatment before it occurs;
  - respond quickly and effectively when it does occur;
  - reduce the re-occurrence of child maltreatment, through tailored family interventions.
Community Partnership has four primary strategies that guide this approach:

- Individualize Course of Action (also referred to as a Family Team Decision Making)
- Community/Neighborhood Networking
- CPS Policy and Practice Change
- Shared Decision Making

**IOWA CHILD ABUSE PREVENTION PROGRAM (ICAPP) and COMMUNITY-BASED CHILD ABUSE PREVENTION (CBCAP) PROGRAM**

The Iowa Child Abuse Prevention Program (ICAPP) is the Department of Human Service’s foremost approach to the prevention of Child Maltreatment. The premise behind the Iowa Child Abuse Prevention Program (ICAPP) is that each community is unique and has its own distinct strengths and challenges in assuring the safety and well-being of children, depending upon the resources available. Therefore, the Program has been structured in such a way that it allows for local Community Based Volunteer Coalitions or Councils to apply for Program funds to implement child abuse prevention projects based on the specific needs of their respective communities.

CAPTA funds will continue to supplement a portion of the total, approximately $1.28 million annually, budgeted for local prevention programs for SFY 2016-2018. This was the first time contracts for grantees were awarded for a period of 3 years. These contracts began July 1, 2015. Competitive grants for this cycle were awarded in the following categories:

1. **Community Development**—for the use of council development, community needs assessment, program development, public awareness, community mobilization, collaboration, or network building (awards limited to $5,000).

2. **Core Prevention Services**—to include any projects that provide the following types of activities and services to children and families:

   a. **Parent Development**—to include, but not be limited to, parent education, parent-child interaction programs, mutual support and self-help, and parent leadership services. This service may also be targeted toward specific populations at greater risk, for example young parents, parents of children with disabilities, or non-custodial parents (such as fatherhood initiatives).

   b. **Respite Care Services**—the term “respite care services” means short term care services, including the services of crisis nurseries, provided in the temporary absence of the regular caregiver (parent, other relative, foster parent, adoptive parent, or guardian) to children who—
      (A) are in danger of child abuse or neglect;
      (B) have experienced child abuse or neglect; or
      (C) have disabilities or chronic or terminal illnesses.

   c. **Home Visitation**—these services include parenting instruction and family support services primarily delivered in a Participant’s home. To be eligible for inclusion in this category, a Project must comply with the standards of a national Evidence-Based Practice model, such as Parents As Teachers, Nurse Family Partnership,

3. **Sexual Abuse Prevention**— the term “sexual abuse prevention” means services provided to prevent the likelihood of Child victimization through sexual abuse or exploitation. Projects funded under this area should focus on best practices in the prevention of child sexual abuse and exploitation and should, at a minimum, include some aspect of adult instruction. Examples would include public awareness campaigns, educator training, and parent/child instruction on topics such as healthy sexual development.

Funds are awarded to volunteer-based community councils throughout the State, who are able to apply for up to three projects in their respective communities. Most of these councils are organized by county; however, there are some, particularly in more rural areas of the State, which have combined to cover a multi-county area (up to four or five counties). A map of the projects that were awarded ICAPP funds, and the specific types of services funded by county, can be found in Attachment A. It should be noted that projects in 72 of Iowa’s 99 counties have been awarded funds under ICAPP for SFY 2016-2018. Of the 27 counties that did not receive funds (most because they did not apply for eligible projects), all but 2 (Lyon and Sioux) border on at least one county where services are being provided. Families are eligible to access core services in a neighboring county, if services are not available in their home county.

Iowa is proud to be one of three states participating in a collaborative effort between University of Kansas and Friends National Resource Center to compare and analyze Protective Factor Survey (PFS) data. Iowa’s PFS data has been presented at several venues, including the National Conference on Child Abuse & Neglect in 2014. In addition, the ICAPP program has begun to pilot the retrospective version of the PFS-2, recently developed by researchers at the University of Kansas. Current PFS outcome data for ICAPP can be located in the State’s APSR submission, as the program’s largest funding source is actually Promoting Safe and Stable Families (PSSF).

One significant change that occurred in this past year related to prevention in Iowa was the decision to combine the state’s federal CBCAP funding into the larger ICAPP program. Previously the two programs were run very similarly, with only slight variations. Often this resulted in the exact same local programs being funded by both sources, requiring local providers to apply for two different grants, submit two separate reports, and bill to two separate contracts. It was determined that this approach was resulting in a lot of unnecessary duplication of administrative duties. A statewide survey was conducted with prevention providers and the feedback in support of the merger was overwhelming. Therefore, the merger began with the administrative services contract which began on July 1, 2017. Prevent Child Abuse (PCA) Iowa, the incumbent contractor, was awarded this contract to administer the new combined program. Since this time the combined program conducted a statewide needs assessment and strategic plan for the program. In addition, PCA Iowa and the IDHS have been involved in procuring the next round of local service contracts with the new combined funding for SFY 2019. See Attachment A for a map of all ICAPP and CBCAP contracts awarded.
through SFY 2018. The new awards will be announced in late May (and will begin July 1, 2018).

CAPTA funds are also utilized to support the work of the Child Abuse Prevention Program Advisory Committee (CAPPAC), under the IDHS Human Services Council, the primary advisory body which oversees all activities of the IDHS. The duties of this committee are outlined in Iowa Code and include:

a. Advise the director of human services and the administrator of the division of the department of human services responsible for child and family programs regarding expenditures of funds received for the child abuse prevention program.

b. Review the implementation and effectiveness of legislation and administrative rules concerning the child abuse prevention program.

c. Recommend changes in legislation and administrative rules to the general assembly and the appropriate administrative officials.

d. Require reports from state agencies and other entities as necessary to perform its duties.

e. Receive and review complaints from the public concerning the operation and management of the child abuse prevention program.

f. Approve grant proposals.

CAPTA funds are used to support travel expenses for CAPPAC members to attend quarterly meetings to review the ICAPP program and its progress towards program goals. The CAPPAC also plays a unique role in reviewing the results of the competitive bidding process for community-based projects and in making recommendations to the IDHS in regards to funding for these projects. This past year the CAPPAC established a charter with the Council on Human Services (the legislatively mandated body that CAPPAC reports to) which outlines clear expectations around membership, meetings, and the requirements for annually reporting to the Council. In addition, the CAPPAC welcomed four new members with a wide range of experience in the realm of child and family services, representing several different areas of the state.

**MINORITY YOUTH AND FAMILY INITIATIVE (MYFI) & BREAKTHROUGH SERIES COLLABORATIVE**

Other initiatives, which seek to build community and reduce the level of disproportionate representation in the child welfare system, are also key to developing and enhancing the capacity of community-based programming and shared leadership. Two such initiatives are the Minority Youth and Family Initiative and the Breakthrough Series Collaborative, as described in the Iowa APSR. While these programs are not funded directly through the State’s CAPTA grant they work closely with community-based partnerships and local prevention providers to build relationships with minority communities and to assist in the development of community-based prevention programs that meet their specific needs.

The Iowa Breakthrough Series Collaborative (BSC) is composed of ten local community teams from across the state. This includes Iowa’s two preexisting MYFI teams. Teams meet regularly in their local service areas to develop, implement and track efforts to
reduce disproportionality and disparity for children and families of color. The success of the BSC model is contingent on stakeholder engagement and shared leadership by the team core members. Core members of the BSC team are responsible to work together to develop and rapidly test strategies designed to improve a prevailing issue and practice challenge in child welfare. All team members are engaged in the process of development, testing, improving, implementing and spreading successful strategies. Teams share lessons learned via phone conferences and biannual meetings called Learning Sessions. Core membership for a BSC team is composed of a minimum of eight (8) individuals including, but not limited to the following:

- DHS Social Work Administrator
- DHS Social Work Supervisor
- DHS Social Worker 2 and/or 3
- Judge
- Court Partner (i.e. County attorney, guardian ad litem, etc...)
- Birth Parent Representative (Usually a Parent Partner)
- Young Adult Representative (Current or former foster care youth, usually a member of AMP)
- Child Welfare Services Community Partner (Usually a local child welfare services provider)

In addition to the core membership identified above, most teams have extended team members representing the areas of law enforcement, education, mental health, domestic violence, substance abuse, and/or the faith based community.

In regard to team birth parents and young adult representatives, they take on additional responsibilities at the biannual conferences. These members attend a pre-institute facilitated by a Parent Partner Coordinator and a Youth Transition Decision Making facilitator prior to the conference. The Pre-Institute is designed to support team birth parents and young adults in preparing for the Learning Session. Time is also spent building on Strategic Storytelling concepts and preparing a 60-90 minute presentation that the birth parents and young adults will share during the course of the 2-day learning session for the purpose of ensuring that their voices are heard and connected to the topics being discussed at the learning session.

Following is a description of the activities under these initiatives during SFY2018:

- October 2017 – DHS hosted a fall learning session the brought together 180 people, including the states two (2) MYFI teams and ten (10) BSC teams, and a variety of other stakeholders including state legislators, service providers, and community partners. The focus of this event was to discuss future activities, initiatives and programs related to building relationships with minority communities and the development of community based prevention programs. DHS leadership provided an overview of upcoming changes to the CW Service array and identified where the MYFI and BSC efforts fit in this. The group was provided with current and historical data to review the progress of the MYFI/BSC efforts and identify areas where we can continue to improve. Teams spent time sharing efforts they have implemented that have proven successful in increasing community engagement and/or reducing disproportionality. Teams also discussed barriers that they are facing and brainstormed ways to overcome these.

- In SFY ‘18 the Agency made the decision to move away from hosting two conferences per year. Instead the Agency will host once conference per year with
resources being invested in additional technical assistance for the BSC teams throughout the year to promote increased development and implementation of strategies that prove to be successful.

Iowa continues to have strong community and neighborhood-level initiatives to address child maltreatment and racial disproportionate representation in the child welfare system. The broader challenge, going forward, will be in continuing to identify the interconnectedness between various programs and to develop a more comprehensive continuum of care in the child welfare service array.

SUPPORTING AND ENHANCING INTERAGENCY COLLABORATION AMONG PUBLIC HEALTH AGENCIES, AGENCIES IN THE CHILD PROTECTIVE SYSTEM, AND AGENCIES CARRYING OUT PRIVATE COMMUNITY-BASED PROGRAMS

**IDEA PART C**

The reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA) under the Keeping Children and Families Safe Act of 2003 (P.L. 108-36) provides Early Intervention Services for any child under the age of three who is involved in a substantiated case of child abuse or neglect. States are mandated to have provisions and procedures in place to refer these children for services. State funding for Early Intervention Services is provided under Part C of the Individuals with Disabilities Education Improvement Act.

**Early ACCESS Program**

Early Intervention Services or Early ACCESS as the program is referred to in Iowa is a collaborative partnership between three State agencies (Iowa Department of Human Services (DHS), Iowa Department of Public Health (IDPH), Iowa Department of Education (IDOE)), and the Child Health Specialty Clinics (CHSC). These agencies and clinics promote, support, and administer Early Access services. The IDOE is the lead agency responsible for administering the program.

In addition to children under the age of three who have been involved in a substantiated case of child abuse or neglect, Early ACCESS services are available to any child in Iowa from birth to three who demonstrate a 25% developmental delay or who has a known medical, emotional, or physical condition in which there is a high probability of future developmental delays.

Early ACCESS services are also open to infants that fall under the 2016 Comprehensive Addiction and Recovery Act (CARA). This population includes infants born and identified as being affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder. This includes infants born with and identified as being affected by all substance abuse, not just illegal substance abuse.

**Early ACCESS Referrals**

DHS is responsible for referring any child under the age of three who been involved in a substantiated case of child abuse or neglect to Early ACCESS for services. Within DHS, Child Protection Workers (CPWs) are responsible for informing families of Early ACCESS services during a child abuse assessment. Social work case managers
SWCMs who handle ongoing child welfare cases may inform families of Early ACCESS services at any time during the provision of case management services. For those families interested in Early ACCESS services, the CPW or the SWCM will offer to make a referral for the family or provide the family with information on how to connect with services. Referrals can be made to Visiting Nurse Services (VNS), CHSC, and any of Iowa’s nine Area Education Agencies (AEAs).

**Early ACCESS Training**

Early ACCESS training for DHS CPW & SWCM training focuses on potential developmental delays in children and provides instructions on how to encourage families to participate in eligible services and how to make meaningful referrals to the Early ACCESS program. Early ACCESS training is part of the basic training that all new workers receive. Ongoing training occurs in a mental health, substance abuse, and domestic violence screening training that is mandatory for all DHS Supervisors, CPWs, and SWCMs. Early ACCESS information is provided during this training to assist workers in referring families to Early ACCESS services, even if there is not a substantiated case of abuse following the assessment (i.e., in the case of “Family Assessments”).

DHS continues to expand the training opportunities for Early ACCESS services. In January 2018, CAPTA funds were utilized to present Early ACCESS information and distribute materials to each of the five DHS Service Areas. Additional information was provided during this training to assist in referring families to Early ACCESS, even if there is not a substantiated case of abuse following the assessment (i.e., in the case of “Family Assessments”). Liaisons from local AEA’s assisted the DHS Liaison with five presentations on Early ACCESS services and the collaborative efforts that are taking place under this program. This was followed by a question and answer session.

**Early ACCESS Data**

The table below represents the number of CAPTA children (those referred following a Child Protective Assessment) and the number of children that went on to receive services from Early ACCESS through an Individualized Family Service Plan (IFSP):

<table>
<thead>
<tr>
<th>SFY</th>
<th># of Children referred</th>
<th># of Children receiving services</th>
<th>Percent of children on IFSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFY 17</td>
<td>2390</td>
<td>172</td>
<td>7.2%</td>
</tr>
<tr>
<td>SFY 16</td>
<td>2105</td>
<td>229</td>
<td>10.9%</td>
</tr>
<tr>
<td>SFY 15</td>
<td>2001</td>
<td>279</td>
<td>13.9%</td>
</tr>
<tr>
<td>SFY 14</td>
<td>2395</td>
<td>329</td>
<td>13.7%</td>
</tr>
<tr>
<td>SFY 13</td>
<td>2817</td>
<td>363</td>
<td>12.9%</td>
</tr>
<tr>
<td>SFY 12</td>
<td>3017</td>
<td>382</td>
<td>12.7%</td>
</tr>
</tbody>
</table>
Children who receive Early ACCESS services (following a CPA)

<table>
<thead>
<tr>
<th>SFY</th>
<th># of Children referred</th>
<th># of Children receiving services</th>
<th>Percent of children on IFSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SFY 11</td>
<td>2766</td>
<td>404</td>
<td>14.6%</td>
</tr>
</tbody>
</table>

During SFY17, the number of children (2390) following a CPA, who were referred to Early ACCESS increased by 285 as compared to SFY16 (2105). In the same time period there was a decrease in the number of children who ultimately went on to receive services (from 10.9% to 7.2%). The decrease in the number of children who are receiving services may indicate that the children who experienced a CPA did not have a developmental delay or that they may already be receiving services in the community.

The decrease realized from SFY 2014-2016 is likely to be the impact in the number of eligible child “victims” in the child welfare system due to the implementation of Differential Response. One of the anticipated outcomes of Differential Response is families are being diverted from formal child welfare services to more community-based services, such as Community Care. It should be noted that while a number of children who received community-based services may have been referred to Early ACCESS and have received services under an IFSP may not be reflected in the data set.

**Foster Children:** The table below shows the number of children in foster care on an IFSP.

<table>
<thead>
<tr>
<th>SFY</th>
<th># of children in foster care below age three</th>
<th># of Children receiving services</th>
<th>Percent of children on IFSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFY 17</td>
<td>1935</td>
<td>299</td>
<td>15.5%</td>
</tr>
<tr>
<td>SFY 16</td>
<td>1773</td>
<td>352</td>
<td>19.9%</td>
</tr>
<tr>
<td>SFY 15</td>
<td>1654</td>
<td>384</td>
<td>23.2%</td>
</tr>
<tr>
<td>SFY 14</td>
<td>1641</td>
<td>405</td>
<td>24.7%</td>
</tr>
<tr>
<td>SFY 13</td>
<td>1637</td>
<td>456</td>
<td>27.9%</td>
</tr>
<tr>
<td>SFY 12</td>
<td>1798</td>
<td>459</td>
<td>25.5%</td>
</tr>
<tr>
<td>SFY 11</td>
<td>2430</td>
<td>788</td>
<td>32.4%</td>
</tr>
</tbody>
</table>

During SFY 16 there was an increase (162) in the number of children below the age of three in foster care. Despite this increase, there was a decline in the number of children
receiving Early ACCESS services. This decline was reflected in the percent of children on an IFSP from 19.9% to 15.5%. This is reflective of the trend since SFY 13.

The higher number of children receiving Early Access services in SFY 11 and SFY 12 were the result of IDOE rules at the time that allowed services for all children in foster care. If a child was in foster care, they were automatically referred to Early Access and were receiving services whether or not they met the eligibility criteria. IDOE rules were subsequently changed. To receive Early ACCESS services a child must meet the eligibility criteria whether or not they are in foster care.

MATERNAL INFANT AND EARLY CHILDHOOD HOME VISITING
As IDHS continues to focus on the needs of early intervention we have partnered with the Iowa Department of Public Health (IDPH) in their undertaking of the Maternal Infant and Early Childhood Home Visiting (MIECHV) Grant Program. IDPH was allotted an initial formula grant for this program, authorized through the Affordable Care Act, and was later awarded a competitive expansion grant as well. Both the CPPC and ICAPP program managers for IDHS have been involved in the MIECHV Advisory Group throughout this process.

Part of the application process for State lead agencies applying for these funds was to conduct a comprehensive needs assessment to identify key at-risk communities throughout the State where there was a need for home visiting and family support services. IDHS, along with other agencies, contributed a significant amount of data to this assessment and have continued our involvement in the rollout of the State's evidence-based home visiting program.

Over the past year ICAPP/CBCAP programs transitioned over to the use of the DAISEY Software System. DAISEY is a web-based shared measurement system housed on a secure server at the University of Kansas. This system replaced the REDCap (Research Electronic Data Capture) system that was formerly being used for all MIECHV and Early Childhood Iowa (ECI) Family Support programs in July of 2016. Since other state family support programs made the shift to DAISEY, there was a lot of positive feedback from local providers about the system. Providers had been anxiously waiting to find out if the IDHS would also transition to DAISEY, as many of our local programs are co-funded with ECI programs and this would eliminate the use of multiple data bases. So, IDHS and IDPH were able to establish an MOU in regards to the using the database for our ICAPP/CBCAP programs.

While we had hoped to have this transition occur on July 1, 2017, we ran into some challenges regarding legal agreements and the sharing of data between the two agencies. However we were able to address these issues through a change in our Iowa Administrative Code (IAC) that was finalized in January 2018. At that time IDHS programs were able to begin entering data into the system for SFY 2018. While we are still working through the transition and ability to match historical data, we believe the benefits outweigh any challenges we've faced. This merger will reduce much of the cost to the program as it relates to data collection and will make things easier for local programs that may receive other state funding.
It was also noted in the APSR that the IDHS CAPTA Program Manager has been involved with several interagency collaborations, including the following:

**EARLY CHILDHOOD IOWA, IOWA DEPARTMENT OF MANAGEMENT**

Early Childhood Iowa (ECI) was founded on the premise that communities and state government can work together to improve the well-being of our youngest children. The initiative is an alliance of stakeholders in Early Care, Health, and Education system that affect child prenatal to 5 years of age in the state of Iowa. ECI's efforts unite agencies, organizations and community partners to speak with a shared voice to support, strengthen and meet the needs of all young children and families.

The IDHS Prevention Program Manager (who oversees child abuse prevention and adolescent pregnancy prevention programs) continues to be an active member of the ECI Results Accountability workgroup and was recently elected as the "public co-chair" of this group. The workgroup’s purpose and responsibilities include:

- To define appropriate results and indicators, and serve as a clearinghouse for consistent definitions of result and performance measures among programs,
- To serve as a clearinghouse for national, state and regional data using existing data bases and publications to assure consistency in demographic and indicator data, and
- To serve in a consultative capacity to provide feedback on proposed results indicators and service, product, activity performance measures, including definitions, collection methods and reporting formats.

The group continues to explore the use of integrated data systems (IDS) that have been used in various state and regional areas to link administrative data across government agencies to improve programs and practice. In addition, since last year, Iowa became a “pilot” site in the University of Pennsylvania’s, Actionable Intelligence for Social Policy (AISP) national IDS network.

**IOWA FAMILY SUPPORT, IOWA DEPARTMENT OF PUBLIC HEALTH**

The State of Iowa has been working towards state infrastructure building in the area of family support for many years. However, as a recipient of Federal MIECHV (Maternal Infant Early Childhood Home Visitation) funding, the state had an opportunity to significantly advance this work. The Iowa Family Support Program is housed in the Iowa Department of Public Health (IDPH), Bureau of Family Health and serves as a hub for numerous programs, services, and initiatives including:

- Institute for the Advancement of Family Support Professionals – an online learning environment built upon core competencies necessary for success in the field of family support
- The Iowa Family Support Network website – an information and resource referral source for various support programs in the state
- Parentivity – a web-based community for parents
- The Iowa Family Support Credentialing Program – an accreditation program for family support programs in Iowa
- Family Support Leadership Group – a multidisciplinary group of stakeholders from various public/private agencies who lead various state family support and/or home visitation programs
- Family Support Programming:
o HOPES/HFI – Healthy Opportunities for Parents to Experience Success - Healthy Families Iowa (HOPES-HFI) follows the national Healthy Families America evidence-based program model.

o MIECHV – Maternal Infant Early Childhood Home Visitation, federal funding for various evidence based home visitation models being used in a number of “high risk” communities in Iowa

The IDHS, Bureau of Child Welfare, has been actively involved in many of these efforts by participating on the Family Support Leadership Group and serving on the MIECHV State Advisory Committee.

**EARLY CHILDHOOD MENTAL HEALTH CONSULTATION (ECMHC)**

Iowa has long struggled with a fragmented mental health system and a shortage of psychiatrists. Iowa often ranks as one of the lowest states in the nation when it comes to mental health treatment services and accessibility. This is, at least in part, due to our geography and the increasing decline in population in many of our rural areas. Understanding what we do now about mental health and the correlation between childhood trauma and chronic disease, we know that perhaps the best way to prevent mental illness in adults is to screen for and treat mental health concerns in early childhood. However, as noted, providers and services are sometimes scarce in certain parts of the state. One way the state can address this is through the promotion and development of Early Childhood Mental Health Consultation (ECMHC) services as part of a continuum of services related to children's mental health.

Over the past year the IDHS has continued to participate in the ECMHC workgroup formed under the direction of the IDPH to assess the needs of the state in this area and to develop a plan to increase capacity. The IDHS Prevention Program Manager is a member of this state level group of leaders currently working with a TA Specialist from the Center of Excellence for Infant and Early Childhood Mental Health Consultation (IECMHC) to improve access to ECMHC in Iowa for professionals in the early childhood fields (i.e., childcare, early learning, family support, home visitation, etc.).

The group has had monthly conference calls/webinars and had our first onsite TA visit in August of 2017. The group is also conducting a survey of professionals in the field for the purposes of an environmental scan and report on the status of ECMHC in Iowa and our second onsite TA visit is planned for August 2018. As our work grows, the group is currently breaking into smaller subgroups, including:

- **Messaging/Financing** - will be focused on crafting messages to identified target groups, developing a communications plan, and searching for funding opportunities
- **Workforce Development** - will be focused on identifying workforce needs and supporting development of consultant competencies
- **Model Development** - will be focused on identifying the core components of ECMHC that we want to ensure is embedded in Iowa's model
- **Evaluation** - will be focused on identifying and gathering data needs and assessing outcomes
As the co-occurrence of child maltreatment and domestic violence increased in child welfare cases, DHS recognized a need for collaboration and inter-disciplinary work in this area. Previously, DHS had experienced some successes in collaboration in the areas of substance abuse and mental health (as these disciplines often follow a medical model approach that includes a clear plan for treatment) but DHS was still struggling to build meaningful collaborations between child protection workers and DV Advocates. Philosophically, these disciplines have, and often continue to be, at odds. While Child Protection Workers have the responsibility to protect children from harm, DV Advocates are charged with the task of supporting victims of domestic violence and working together with them to plan for their safety. In addition, there was not a consistent statewide effort to address domestic violence from a policy standpoint.

In order to enhance collaboration the DHS utilized CAPTA funds to support a position through a contract with Iowa State University’s Child Welfare Training and Research Project for a statewide Domestic Violence Liaison to Iowa DHS. This position was filled in November of 2011 and continues to be supported through CAPTA funding.

The position was originally titled the Domestic Violence Liaison to Iowa DHS, but was renamed the Domestic Violence Response Coordinator for DHS. The change in the job title was the result of a re-evaluation of the job description which was expanded to include the wider range of duties and activities.

Duties under this position now include providing case consultation services for field workers throughout the State and as a subject matter expert is available to assist local communities in their collaboration efforts between local child protection workers and DV service providers and other disciplines. In addition, this individual serves as a point person in regards to policy issues related to DV and child maltreatment.

In the first year of employment, this individual attended the Child Protection Worker training series to become acclimated to DHS procedures and standards and researched the way that domestic violence is addressed here in Iowa, as well as the procedures in other states. Through discussions with the Statewide CPPC Coordinator and other key players via a Domestic Violence Advisory Committee, the needs of training and perpetrator programming were identified. The Domestic Violence Advisory Committee is a group of DHS administrator, workers, advocates, Parent Partners, FSRP and Community Care providers, Attorneys General, and Iowa Coalition Against Domestic Violence personnel who were tasked with identifying needs in the state related to domestic violence and child welfare.

At that time, a review of current domestic violence curriculum was performed, and the introductory training material for SP 301: Impact of Domestic Violence and Substance Abuse was revised to be more up-to-date with current DV research and curriculum. The Domestic Violence Response Coordinator also worked with a contractor to develop an advanced domestic violence training course entitled SP 548: Advanced Domestic Violence with Safety Planning and rolled this out during 2012-2013. In 2016, both of
these courses were re-evaluated and updated by the Domestic Violence Response Coordinator.

In 2014-2015 the Advisory Committee identified enhanced DV training to child welfare staff as well as partners as a priority, and proposed to DHS leadership that all child welfare staff be trained in the Safe and Together Model through the Safe & Together Institute (formerly David Mandel & Associates, LLC). In 2015-2016 the Domestic Violence Response Coordinator coordinated 10 offerings of an introductory course on the model. All Child Protection Workers were trained alongside providers and DV advocacy partners. As a part of the sustainability plan for implementation of the model, teams of 7-8 members in each Service Area were trained intensively for 4 days in the Model to become Connect And Protect (CAP) teams in their respective areas. The teams included local Iowa IDHS workers, providers, Parent Partners, and DV advocates. The CAP team members began by applying the Safe & Together Model in their practice and via case consultation and information sharing in their communities.

The role of the Domestic Violence Response Coordinator has continued to expand to include input on several committees including the Iowa Domestic & Sexual Violence Prevention Advisory Committee and the Iowa Domestic Abuse Death Review Team. This content expert has also been invited to take part in many meetings, webinars, and conferences (state and national) to provide a “domestic violence lens” to other child welfare issues, with a large focus on training, community collaboration, and case consultation.

Following are additional activities in **SFY 2017** that the Domestic Violence Response Coordinator was involved in:

- As a part of the continued implementation, the Safe & Together Model was incorporated into the existing DV training. The Domestic Violence Response Coordinator facilitated seven 1-hour webinars to shore up learning of the model and more deeply explore each component of the practice. Over 100 workers and other partners signed up for every webinar – a record for the training department. Through working closely with David Mandel and the Safe & Together Institute a total of 52 content experts (20 new CAP members) and over 1000 other human service workers were trained in the Safe & Together Model via the follow up webinars.
- The Domestic Violence Response Coordinator also facilitated 26 IDHS face-to-face trainings with over 950 participants. These trainings included content related to mental health, screening for mental health, substance abuse and domestic violence, domestic violence fundamentals, and Safe & Together trainings. The Coordinator also trained 20+ new Connect And Protect member content experts in August.
- The Coordinator has continued to manage the 6 CAP teams with a total of 52 members through quarterly meetings, site visits, and assistance with consults and information sharing sessions.
- Year 2 implementation of the Safe & Together Model has included the organization of 3 quarterly face-to-face meetings for CAP members continued education, as well as, site visits and consultations via phone and emails. CAP teams conducted over 60 consultations with DHS staff, providers, and advocates on the cases. These consultations are aimed at identifying additional information that needs to be gathered and how to move forward in each case in the most effective way:
partnering with survivors and focusing on perpetrator behavior change as the source of child safety.

- The Coordinator presented and/or trained at 5 other conferences or events this year reaching over 200 participants.
- Collaboration efforts with Children’s Justice (a part of the Juvenile Justice Department) and the Crimes Against Persons Program within the State Court Administrator’s Office have continued including DHS participation in their Ontario Domestic Abuse Risk Assessment (ODARA) training and a newsletter that was co-created to inform judges about the Safe & Together Model and its roll out at DHS.
- The Domestic Violence Response Coordinator was invited to Orlando to present on how Iowa has implemented the model in its second year at the Annual Safe & Together Symposium (October 2016).
- The Coordinator also continues to sit on 4 committees: Domestic Violence Oversight Committee (which the Coordinator leads and facilitates), CPPC Executive Committee, Iowa Domestic and Sexual Violence Prevention Committee, and the Iowa Domestic Abuse Death Review Team.
- Relationships between Iowa State University and the DHS were also cultivated as the Coordinator guest-lectured in three university courses and collaborated with faculty on the submission of a grant for evaluating a program for mothers of children whose fathers have participated in the 24/7 Dad program.

As the position has evolved, the work of the Domestic Violence Coordinator has become a critical piece in the state’s training and mentoring of Child Protection Workers and in the development of practice around making the system more domestic violence-informed. As a part of that effort, the individual in this role has continued to manage and organize Iowa’s multi-year rollout of the Safe and Together Model, a perpetrator pattern-based, child-centered, survivor strengths approach to working with domestic violence, originally designed for use in child welfare systems.

Following are additional activities in SFY 2018 that the Domestic Violence Response Coordinator was involved in:

- Within SFY 2018 the Coordinator conducted over 32 case consultations with workers, supervisors and family teams. The majority of the consultations were done via phone, in person with Connect and Protect Teams in their Service Areas, or done in a training setting to model consultation for participants, while also helping the worker with an actual case. A chart listing the 32 case consultations can be found in Appendix C. In addition to consultations, the Coordinator also provides tips, feedback, and insight to members of the CAP teams and their colleagues in the child welfare system on how to remain domestic violence-informed in their work.
- Ongoing coordination of the implantation of the Safe & Together Model in Iowa including regular phone meeting with the Safe & Together Institute regarding training, data collection, and next steps. This includes co-creating the year contract with the Institute through Iowa State University and the receiving and processing of invoices.
- As a part of the continued implementation, the Safe & Together Model was incorporated into the existing DV training. The Domestic Violence Response Coordinator facilitated one final 1-hour webinar to shore up learning of the model.
and more deeply explore culturally specific components of the practice. Over 100 workers and other partners participated in this webinar.

- The Domestic Violence Response Coordinator also facilitated 6 DHS face-to-face trainings with over 70 participants. These trainings included content related to domestic violence fundamentals and advanced, each including components of the Safe & Together trainings. The Coordinator trained 6 new Connect And Protect member content experts in fall 2017, and 15 new members in April 2018.

- The Coordinator has continued to manage the 6 CAP teams with a total of 55 members through quarterly meetings, site visits, and assistance with consults and information sharing sessions.

- Year 3 implementation of the Safe & Together Model has included the organization of 4 quarterly face-to-face meetings for CAP members continued education, as well as, site visits and consultations via phone and emails. CAP teams conducted over 100 consultations with IDHS staff, providers, and advocates on the cases. This is a significant increase from last year. These consultations are aimed at identifying additional information that needs to be gathered and how to move forward in each case in the most effective way: partnering with survivors and focusing on perpetrator behavior change as the source of child safety.

- The Coordinator presented or trained at 9 other conferences or events this year reaching over 220 participants including the Attorney General’s Justice Conference, the IFAPA Conference, and several gatherings of therapists and FSRP workers.

- Collaboration efforts with Children’s Justice (a part of the Juvenile Justice Department) and the Crimes Against Persons Program within the State Court Administrator's Office have continued including participation on their ODARA advisory committee and dissemination of a bench card tool related to the Safe & Together Model. 5 prominent judges in the state will also be participating in online training in May 2018. They will then provide feedback to the director of Children’s Justice and the Domestic Violence Response Coordinator regarding how to train juvenile court judges throughout the state on the Safe & Together Model.

- The Domestic Violence Response Coordinator requested and was allocated funds for 3 Social Work Administrators, 1 Service Area Manager and one Central Office DHS staff to attend the Safe & Together Symposium in Texas which included follow-up strategic planning with several service areas.

- The Coordinator also continues to sit on 4 committees: Domestic Violence Oversight Committee (which the Coordinator leads and facilitates), CPPC Executive Committee, Iowa Domestic and Sexual Violence Prevention Committee, and the Iowa Domestic Abuse Death Review Team, and was asked to participate in 2 additional committees this year: Court Trauma Assessment Work Group through the Polk Co. court (Also leading the DV protocol subcommittee of that group) and the Youth Homelessness Prevention committee.

- Relationships between Iowa State University and the IDHS were also cultivated as the Coordinator guest-lectured in three university courses and recorded an online learning session.

- Coordination of a training event with the co-creator of the Caring Dads program. The Coordinator was also trained in the program. Caring Dads is a 17-week treatment group for fathers who commit domestic violence. Treatment services for perpetrators who are not involved with the criminal court system have been nearly non-existent in Iowa, so piloting this program has been an effort to introduce these services in Iowa.
- Co-facilitation of a 17 week offering of Caring Dads in Polk County which resulted in 6 successful participants completing the program. Is currently co-facilitating a second group of 11 participants approximately half-way through the curriculum. This group will conclude by June 30.
- Continued membership on the DHS Training Committee as well as leadership of the Ongoing Subcommittee. This subcommittee is a focus group for the mental health courses in development.
- Coordinator took on some additional leadership opportunities this year by supervising another AmeriCorps member, and assisting in the continued supervision of a graduate student by providing feedback on posters and papers for submission. The AmeriCorps member assisted with CAP Quarterly meeting coordination and gathering of resources and tools for dissemination to teams and to the field.

In addition to these accomplishments, the Domestic Violence Response Coordinator is currently working on some new projects to continue to meet the goals set out by the DV Advisory Committee including continued training and capacity building in the Safe & Together Model and programming for perpetrators of domestic violence. Currently, the Coordinator is working towards expanding the implementation of the Caring Dads program to multiple sites across the state.

The roll out of the Safe & Together Model has entered a maintenance phase, and the Coordinator’s role has become focused on providing guidance to Connect And Protect (CAP) teams and sharing the information with partners in court systems, therapy clinics, and foster parents. This includes continuing training new workers in the model as well as revising the Advanced Domestic Violence course to include current strategies.

The work with the Children’s Justice (a part of the Juvenile Justice Department) and the Crimes Against Persons Program within the State Court Administrator’s Office will continue with hopes for additional training and consultation with juvenile court judges on the Safe & Together Model. The need for judges and attorneys to understand and participate in this model of practice has been consistently identified by field staff since DHS began its implementation, so this will become even more of a focus in the coming years.

Currently, researchers from the Safe & Together Institute are gathering data from Parent Partners who have been trained in the Safe & Together Model. Their goal is to assess differences in the child welfare system before and after implementation in regards to the experience of families. Parent Partners were identified as a helpful resource since they have personal experience with IDHS practices from their own experiences (prior to Safe & Together) and through the eyes of the families they mentor who are engaged with workers who have been trained in the model.

Overall, the Domestic Violence Response Coordinator role continues to help IDHS and child welfare partners come together to learn best practices in working with children and families affected by domestic violence via training, case consultation, and implementation of effective services.

<table>
<thead>
<tr>
<th>CITIZEN REVIEW PANELS</th>
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<td>Page 33 of 92</td>
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</table>
The Annual Reports for each of the following Citizen Review Panels can be found under Attachment E of this report. The States’ Responses to the recommendations of each of the Citizen Review Panels can be found in Attachment F.

Iowa’s three Citizen Review Panels include:

- **The Child Protection Council/Citizen Review Panel (Statewide CRP)**
  - James Hennessey
    Administrator of Court Appointed Special Advocate Program &
    Iowa Citizen Foster Care Review Board
    Iowa Department of Inspections and Appeals
    321 E 12th St
    Des Moines, IA 50319
    jim.hennessey@dis.iowa.gov
    Phone: (515) 242-6392

- **The North Iowa Domestic & Sexual Abuse Community Coalition/Cerro Gordo County Citizens Review Panel (Local CRP)**
  - Mary J. Ingham
    Crisis Intervention Service
    PO Box 656
    Mason City, IA 50402
    Mary@CIShelps.org
    (641)424-9071

- **Northwest Iowa Citizen Review Panel (Regional CRP)**
  - Barb Small
    Mercy Child Advocacy Center
    801 Fifth Street
    Sioux City, IA 51102
    Smallb@mercyhealth.com
    (712) 279-2548

While the Child Protection Council/Citizen Review Panel (CPC/CRP) and the Northwest Iowa Citizen Review Panel has been active, the Cerro Gordo County Family Violence Response Team has struggling over the past several years. Attempts have been made to assist the Cerro Gordo Panel. The chairperson was invited to attend the CPC/CRP meetings in Des Moines to observe how the statewide Citizen Review Panel functions. The group was also invited to participate in the DHS Case Review that was held in November, 2017. Unfortunately, members from the Cerro Gordo County Family Violence Response Team were unable to join in either of these activities. Recently, the Panel announced that they are planning to disband. As a result, they noted upon submitting their final report, that they did not have any new recommendations above what they had stated in the prior year’s report.

At the state level efforts have started to recruit a new Citizen Review Panel. A formal invitation was sent to Iowa’s Child Death Review Team but after serious consideration the group declined. An invitation was also made to the newly formed Child Sex
Trafficking MDT. In the process of considering the offer, the Attorney General’s Office was consulted with regard to their work. It was later determined that this group would not meet the criteria needed to be a Citizen Review Panel. Currently, the DHS Prevention Program Manager is exploring whether or not a state prevention group could qualify as a Citizen Review Panel. In addition, an offer has been extended to the Foster Care Review Board. Efforts will continue to recruit a new Citizen Review Panel.

CAPTA ANNUAL STATE DATA REPORT
SECTION 106(d)

CAPTA Annual State Data Report Items:

*Information on Child Protective Service Workforce:* For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the State, report available information or data on the following:

- information on the education, qualifications, and training requirements established by the State for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions;
- data on the education, qualifications, and training of such personnel;
- demographic information of the child protective service personnel; and
- information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d)(10)).

**STATE RESPONSE:**
*Education, Qualifications, and Training*

The Iowa Department of Administrative Services (IDAS) maintains job descriptions, including education requirements, qualifications, and regular duties for all State employees, including CPS personnel. In Attachment G of this report you will find current job descriptions for the positions of *Social Worker III*, those social workers responsible for the intake, screening, and assessment of cases of suspected child abuse and/or neglect, and *Social Work Supervisor*, management positions responsible for providing supervision of all frontline social workers.

Any CPS worker (Social Worker III) must meet or exceed these education/qualification requirements in order to be considered for employment. Demographics on the specific breakdown of educational level and qualifications (i.e. the percentage of workers who hold a BA, BASW, MA, MS, MSW, etc.) of all State employees in this classification is not readily available, without conducting a comprehensive review of personnel files. Therefore a survey was administered to gather this data.

Of the 300 staff identified as having a role in the intake, screening and assessment of child abuse and neglect there were 129 responses to the survey (43% response rate). Therefore current educational data is available on the following number of individuals and is summarized in the tables below:

- 68 Social Worker IIIs and IVs
- 55 Social Work Supervisors
6 Social Work Administrators

<table>
<thead>
<tr>
<th>Highest Degree Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>103 BA/BS (80%)</td>
</tr>
<tr>
<td>25 Master’s Degree (19.4%)</td>
</tr>
<tr>
<td>1 No degree (0.1%)</td>
</tr>
<tr>
<td><strong>129 TOTAL</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BA/BS Area of Degree</th>
<th>Master’s Area of Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 BA/BS in Social Work (30%)</td>
<td>7 Master’s in Social Work (28%)</td>
</tr>
<tr>
<td>68 BA/BS in a HS Related Field (66%)</td>
<td>16 Master’s in a HS Related Field (64%)</td>
</tr>
<tr>
<td>4 BA/BS in another area (4%)</td>
<td>2 Master’s in another area (8%)</td>
</tr>
<tr>
<td><strong>103 TOTAL</strong></td>
<td><strong>25 TOTAL</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Work Licensure Level (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 LBSW (Licensed Bachelor Social Worker) 50%</td>
</tr>
<tr>
<td>5 LMSW (Licensed Master Social Worker) 42%</td>
</tr>
<tr>
<td>1 LISW (Licensed Independent Social Worker) 8%</td>
</tr>
<tr>
<td><strong>12 TOTAL</strong></td>
</tr>
</tbody>
</table>

**Training Requirements**
All new DHS social workers are required to complete New Worker Training. Social Worker IIs and Social Worker II supervisors must complete 156.5 hours of new worker training. Social Worker III’s and their supervisors must complete 158 hours of new worker training. A listing of the required coursework for new worker training for SWIIIs, SWIIIs and their respective supervisors can be found in Appendix D of this report.

After the initial 12 months with the Iowa Department of Human Services, ongoing training requirements include:
- Minimum of 24 hours child welfare training annually for all Social Workers
- Minimum of 24 hours child welfare/supervisory training annually for all Social Work Supervisors

**Demographic Data on CPS Personnel**
The IDHS maintains demographics data on all social work personnel. The following data includes demographic information on those specific “social worker” classifications involved in the intake, screening and assessment process. This includes intake and assessment workers (Social Worker 3s), team lead intake workers (Social Worker 4s), Social Work Supervisors, and Social Work Administrators. The data is broken down then by front line social workers and management positions.

**Table 1. TOTAL BREAKDOWN BY JOB TITLE**

<table>
<thead>
<tr>
<th>Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>210 Social Worker 3s and 4s (Screening, Intake, Assessment)</td>
</tr>
<tr>
<td>79 Social Work Supervisors</td>
</tr>
<tr>
<td>11 Social Work Administrators</td>
</tr>
<tr>
<td><strong>300 TOTAL</strong></td>
</tr>
</tbody>
</table>
Table 2. GENDER DISTRIBUTION

<table>
<thead>
<tr>
<th>2.1 Frontline (Social Worker 3s/4s)</th>
<th>2.2 Management (Supervisors/Administrators)</th>
</tr>
</thead>
<tbody>
<tr>
<td>39 Male (18.6%)</td>
<td>22 Male (24%)</td>
</tr>
<tr>
<td>171 Female (81.4%)</td>
<td>68 Female (76%)</td>
</tr>
<tr>
<td>210 TOTAL</td>
<td>90 TOTAL</td>
</tr>
</tbody>
</table>

Table 3. RACE/ETHNICITY DISTRIBUTION

<table>
<thead>
<tr>
<th>3.1 Frontline (Social Worker 3s/4s)</th>
<th>3.2 Management (Supervisors/Administrators)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 African American (3%)</td>
<td>1 African American (1%)</td>
</tr>
<tr>
<td>0 American Indian/Alaska Native</td>
<td>0 American Indian/Alaska Native</td>
</tr>
<tr>
<td>3 Asian/Pacific Islander (1%)</td>
<td>0 Asian/Pacific Islander</td>
</tr>
<tr>
<td>6 Hispanic/Latino (3%)</td>
<td>0 Hispanic/Latino</td>
</tr>
<tr>
<td>2 Other/Not Disclosed (1%)</td>
<td>0 Other/Not Disclosed</td>
</tr>
<tr>
<td>193 White (92%)</td>
<td>89 White (99%)</td>
</tr>
<tr>
<td>210 TOTAL</td>
<td>90 TOTAL</td>
</tr>
</tbody>
</table>

Table 4. DISABILITY STATUS

<table>
<thead>
<tr>
<th>4.1 Frontline (Social Worker 3s/4s)</th>
<th>4.2 Management (Supervisors/Administrators)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes (.05%)</td>
<td>0 Yes</td>
</tr>
<tr>
<td>179 No (85%)</td>
<td>86 No (95.6%)</td>
</tr>
<tr>
<td>30 Did Not Disclose (14.3%)</td>
<td>4 Blank/Did not Disclose (4.4%)</td>
</tr>
<tr>
<td>210 TOTAL</td>
<td>90 TOTAL</td>
</tr>
</tbody>
</table>

Table 5. AGE RANGE

<table>
<thead>
<tr>
<th>5.1 Hourly (Social Worker 3s/4s)</th>
<th>5.2 Management (Supervisors/Administrators)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 20-29 years (2.4%)</td>
<td>0 20-29 years</td>
</tr>
<tr>
<td>65 30-39 years (31%)</td>
<td>23 30-39 years (25.6%)</td>
</tr>
<tr>
<td>80 40-49 years (38%)</td>
<td>35 40-49 years (39%)</td>
</tr>
<tr>
<td>48 50-59 years (23%)</td>
<td>25 50-59 years (28%)</td>
</tr>
<tr>
<td>9 60+ years (4.3%)</td>
<td>7 60+ years (8%)</td>
</tr>
<tr>
<td>210 TOTAL</td>
<td>90 TOTAL</td>
</tr>
<tr>
<td>Avg. Age = 44</td>
<td>Avg. Age = 47</td>
</tr>
</tbody>
</table>

Caseload Data

IDHS child protective workers (those preforming assessments) were assigned an average of 17.7 cases a month in calendar year 2017, including cases alleging adult abuse. A one page breakdown of child abuse statistics can be found on the IDHS website here: [http://dhs.iowa.gov/sites/default/files/childwelfarebythenumbers2017.pdf](http://dhs.iowa.gov/sites/default/files/childwelfarebythenumbers2017.pdf)

The IDHS does not currently set a “maximum” caseload for workers in any given time period, as time factors involved in every case may vary greatly depending upon the area of the State and the needs of the family. Although caseloads in rural areas may, on average, be lower than cases in major metropolitan areas, the travel time involved to visit families can often be greater, as many rural offices cover multi-county areas.

Juvenile Justice Transfers:
Report the number of children under the care of the State child protection system who were transferred into the custody of the state juvenile justice system in FY 2017 (specify if another time period is used). Describe the source of this information, how the state defines the reporting population, and any other relevant contextual information about the data.

State Response

Juvenile Justice Transfer Numbers

Juvenile Justice Transfers in Iowa for FFY 2017 totaled 79.

Collection process
As has been noted in the past two previous reports, IDHS had been reviewing data regarding the number of Juvenile Justice Transfers and had questioned if the method of collection that was being used was the most accurate way to pull this data. Previously, this data had been collected through the DHS FACS mainframe system which involved downloading and reviewing 12 monthly data files and comparing them month by month and counting when a child transferred. The accuracy of this report was dependent upon the IDHS worker having appropriately entering the transfer into the system whenever a child transferred to Juvenile Justice and again, if a child returns to IDHS.

Following further discussions it was determined that a more accurate count of Juvenile Justice Transfers could be obtained by using the IDHS Data Warehouse. This approach would offer a more precise method of counting transfers as it would be based on case load movement, from the IDHS worker to a Juvenile Court Officer (JCO), as opposed to reliance on a IDHS worker manually entering data in an electronic field. In addition, by using the Data Warehouse, the count can be viewed on a daily basis verses monthly. This method of collection was used again this year and while it has shown an increase in numbers, it is believed to be a more accurate count going forward.
EARLY ACCESS
EARLY INTERVENTION IN IOWA

CONTACT US TODAY!
We are available to discuss your concerns, your child’s development and help you find support that fits your needs.

Toll-free Phone: 1-888-I-AKIDS1
(1-888-425-4371)
www.infamilysupportnetwork.org

EARLY ACCESS AND FAMILIES

What is Early ACCESS?
Early ACCESS is Iowa’s early intervention system for infants and toddlers with or at risk for developmental delays or disabilities and their families. The focus of Early ACCESS is to support caregivers to help their children learn and grow throughout their everyday activities. This means Early ACCESS providers work with parents and other caregivers to help their children learn.

How do young children learn?
Children learn doing the activities that their caregivers and other children around them do all day long. Caregivers and other children are teaching young children without even realizing it!

Children learn in multiple places. Getting a drink or snack and then washing hands afterwards may occur in the family kitchen, at a restaurant, or at child care. Children learn how to participate with their family and others in all their daily routines and activities.

How do caregivers learn to support their child’s growth?
Early ACCESS service providers get to know families’ daily activities, priorities, and hopes for their child. Together, service providers and caregivers plan and practice interventions that can be used throughout the day in routines and activities that the family already does.

Early ACCESS Vision & Mission

Vision:
Every infant and toddler with or at risk for a developmental delay and their families will be supported and included in their communities so that the children will be healthy and successful.

Mission:
Early ACCESS builds upon and provides supports and resources to assist family members and caregivers to enhance children’s learning and development through everyday learning opportunities.
What are everyday routines and activities?

Routines are activities we do so much that we may not have to think about what we are doing to complete them. For example, changing diapers, getting snack, getting the mail, or picking up toys are all routines. Inviting children to assist with routines and activities is a way to help them learn and grow. Routines are predictable so we know what is coming next.

Other activities that may not be done as often as routines can be helpful for children too. For example, watering flowers, playing peek-a-boo, dropping brothers and sisters off at school, or feeding the dog can all be good teaching and learning activities.

Does this work? I am not a trained therapist or teacher.

Yes.

Service providers do not expect caregivers to do what they do. They support families by coaching them to help their child grow and learn. Everyday routines and activities are teaching and learning opportunities. The more children are able to practice skills, the more they are being supported in development.

What happens if I don’t have time? Do I have to have a schedule?

There is no need for a special time or schedule. Children learn throughout the day when they are part of activities and routines, such as snack, bath time, getting dressed, and going in the car. Service providers work with caregivers to find ways to embed learning into these activities.

Family Guided Routines Based Intervention is a project within The Communication and Early Childhood Research and Practice Center (CEC-RAP). CEC-RAP is a collaborative center within the College of Communication and Information, School of Communication Science and Disorders at Florida State University. For more information, visit the FGRBI website at: http://fgrbi.fsu.edu.
Early ACCESS and the Role of SWII’s and SWIII’s

Early ACCESS is Iowa’s early intervention system of services that helps infants and toddlers with or at risk for developmental delays or disabilities. According to both CAPTA and IDEA Part C Law, DHS is responsible for referring families with a substantiated case of child abuse and neglect to Early ACCESS. You are encouraged to refer any family with a child birth to three years old to Early ACCESS.

Who is eligible for Early ACCESS?

It is not up to you to decide eligibility. Once a referral occurs, the AEA will determine eligibility with an evaluation.

- Early ACCESS serves infants and toddlers up to their 3rd birthday.
- Early ACCESS services can take place when:
  - A child has a diagnosed and documented physical or mental condition that has a high probability of resulting in developmental delay OR
  - A child experiences a 25% or greater delay in one or more areas of development. Common areas are talking, moving, seeing, listening, thinking, eating, or playing.

Why refer to Early ACCESS?

- DHS is responsible for referring children birth to 3 years old with a substantiated case of child abuse and neglect to Early ACCESS.
- Maltreatment has a significant negative impact on children’s development. The stress suffered by young children exposed to recurrent physical abuse, emotional abuse, or chronic neglect can lead to difficulties in learning, behavior, and physical and mental health. Providing early services and intervention to support the healthy development of young children can have positive effects that last throughout childhood and into adulthood (Center on the Developing Child at Harvard University, 2010).
- Early ACCESS services align with DHS Better Results for Kids Initiative which identifies that kids 0-5 are most vulnerable, least often seen in the community, can’t communicate wants or needs (cannot do self-advocacy) and need our attention.
- The focus of Early ACCESS is to support caregivers to help their children learn and grow.

How do I make a referral?

Parent participation is important for a meaningful referral. Please take a moment to discuss Early ACCESS services.

- Give each family with a child 0-3 the Early ACCESS and Families document.
- Discuss benefits of Early ACCESS services.
- Encourage family to call 1-888-425-4371 OR visit http://www.iafamilysupportnetwork.org for an online referral. Families can find child development information and videos about Early ACCESS services on the website.

What if the family refuses the referral?

Early ACCESS services are voluntary. Families can determine if they wish to participate. It is important to engage and encourage the family and communicate the benefits of participation. Document the referral and ask others to follow up with referral and services.

For more information contact DHS Early ACCESS Liaison, Teri Mash, B.S., M.A.T. tmash@dhs.state.ia.us
<table>
<thead>
<tr>
<th>Month/Year (2017-2018)</th>
<th># of Case Consultations</th>
<th>Consultations</th>
</tr>
</thead>
</table>
| April 2018             | 3                       | - SWA – 2 planning emails, read full report, 1 call, 2 follow up emails  
|                        |                         | - Advocate - 1 email with a grandparent, 1 email to advocate re: needs, 1 follow up email  
|                        |                         | - Live consult (during training) with therapist  
| March 2018             | 1                       | - Live consult (during training with FSRP provider)  
| February 2018          | 3                       | - DHS Supervisor - 2 planning emails, read full report, 1 call  
|                        |                         | - Provider – 1 email, 1 call  
|                        |                         | - FSRP and FSRP Supervisor – 3 planning emails, read full assessment report, FSRP contact notes, and psych eval for parent  
| January 2018           | 7                       | - DHS Case Manager – 2 long emails re: case  
|                        |                         | - DHS Supervisor – 3 planning emails, read full report, 1 call  
|                        |                         | - FSRP Supervisor – 2 emails, 1 phone call  
|                        |                         | - 2 live consults in SP 309 training  
|                        |                         | - 2 consults with CAP team at site visit  
| December 2017          | 0                       | None  
| November 2017          | 3                       | - 1 live consult at advocate roundtable  
|                        |                         | - 2 live consults at therapist training  
| October 2017           | 3                       | - Many emails and 1 call with FSRP provider & supervisor  
|                        |                         | - 1 phone consult with DHS supervisor  
|                        |                         | - 1 email consult with DHS Service Help Desk  
| September 2017         | 2                       | - 1 consult with Help Desk staff via multiple emails (included reading reports)  
|                        |                         | - 1 face to face consult with co-located advocate  
| August 2017            | 3                       | - 1 live consult with CAP team  

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### DOMESTIC VIOLENCE CASE CONSULTATIONS

<table>
<thead>
<tr>
<th>Month/Year (2017-2018)</th>
<th># of Case Consultations</th>
<th>Consultations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 consult with advocate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 phone consult with DHS supervisor</td>
</tr>
<tr>
<td>July 2017</td>
<td>1</td>
<td>1 consult with DHS supervisor</td>
</tr>
<tr>
<td>June 2017</td>
<td>2</td>
<td>1 consult with advocate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 consult with DHS supervisor included reading report and 2 calls</td>
</tr>
<tr>
<td>May 2017</td>
<td>4</td>
<td>1 consult with SW2 via phone</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 consults with CR CAP at site visit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 consult with Help Desk staff</td>
</tr>
</tbody>
</table>

**TOTAL FOR YEAR: 32 Consults**
ATTACHMENT D
New Worker Training Plans
Social Workers and Supervisors
<table>
<thead>
<tr>
<th>Completion</th>
<th>Course</th>
<th>Modality</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within the 1st month</td>
<td>Pathway to Learning</td>
<td>Online</td>
<td>-</td>
</tr>
<tr>
<td>CC 364</td>
<td>Confidentiality and Dissemination</td>
<td>Recording</td>
<td>1.75</td>
</tr>
<tr>
<td>CC 370</td>
<td>Interview of Alleged Perpetrators During Protective</td>
<td>Recording</td>
<td>.5</td>
</tr>
<tr>
<td>Within the first 3 months</td>
<td>CC 360</td>
<td>Authoring Domestic Violence-Informed Allegations</td>
<td>Recording</td>
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<tr>
<td>CC 368</td>
<td>ICWA Update</td>
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<tr>
<td>DS 168</td>
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<td>DS 169</td>
<td>Mandatory Child Abuse Reporter Training</td>
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</tr>
<tr>
<td>HS 001</td>
<td>Confidentiality is Key</td>
<td>Online</td>
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<td>Classroom</td>
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<td>CP 201</td>
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<tr>
<td>DA 202</td>
<td>Fundamentals of Dependent Adult Assessments</td>
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<td>12</td>
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<tr>
<td>SP 100</td>
<td>Overview of Child Welfare eLearning</td>
<td>Online</td>
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<tr>
<td>SP 103</td>
<td>Legal Fundamentals eLearning</td>
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<td>Impact of Abuse on Child Development eLearning</td>
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<td>Child Welfare in Iowa</td>
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<tr>
<td>SP 270</td>
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<td>Domestic Violence Fundamentals</td>
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<td>SP 337</td>
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<td>Within 12 Months</td>
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<td>Assessing throughout the Case</td>
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<td>Social Work Ethics</td>
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<td>3</td>
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<td>SW 507</td>
<td>Race: The Power of an Illusion</td>
<td>Classroom</td>
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<tr>
<td><strong>Total Hours</strong></td>
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## SW3s and SW3 Supervisor - New Worker Training Plan

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<th>Hours</th>
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<td></td>
<td>SW 507 Race: The Power of an Illusion</td>
<td>Classroom</td>
<td>5.5</td>
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<tr>
<td><strong>Total Hours</strong></td>
<td></td>
<td></td>
<td><strong>156.5</strong></td>
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</table>
The Child Protection Council, Citizen Review Panel (CPC/CRP) meets on a bi-monthly basis in Des Moines, Iowa. Council members also attend conferences and trainings throughout the year related to the work of the panel. The CPC seeks to encourage public outreach and input in assessing the impact of current Iowa law, policy, and practice on families and the communities in which they live. All meetings are open to the public and a public notice is posted regarding the date, time, location, and agenda of the council meetings. In addition, the CPC Annual Report is posted on the DHS website. Members of the public who are unable to attend meetings can direct any comments and/or questions to the Department of Human Services (DHS) or to the State Coordinator through the DHS website.

Summary of Panel Activities in SFY 2018

Meeting Dates:
The CPC/CRP met formally 5 times in SFY 2018. Meetings were held from 10 am – 2 pm in Des Moines, Iowa. Below are the meeting dates. There was no formal meeting in November, 2017 as a case review was held on this date in place of a meeting. A subcommittee met on February 27, 2018.
- July 11, 2017
- September 12, 2017
- November 08, 2017 (No formal meeting due to Case Review)
- January 23, 2018
- February 27, 2018 (Subcommittee meeting)
- March 27, 2018
- May 08, 2018

<table>
<thead>
<tr>
<th>Date</th>
<th>Presenters, Activities, and /or Topics Covered</th>
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<tbody>
<tr>
<td>07/11/2017</td>
<td><strong>Face-to-face meeting:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Presentations:</strong></td>
</tr>
<tr>
<td></td>
<td>• A presentation on DHS drug testing services was provided. The laboratory and</td>
</tr>
<tr>
<td></td>
<td>collections drug testing processes and procedures were discussed as was the</td>
</tr>
<tr>
<td></td>
<td>certification requirements, cutoff levels and the critical need for</td>
</tr>
<tr>
<td></td>
<td>uniformity in collecting and confirming drug tests during child abuse</td>
</tr>
<tr>
<td></td>
<td>assessments</td>
</tr>
<tr>
<td></td>
<td>• The Iowa’s CFSR Program Manager met with the group and presented on Iowa’s</td>
</tr>
<tr>
<td></td>
<td>upcoming Child and Family Services Review (CFSR) in 2018. A brief history</td>
</tr>
<tr>
<td></td>
<td>and purpose of the CFSR was presented. The role that the Child Protection</td>
</tr>
<tr>
<td></td>
<td>Council and State Citizen Review Panel play in the CFSR process was also</td>
</tr>
<tr>
<td></td>
<td>discussed. As part of the CFSR process, a case review project for the fall</td>
</tr>
<tr>
<td></td>
<td>around Safety and Risk was proposed to the group.</td>
</tr>
<tr>
<td></td>
<td>• The DHS Child Protection Program Manager presented an overview of the</td>
</tr>
<tr>
<td></td>
<td>2016 Differential Response Annual Report that had just been released.</td>
</tr>
<tr>
<td>Date</td>
<td>Presenters, Activities, and/or Topics Covered</td>
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<tr>
<td>------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>09/12/2017</td>
<td><strong>Face-to-face meeting:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Presentations:</strong></td>
</tr>
<tr>
<td></td>
<td>- The Iowa’s CFSR Program Manager met again with the CPC/CRP regarding Iowa’s upcoming Child and Family Service Review (CFSR) in 2018. As part of the CRSR process the proposed safety and risk case review that the group had agreed to participate in was discussed. Reference material was provided to members to read prior to the case review.</td>
</tr>
<tr>
<td></td>
<td>- As part of the Iowa’s CJA Three Year Assessment in 2018 a presentation was offered to the group regarding CAPTA and the legislative background and guidelines of the Children’s Justice Act Grant.</td>
</tr>
<tr>
<td>11/08/2017</td>
<td>No formal meeting was held as the CPC/CRP group was participating in a DHS case review on this date.</td>
</tr>
<tr>
<td>01/23/2018</td>
<td><strong>GoToMeeting/Face-to-face meeting:</strong></td>
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<tr>
<td></td>
<td><strong>Presentations:</strong></td>
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<td>- DHS Bureau Chief of Child Welfare – A presentation on the Child Welfare Policy and Practice Group (CWPPG) Report that had just been completed an initial review of Iowa’s Child Welfare System. The report was a systemic review of the agency’s policies and practices.</td>
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<td>- A member of the Iowa Guardianship and Conservatorships Reform Task Force presented their final report to the group and discussed their recommendation to the legislature regarding jurisdiction over minor guardianships cases being transferred from District Court to Juvenile Court.</td>
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<td></td>
<td><strong>Group Discussions/Topics:</strong></td>
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<tr>
<td></td>
<td>- Iowa’s CJA Three Year Assessment and Annual Report</td>
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<tr>
<td>03/27/2018</td>
<td><strong>Face-to-face meeting:</strong></td>
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<td><strong>Presentation:</strong></td>
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<td>- DHS Bureau Chief of Child Welfare – A presentation on the proposed Human Trafficking Data Base to track and screen children who are at high risk for Human Trafficking.</td>
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<td><strong>Group Discussions/Topics:</strong></td>
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<td></td>
<td>- Iowa’s CJA Three Year Assessment and Annual Report</td>
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<td></td>
<td>- 2018 – 2019 CJA Projects &amp; Activities were discussed</td>
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<td>Date</td>
<td>Presenters, Activities, and /or Topics Covered</td>
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<tr>
<td>05/08/2018</td>
<td><strong>Face-to-face meeting:</strong></td>
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<td><strong>Presentation:</strong></td>
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<td>• Iowa’s CFSR Program Manager – A presentation on the case review project and its contribution to Iowa’s CFSR. Based on the findings of the case review future areas that could be explored and other activities were discussed.</td>
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<td><strong>Group Discussions/Topics:</strong></td>
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<td>• Election of Officers</td>
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<td>• Iowa’s CJA Three Year Assessment and Annual Report</td>
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<td>• Final review of CPC/CRP annual recommendations</td>
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<td></td>
<td>• CJA Funding</td>
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<td></td>
<td>• Future CJA Activities, Projects &amp; Initiatives</td>
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**Annual Recommendations of the Child Protection Council**

**Child Welfare Policy and Practice Group (CWPPG) Report**

The national Child Welfare Policy and Practice Group (CWPPG) recently completed an *Initial Targeted Child Welfare Review Report* for DHS. The report which is dated December 22, 2017 focused on the DHS policies and procedures related to the child protection intake and assessment functions. The Child Welfare Group was asked by DHS to do an initial review of the agency to identify areas for immediate attention. A second review is planned which will focus on identifying areas that require a more in depth study.

The CPC/CRP reviewed the CWPPG document and the 17 recommendations in the report. Of the 17 recommendations, the CPC/CRP identified 9 that they saw as most important. Of the 9 amendments identified, 2 were amended by the group based on the group’s review and discussion.

The CPC/CRP review of the CWPPG report is described in greater detail in Iowa’s 2018 Children’s Justice Act submission.

**Recommendations from the CWPPG Report:**

• Provide accurate information on actual caseloads of case carrying personnel in all internal and external reports and identify the standards regarding the appropriate staffing levels for Intake and Assessment Workers based on the number of cases.

Note: The original recommendation in the report stated: *Provide accurate information on actual caseloads of case carrying personnel in all internal and external reports.* Upon review the Council felt that this recommendation should be expanded. The CPC/CRP supports the reporting of actual caseloads.
of case carrying personnel but believes the recommendation should be expanded to include standards regarding appropriate staffing levels for Intake and Assessment Workers based on the number of cases.

- **Institute competency-based learning** that ensures staff has developed the skill expected to be acquired from training and ensure that ongoing training is based on individual staff needs as determined in their performance assessments.

- **Strengthen requirements for Safety Plan Services and/or any other services provided or recommended to parents during a Child Abuse Assessment.**

The original recommendation in the report stated: *Strengthen requirements for providing services to parents.* The Council is in support of the original recommendation but as the Council’s focus is on intake and assessment they amended the recommendation to specifically state Safety Plan Services or any other services provided or recommended during the Child Abuse Assessment.

- **DHS leaders should explore, as quickly as possible, avenues to secure funding necessary to improve its data system for ongoing services.**

- **Form a workgroup to research other states’ legal definition of caregiver and the way in which concerns related to maltreatment of children by those not meeting the legal definition are handled.**

- **Work with DHS human resources to consider whether the current pay structure for front line staff is optimal in terms of promoting work-life balance, rewarding personnel who remain in direct service positions even as they develop greater expertise, and provide for incentives for those who are well-suited for supervision to move into that role.**

- **Examine workload and advocate for staff allocations and/or limitations on scope of responsibility that allow for comportment of staffing with extant workload studies of similar positions and Child Welfare League of America standards. Develop a means of monitoring deviations from expected workloads in local offices and providing support in the timely filling of vacancies.**

- **Undertake a systematic review of the quality and effectiveness of FSRP services to include a sample quality service review conducted by the CSPPG and develop a model for ongoing assessment of service quality.**

- **Review policies, practice and procedures around screening, training, and supporting foster and adoptive parents.**
DHS Case Review
On November 14 and 15, 2017 the CPC/CRP participated in a targeted DHS case review involving Child Protective Assessments (CPAs). The purpose of the case review was to engage stakeholders in a qualitative review of a small number of CPAs to identify elements related to Safety Outcome 2 under the Child and Family Services Review (CFSR). The focus of the review was on safety during the child protective assessment phase of a case. The case review included case readings, the use of a case review tool and group discussions. Twenty cases were picked for a qualitative approach to the review. This qualitative approach was buttressed by quantitative data. A standardized evaluation tool was developed by the DHS QA staff. The Case Review Tool was designed to capture essential elements of the CFSR tool.

A total of 17 people participated in the case review. Of this number 12 were members of the CPC/CRP and 5 were from DHS. The two day event took place at the Des Moines Area Community College (DMACC) campus in Ankeny, Iowa. This project is described in greater detail in Iowa’s 2018 Children’s Justice Act submission.

Based on the findings of the case review the CPC/CRP recommendations are as follows:

- **During Child Abuse Assessments, Child Protection Workers should reach out and consult with other professionals (education, mental health, medical, etc.) who may be working with the family.**

- **Improve documentation to produce a thorough and accurate report, e.g. evidence of background checks; clearly articulate names of individuals and their roles; avoid using acronyms; develop concrete and detailed safety plans; and use behavioral language.**

- **Conduct drug screenings for children when there are safety and risk concerns of drug usage in the home (consider benefit for long term medical care of children and Dr. Chasnoff’s System of Care for drug affected children).**

- **Refer children for trauma and mental health services when warranted.**

- **Revisit safety planning practice including; what it means to safety plan, the need to secure required signatures and identifying appropriate safety plan activities for relatives and monitoring the plan.**
Progress and Implementation of Prior Recommendations

SFY 2017 Recommendations

Mandatory Reporter Training

**Issue/Background**
In Iowa, there are over 1,200 Mandatory Reporter curriculums currently being offered online. Under the current process, it is the responsibility of the individual or their respective agency that placed the curriculum online to ensure that it is updated and reflects current Iowa Code. There is no quality assurance mechanism in place to ensure that this occurs. In addition, there is no mandated level of understanding required upon completion of a course.

**2017 Recommendation**
The CPC/CRP recommended that DHS develop and maintain an online Mandatory Reporter curriculum for child and dependent adult abuse that includes a certification process upon completion of the course. Under the recommendation, DHS would be responsible for the oversight and maintenance of the curriculum and as such, ensures that the content is current and that a certain level of understanding is attained and recorded. While the Council recognized that this recommendation is not a solution to the larger issues regarding the Mandatory Reporter Training program, they do feel this is a positive step in that direction.

**Update:**
DHS is in the process of offering a contract for the development of two mandatory reporter trainings courses which would be available by spring of 2019. To date, a number of calls and meetings have been held between DHS and a potential contractor to discuss the parameters and the needs of the project. Following are the tentative details that have been agreed to regarding how the training project will be offered, structured and maintained.

The Mandatory Reporter Training for both courses will be open to DHS staff and to the public at large. There will no cost to take the courses. The courses will be available 24/7. Both of the courses will be 2 hours in length. There will be a link from the DHS website to a host site where the courses are available. Participants will sign in at the site and provide personal information which will be used to generate a certificate of completion at the end of the course.

The Child Abuse Module will be built using the existing content from the Mandatory Child Abuse Program now available for Child Care Providers. The content within the course specific to child care will be replaced with general content applicable to all disciplines. The Dependent Adult Abuse Module will be developed with information provided by DHS. Throughout the trainings there will be questions which will require the participant’s response before they can move forward in the course. Handouts for participants will also be offered. Limited technical support will be available to users. DHS is estimating 20,000 participants per year will take these courses. Quarterly and
annual reports regarding the number of participants and data information regarding 
DHS staff that completes the courses will be made available to DHS.

**IDHS Centralized Intake Unit (CSIU)**

*Background*

DHS after/hour intake calls are received at a separate facility where they are handled by 
part time operators at that location. These operators are not part of the CSIU staff and 
as such, their intake training and experience is limited in scope. A 2015 Intake Study 
that CPC/CRP members participated in found that some afterhours intakes were lacking 
critical information. The study indicated a problem with consistency in system lookups 
and inadequate and/or missing information on after hour intakes. The Intake Review 
also showed a significant high volume of calls were received in the hours shortly after 
the phone lines are transferred at 4:30pm and right before they are switched back to 
CSIU at 8:00am The final report noted that these are times in which medical facilities 
and clinics, schools, etc. are often open for business thus indicating a need for 
expanding the CSIU hours of operation.

*2017 Recommendation*

The Child Protection Council recommended that the DHS Centralized Intake Unit 
(CSIU) be expanded to a 24/7 Call Center that is fully staffed with a designated number 
of DHS intake workers and supervisors. This would lead to greater consistency and 
quality in the afterhours intakes as it would be CSIU staff handling the calls.

*Update*

This recommendation had previously been submitted to DHS but at that time DHS was 
unable to consider it due to Collective Bargaining Rules in Iowa. Recently, legislation 
was passed that eliminated many of the restrictions under Collective Bargaining. The 
recent change in legislation may now allow for a 24/7 Call Center.

DHS with the assistance from the national Child Welfare Policy and Practice Group is 
currently in the process of reviewing the structure and the operating needs of its child 
wellfare system. During the course of the review this option or a variation of it will be 
under consideration.

**Multidisciplinary Teams (MDTs)**

*Background*

Iowa Code requires that DHS maintain and utilize MDTs. Under Iowa Code, there must 
be an MDT in every county or multicounty area in which more than 50 child abuse 
cases are received annually. The Council and the DHS recognize that in order to 
respond adequately to reports of suspected child abuse and neglect a collaborative, 
multidisciplinary approach is needed.

*2017 Recommendation*

The Council has been very supportive of the efforts that DHS has made to enhance 
multidisciplinary approaches to child protective assessments, through both policy and 
practice changes, as well as in their relationships with key partners, such as Iowa’s
Child Advocacy Centers that provide critical forensic interviewing and medical services during the course of child abuse assessments. In their continual support of MDTs last year the Council recommended that DHS appoint a MDT lead in each Service Area to serve as a designated point of contact regarding DHS MDTs. Having an MDT lead in each Service Area would promote consistency between MDTs across the state. These individuals would provide direction and guidance to DHS workers/supervisors and other MDT members regarding the structure of an MDT, member roles and expectations, use of MDT forms and oversight of confidentiality rules concerning child and dependent adult abuse laws.

**Update**

In regards to an MDT lead in each Service Area, DHS had noted that while this is not mandated, Service Areas have been encouraged to appoint an MDT lead as it is seen as best practice in this area.

Other DHS supports of MDT teams over the past several years include efforts to contract with Iowa State University to review Iowa’s Multidisciplinary Teams (MDTs) as they relate to protective assessments of children and/or dependent adults. Several Council members served on the MDT Stakeholder Workgroup that was part of this initiative. The project’s final report (November 2014) included recommendations in practice and policy around MDTs. A number of the recommendations from this review, including updating existing MDT forms and developing new ones to better support the MDT process, have been completed and distributed.

In 2016, DHS updated their Memorandums of Understanding (MOUs) with each of the Child Advocacy Centers in Iowa. The MOUs now require Child Advocacy Centers to reach out to each of the counties within their assigned DHS service area to assist with a multidisciplinary approach to child abuse investigations/assessments. The MOUs included Interagency County Agreements to be completed for all of Iowa’s 99 counties. Signatures on the Interagency Agreements are to include at minimum; the Child Advocacy Center, DHS, the County Attorney’s Office and county/municipal law enforcement.

Each year DHS has supported efforts by CPC/CRP to provide multidisciplinary trainings throughout the state. Each year the CPC/CRP, with DHS support, has utilized CJA funding for interdisciplinary trainings. This has included statewide trainings for DHS staff and local stakeholders and the CJA Mini-Grant project which is a collaborative effort with Iowa’s Child Advocacy Centers that provide interdisciplinary trainings for child protective assessment workers and their local partners involved in child protective services. Statewide attendance has been strong and attendance has increase each year. These activities are described in greater detail in Iowa’s 2018 Children’s Justice Act Grant submission.
Future Direction and Focus of the Child Protection Council

The Child Protection Council, Statewide Citizen Review Panel will be actively involved in child welfare system in the coming months. DHS is currently involved in Iowa’s federal CFSR Review. As part of this statewide review process, CPC/CRP members will be interviewed and/or asked to serve on one or more of the stakeholders groups that will be meeting. Member participation will also be requested as Iowa works toward its expected Program Improvement Plan (PIP).
The North Iowa Domestic & Sexual Abuse Community Coalition/Cerro Gordo County Citizens Review Panel meets at least 6 times per year in Mason City, Iowa. The members of the Coalition also attend conferences and trainings throughout the year related to the work of the panel and their individual discipline. The Coalition also seeks to encourage public outreach and input in assessing the impact of current Iowa law, policy, and practice on families and the communities in which they live. The Coalition will provide an annual written report outlining activities and making recommendations for changes. The team will make this report available to the public to allow for input.

**Summary of Panel Activities**

In the past year, the meeting format was adapted to facilitate work towards opening a satellite child protect center in Mason City. The Coalition meetings were scheduled and/or held during SFY 2017 (July 1, 2017-June 30, 2018) on the following dates, from 11:15 a.m. to 1:00 p.m. in Mason City, Iowa.

<table>
<thead>
<tr>
<th>Date</th>
<th>Presenters, Activities, and/or Topics Covered</th>
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| 08/10/17 | • The CPC continues to see clients on Wednesday at the Mason City Satellite Center. There were 4 clients seen in July and 3 as of August 10th. Cathi Currier has begun providing the family advocacy services at the center.  
• A third case review will take place on 08/25/17. The case review gives the multidisciplinary team involved with cases in Cerro Gordo County a chance to review the cases, look at strengths, and where improvements could be made.  
• New staff at Department of Correctional Services will be attending Iowa Domestic Abuse Program Training. |
| 09/14/17 | • The Child Protection Center remains active. They are conducting routine case reviews.  
• Crisis Intervention Service is sponsoring a balloon release for the National Day of Remembrance for Murder Victims on September 25th from 5:30 p.m. to 6:30 p.m. at Shelter House #2 in East Park.  
• The annual Remember My Name event will be held in the Mason City Room on The Mason City Public Library on October 6th. The event will run from noon to 1:00 p.m. Lunch will be available at noon and the program will begin at 12:15 p.m. |
| 11/09/17 | • Data and statistics were shared on the CPC and the information is broken down by each county. Floyd, Mitchell, Worth and Winnebago are some of the surrounding counties that have really utilized the CPC. The center has been very busy, and there is a need to expand the service days.  
• April is child abuse awareness month. Community Action receives the |
<table>
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<tr>
<th>Date</th>
<th>Notes</th>
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<tbody>
<tr>
<td>11/30/17</td>
<td>The Coalition will utilize social media templates for Stalking Awareness Month (January), Human Trafficking Awareness Month (January) &amp; Teen Dating Violence Awareness Month (February).</td>
</tr>
</tbody>
</table>
| 01/12/18   | Jason Hugi is working on a variety of grants to maintain satellite center operations. Most of the grants are due by the end of April 2018.  
CPC utilization was down in December. The next case review is scheduled for next month.  
Discussed ideas for Child Abuse Prevention Month. The council has devoted a great deal of time and attention to the development of a CPC in the past few years. We discussed strengthening our prevention and education efforts this year.  
There has been research on purchasing a speaker to enhance case review and other telephone conferencing.  
Members were encouraged to think about potential people to add to our Council, especially from surrounding counties.  
Discussed developing a logo.  
Jason Hugi will reach out to PCA Iowa to determine our membership status, as well as individuals/organization from surrounding counties that receive PCA Iowa funds. |
| 02/08/18   | Discussed rotating meetings to allow participating agencies to host meetings if desired.  
Discussed potential projects such as advertising/public awareness (billboards, movie theater ads), safe gun return  
Discussed adding an educational component to each meeting, by starting with a selected organization providing an overview at each meeting.                                                                 |
| 03/08/18   | Awareness Month Activities  
- Child Abuse Prevention Month-details will be shared in Child Abuse Council meeting notes  
- Sexual Assault Awareness Month – we have a plethora of activities that need volunteers and promotion.  
- National Crime Victims’ Rights Week – CIS will be distributing posters and coffee cup sleeves. |
| 05/10/18   | Scheduled Meeting                                                                                                                                                                                                                                                         |
| 06/14/18   | Scheduled Meeting                                                                                                                                                                                                                                                         |

**Annual Recommendations of the Cerro Gordo County Citizens Review Panel**

Recommendations of the Coalition are as follows:  
- Enhance training on best practices related to the intersection of domestic violence, sexual assault and child abuse.  
- Resume quarterly case reviews.  
- Increase individual case consultations.
Progress and Implementation of Prior Recommendations
The team was originally organized to provide a coordinated community response to domestic violence and sexual assault, with a primary interest in adults. Approximately seven years ago, the scope was broadened to include children. The team completed a countywide safety & accountability audit that examined how child witnesses of domestic violence were identified by intervening organizations and whether the interventions help or hinder the child.

A Safety and Accountability Audit is designed to examine, in an inter-disciplinary way, whether institutional policies and practices enhance victim safety and enforce offender accountability. The premise behind the process is that workers are institutionally organized to do their jobs. In other words, workers are guided in how they do their jobs by the forms, policies, philosophy, practices and culture of the institution in which they work. A Safety and Accountability Audit, therefore, is not a performance review of individual employees. It examines the local and/or State institution or system in terms of the practices, policies and procedures in regard to handling domestic violence cases. Safety and Accountability Audits involve mapping the system, interviewing and observing workers and analyzing paperwork and other text generated through the handling of domestic violence cases.

The team will comply with the requirements set forth by the Child Abuse Prevention and Treatment Act. The team will identify strengths and weaknesses of the child protective service system in Iowa (Iowa Department of Human Services) and those of community-based services and agencies. Within the scope of its work the team will review these child protective systems in Iowa by clarifying expectations of these agencies by reviewing consistency of practice with current policies, and analyzing current child abuse trends. The team will provide feedback to the state and local agencies and the public at large as to what is, or is not working, and why, and recommend corrective action if needed.

Some members of the team formed a sub-group to conduct a safety & accountability audit to look specifically to increase accountability of the system to better protect victims of domestic violence, hold batterers accountable, and to integrate the concerns and expertise of African Americans into domestic violence prevention and intervention. This audit was completed in October 2007.

Coalition members continue to represent a broad range of stakeholders and they are dedicated to ensuring that the varied interests of North Iowa’s children and adults are heard when making local decisions, as well as public policy recommendations.

Future Direction and Focus of the Coalition
The Coalition plans to continue to work to raise local awareness of the intersection of domestic violence, sexual assault and child abuse.
The Coalition suspended case reviews in the past year, as we focused on securing a local child protection center. Our vision is to continue with quarterly case reviews and consultations (as needed), in an effort to enhance victim safety and hold offenders accountable.

This group has struggled since the completion of the Safety & Accountability Audits completed several years ago. The primary focus was on the audits, but upon completion, there has been lack of a clear goal and champion for efforts.

In recent years, the group was reenergized as they worked toward the establishment of a Child Protection Center in North Iowa.

At the present time, there are two other organizations routinely conducting case reviews in Cerro Gordo County, eliminating the need for this group.

<table>
<thead>
<tr>
<th>Membership</th>
<th>Allen Child Protection Center</th>
<th>Katie Strub</th>
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<tr>
<td></td>
<td>Department of Human Services</td>
<td>Doug Sedgwick</td>
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<td>Business</td>
<td>Pastor</td>
<td>Stephen Wolfe</td>
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<td>KIMT</td>
<td>Jerome Risting</td>
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<td>United Way of North Central Iowa</td>
<td>Jen Butler</td>
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<td>Jodee O'Brien</td>
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<td>Corrections</td>
<td>Department of Corrections</td>
<td>Diana Kellar</td>
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<td>Mike McGuire</td>
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<td>Education</td>
<td>North Iowa Area Community College</td>
<td>Bridget Schultz</td>
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<td></td>
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<td>Kay Long</td>
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<td>Lisa Vance</td>
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<td>Law Enforcement</td>
<td>Cerro Gordo County Sheriff's Office</td>
<td>David Hepperly</td>
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<td>Kevin Pals</td>
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<td>Clear Lake Police Department</td>
<td>Pete Roth</td>
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<td>Deb Ryg</td>
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<td>Mason City Police Department</td>
<td>Jim O'Keefe</td>
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<td>Arron Onder</td>
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<td>Jeff Brinkley</td>
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<td>Duane Kemna</td>
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<td>Jason Hugi</td>
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<td>Mike McKelvey</td>
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<td>Rich Jensen</td>
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<td>Medical</td>
<td>Mercy Medical Center</td>
<td>Luann Engels-Hepker</td>
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<td>Patti Peterson</td>
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<td>Prosecution</td>
<td>Cerro Gordo County Attorney's Office</td>
<td>Andrew Olson</td>
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<td>Service Providers</td>
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<tr>
<td>Four Oaks</td>
<td>Carlyle Dalen</td>
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<td>Deb Angell</td>
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<td>Iowa Legal Aid</td>
<td>Nichole Benes</td>
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<tr>
<td>North Iowa Community Action Organization</td>
<td>Robin Schwickerath</td>
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<td></td>
<td>Diane Wilson</td>
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<td></td>
<td>Evelyne Ocheltree</td>
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<tr>
<td>Therapist, Private Practice</td>
<td>Lori Brandt</td>
<td></td>
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<tr>
<td>Crisis Intervention Service</td>
<td>Brigid Christianson</td>
<td></td>
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<tr>
<td>Youth Organization</td>
<td>Mason City Youth Task Force</td>
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<td></td>
<td>Marti Hendrickson</td>
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</table>
The Community Initiative for Native American Families and Children (CINCF) meets every month in Sioux City, Iowa. The Woodbury County Citizen Review Panel is part of this team. The members also attend conferences, events, and trainings throughout the year related to their work on CINCF team. The goal of CINCF is to better understand, articulate, and address issues contributing to the disproportionate and disparate number of Native American children and families involved with Department of Human Services of Woodbury County. The Woodbury County Citizen Review Panel Report is posted on the DHS website. Members of the public can direct comments and questions to the Department or State Coordinator through this website.

Summary of Panel Activities

CINCF meetings (all face-to-face meetings) were scheduled and/or held during SFY 2017/18 (July 1, 2017 through June 30, 2018) on the following dates, from 1:30pm to 4pm in Sioux City, Iowa:

<table>
<thead>
<tr>
<th>Date</th>
<th>Presenters, Activities, and/or Topics Covered</th>
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<tbody>
<tr>
<td>07/12/17</td>
<td>• The Four Directions Community Center (4DCC) building has been placed up for sale.</td>
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<td>• Frank will formally request the Jackson Women’s and Children’s Center to present one parenting session a month to all residents there (Native and non-Native).</td>
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<td>• Frank will be undertaking efforts to facilitate sensitivity training sessions with the SCPD.</td>
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<td>• The June issue of Reader Magazine has an article on Frank LaMere’s involvement on the Whiteclay issue and his work that he does to advocate for people.</td>
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<tr>
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<td>• Shane Frisch shared the Woodbury County Native Unit Relative placement chart data for June 2017. There were 112 self identified active cases. There were 37 ICWA applicable children &amp; 75 Non-ICWA applicable children.</td>
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<td></td>
<td>ICWA relative placement was at 57% and foster care placement at 43%. Non-ICWA relative placement is 56% with foster care placement at 44%. Shane will be presenting on this subject on a national webinar in September. Details will follow soon.</td>
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<td>• There are currently 6 Native foster families in Woodbury with 1 in training.</td>
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<td>• Moises Vazquez has accepted a new position with DHS-assessment worker and social worker Theresa Juarez has joined the Native Unit as of July.</td>
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<td>• Jerry Foxhoven has been named the new State Director for the Iowa Department of Human Services.</td>
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<td>• Memorial March to Honor Lost Children dates are November 20-22nd.</td>
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<td>• Pam Degener with MFS has developed an ICWA compliance webinar which is accessible on the DHS website. <a href="http://training.dhs.iastate.edu">http://training.dhs.iastate.edu</a> ICWA Training 368 can be found under: Go to Training Archives&gt;FY 17 Archives&gt;Webinars&gt;Worker Seminars</td>
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Mandy Oetken reported the Jacksons Women and Children Center has 7 Native women and 10 children. The Nebraska Supreme Court will hear the case of the Whiteclay store closures on August 29th in Lincoln, NE. The hearing will be televised and will be fed to college campuses around the area. Sioux City Police Chief Young will retire in September. There is a screening committee to review all applicants.

08/09/17

- A meeting has been scheduled with Congressman King on August 22nd to discuss the need for a detox center, halfway house, and needed addiction services for Native people and others in Sioux City.
- Shane Frisch shared the Woodbury County Native Unit Relative placement chart data for July 2017. There were 105 self identified active cases. There were 36 ICWA applicable children & 69 Non-ICWA applicable children. ICWA relative placement was at 67% and foster care placement at 33%. Non-ICWA relative placement is 71% with foster care placement at 29%. Shane, along with Frank and Pat Penning, will be presenting on this subject on a national webinar on September 9th. Details will follow soon.
- There are currently 7 Native foster families in Woodbury.
- Four Directions offers youth group for children K-12. Native Family Unity Meetings are held monthly. August 8th from 7-8pm. Call 252-0811 to inquire about any programs or activities.
- Karen Mackey request help in recruiting Iowa Commission of Native American Affairs board members. A link will be sent out for those interested or may know of someone interested.
- Erin Binneboese reported on the Siouxland Street project - the warming shelter will be taking on the day shelter when it opens again this fall/winter. Detox committee will meet next Wednesday, July 19th and the super shelter on September 26th at the museum. Brad Bollinger reiterated there is no where to take homeless mental ill individuals after hours…jail is sometimes the only alternative.
- Jerry Foxhoven will meet with us at Four Directions September 30th

8/28/2017

- NCWWI/CSSP Webinar that included Pat Penning Frank LaMere and Shane Frisch. National presentation attended by 250 people across the United States. The focus of presentation was on collaborative efforts of DHS and the Native American Population. visit http://ncwwi.org/index.php/webinars

08/30/2017

- Jerry Foxhoven, Director of IDHS, was our special guest today! An original member of CINCF, Jerry fully supports the work of Four Directions and CINCF.
- Four Directions operate with 1 full time person and 5 volunteers and serve everyone! The services they provide are: advocate for Native families and children, support with care assistance for people coming from treatment, education-college, ID’s, Social benefits, food pantry, clothing, bus rides, housing assistance, collaborate with DHS and Judicial system to support families, support children graduation.
- Shane Frisch shared the Woodbury County Native Unit Relative placement chart data for August 2017. There were 96 self-identified active cases. There were 28 ICWA applicable children & 68 Non-ICWA applicable children. ICWA relative placement was at 54% and foster care placement at
46%. Non-ICWA relative placement is 74% with foster care placement at 26%.

- There are currently 6 Native foster families in Woodbury with 1 family in training.
- The Native Unit at DHS began in 2004, to date they now have 4 workers and have presented at the annual NICWA Conference twice.
- Also noted the 2008 Native American scholarship program with Briar Cliff had 9 Native American students who graduated and met the 2 years required service for our area.
- Amanda Oetken from Jackson reported their Women and Children Center has 4 Native American women with 7 children.
- Matt Ohman & Erin Binneboese reported on the Siouxland Street project which started because of the increased panhandling by the homeless in the downtown area. SHIP, Sioux City Police Dept., Mercy Medical, the downtown partners and CINCF formed the Siouxland Street Project. The newly formed daytime warming shelter trial run served between 30-50 people per day. It will open again this November. The next meeting is September 26th 9am at the museum. Detox committee met with Joni Ernst and Congressman King and are now planning visits to Rapid City to view their Detox center. They will meet September 19th at Jackson Recovery Centers 10:30am. The Siouxland Street Project continues to look for a funding source. Please view the Siouxland Street Project and resource guide On SHIP’s website: http://siouxlandship.org/the-siouxland-street-project/
- Sioux City Police Chief Young will retire September 31st. The new Police Chief is Rex Mueller.

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- The Four Directions building has been sold. There are many ideas being considered such as office space in the Ho-Chunk building. Four Directions transportation site will be at the Community Health Center with possible office space for Val. Karen Mackey brought up the immediate need for locations to hold funerals. She will look into the Sanford Center as a potential site.
- Frank, Erin Binneboese, and Brad Bollinger, on behalf of the Siouxland Street Project, met with the CCADP in Rapid City, SD toured their drug and alcohol rehab facility. The Street project has been actively working to complement their collective efforts. Frank plans to meet with IHS officials in Washington DC very soon.
- The NICWA conference will be held April 2018 in Anchorage Alaska. Presentation submissions are due online by Thursday, November 16th. Please bring ideas to the next CINCF meeting.
- Travis Heaton shared the Woodbury County Native Unit Relative placement chart data for September 2017. There were 105 self-identified active cases. There were 27 ICWA applicable children & 78 Non-ICWA applicable children. ICWA relative placement was at 50% and foster care placement at 50%. Non-ICWA relative placement is 81% with foster care placement at 19%. Ansley Griffin requested to break down these numbers by tribe.
- Lexie LaMere Social Justice Scholarship update from Liz Rembold-All gifts will be matched until they reach the goal of $25,000. Consider making a gift by clicking: https://www.briarcliff.edu/honorlexie
- The NE Supreme Court acted September 29th to keep Whiteclay, NE beer
stores closed! We will celebrate the win and redouble our efforts to make our community well and to make us alcohol and drug free! This was fighting an appeal from the NE Liquor Control Commission.

11/01/2017

- In cooperation with Ho-Chunk Inc. (HCI) we are currently exploring properties in Sioux City that HCI will consider purchasing and leasing to the Four Directions Center! Until any facility is ready and customized for Center use we plan to be housed on the 8th floor of the Ho-Chunk Building. Our shuttle service program to and from the Winnebago Hospital is temporarily being run out of the Siouxland Community Health Center and seems to be running well! Our partners at the Health Center, the Winnebago Tribal Health Department, the IA DHS, HCI, SHIP and the HoChunk Community Development Corporation are applauded for stepping up.
- District Associate Judge Stephanie Parry shared the protocol that a judge follows that results in the removal of a child from their home. With 25 years in experience in the juvenile justice system she is dedicated to protect children’s best interests.
- Trisha Wegner with Jackson Recovery Women’s Unit reports they have 7 Native American women with 13 children. The Day and Warming Shelters opened November 1st. Any agency can sign up to provide services.
- Memorial March to Honor Lost Children dates are November 20-22nd. Our key speaker this year’s educational day is Kathleen Brown-Rice Assistant Professor – Counselor Education at the University of South Dakota.

12/06/2017

- The 15th Memorial March to Honor Lost Children was a great success. Fully 600 people were involved with the three days of activities! Over 160 people completed the March. The credit for the annual gathering, March and educational sessions goes to the planning committee, the sponsors, the marchers, the children and all of the attendees! The planning committee will reflect on the many facets of the effort and the impact it had on them and how they think the effort was viewed by all in Siouxland.
- Frank has met with officials of the Indian Health Service in Rockville, MD to discuss the need for detox, alcohol and drug abuse treatment, mental health services and a halfway house in Sioux City. The meeting took place on November 17th. We have not heard about the next steps from IHS but a call has been scheduled for Friday between Congressman Steve King’s office and myself to discuss the issues raised and needs of our community.
- Shane Frisch shared the Woodbury County Native Unit Relative placement chart data for November 2017. There were 110 self-identified active cases. There were 31 ICWA applicable children & 79 Non-ICWA applicable children. ICWA relative placement was at 56% and foster care placement at 54%. Non-ICWA relative placement is 73% with foster care placement at 27%.

01/10/2018

- Shane Frisch shared the Woodbury County Native Unit Relative placement chart data for December 2017. There were 115 self-identified active cases. There were 39 ICWA applicable children & 76 Non-ICWA applicable children. ICWA relative placement was at 73% and foster care placement at 4%. Non-ICWA relative placement is 63% with foster care placement at 11%. There are 6 Native foster families at this time. Travis Heaton added there is a high case load and noted they do have an in-home visit requirement for at least 1 visit per month.
- Nitausha Williams announced her resignation from the DHS Native Unit.
- Ansley Griffin with LSI has held 3 tribal informational meetings with several families attending. TIPS Mapp will be held in February. Deadline to sign up is January 25th. Contact LSI at 712-263-9341
  Ansley’s is working with Sandy Whitehawk to present a play on intergenerational trauma April 6th at the Sioux City Museum. Also in the works Ansley is planning a 4 station workshop project to be held at Long Lines June 2nd.
- Jackson Recovery continues to strengthen all programming to include Native culture.
- Lexie LaMere Social Justice Scholarship update from Liz Rembold-This scholarship has been endowed with a new total of $38,000! Consider making a gift by clicking: [https://www.briarcliff.edu/honorlexie](https://www.briarcliff.edu/honorlexie)
- Val Uken reported for the Warming Shelter. 72 is the daily average at the warming shelter with 51 per day at the day shelter. During the coldest times the average is between 112-120 per day. In November 11 families with 16 children stayed at the warming shelter and December 1 family with 1 child.
- DHS hired two new Tribal Liaisons Michael O’Connor and Emma BearComesOut.

02/07/2018
- There has been a spike in the number of contentious DHS cases stemming from our work in advocacy in child welfare cases. Val Uken and Frank La Mere have been very active in their efforts! A lack of communication and questions about protocol will be our focus as we move forward. I received a welcome and surprising email from Jerry Foxhoven recently! We will stay in contact with him! I am pleased that he remains attentive to our needs and mindful of our ongoing efforts!
- Shane Frisch shared the Woodbury County Native Unit Relative placement chart data for January 2018. There were 115 self-identified active cases. There were 49 ICWA applicable children & 66 Non-ICWA applicable children. ICWA relative placement was at 60% and foster care placement at 8%. Non-ICWA relative placement is 52% with foster care placement at 13%. There are 7 Native foster families currently.
- Ansley Griffin with LSI/NF4NC reported they have 22 Native families signing up to be foster parents! 10 of these families will begin training soon.
- Jen Gomez with the Sioux City Schools presented. There were several questions for Jen. She plans to follow up and report back.
- Lindsay Lusk with the Warming Shelter says there are many Native American vets that use the shelter. Val Uken has been in contact with Joni Ernst’s office to pursue help for those vets in need.
- Four Directions will partner with Jackson Recovery for the next Parenting Program. There are 8-9 ready for the class.
- NICWA is in Anchorage Alaska April 15-18, 2018. Frank, Heather Craig-Oldsen, and Liz Rembold will be presenting. Winnebago has 2 presentations: Native Families for Native Children and Family Group Decision Making.

03/14/2018
- Kayleen Blackhawk has joined the Four Direction’s staff.
- To improve collaboration, Val now meets with DHS Native Advisory Committee. The recently discussed the qualifications to be enrolled in a Tribe. ¼ tribe blood quantum of one tribe is required to be enrolled. Unfortunately, most children in the area are 1/8 or less of multiple tribes. The Tribes control the qualifications and may look at changing the blood
quantum regulations.
- The Four Directions Parent Program “Securing Your Parental Rights-Actions Not Words” graduated 7 women! They all completed 32 hours of class time and met every challenge and are establishing healthy boundaries. Today six of the seven women were present, along with their family support members, to celebrate new beginnings!
- Shane Frisch shared the Woodbury County Native Unit Relative placement chart data for February 2018. There were 122 self-identified active cases. There were 60 ICWA applicable children & 62 Non-ICWA applicable children. ICWA relative placement was at 61% and foster care placement at 9%. Non-ICWA relative placement is 52% with foster care placement at 48%. There are 7 Native foster families currently. The group has requested a total number of active cases to determine diversity in our community.
- Mark Cord has been appointed as the new District Associate Judge.
- Jen Gomez with the Sioux City Community Schools informed the group that the secondary schools have a Title 6 Indian Education grant. 708 of 1357 Native students have completed form 506. Students must be enrolled in a Tribe to qualify for this program. Forms are given to new families that have moved to the area and again in the fall the form is included in the backpack program. Jen did provide a list of Tribes that are represented in the Sioux City schools. There are 4 staff members for this grants that provide tutoring, home visits, focus groups and college campus tours. They also have cultural activities, speakers and students have been allowed to participate in the Memorial March to Honor Lost Children. April 12 and 13 the schools will have Hoop Dancer presentation. A schedule will be sent to the group. It has also been suggested the schools reach out to local native groups to provide spiritual lessons and cultural activities.
- Matt noted he has open conversation with the BTB program to include native programming.
- The Social Studies curriculum for the High School level was updated in 2016 – (Author) Pierson. Middle School in 2012 – (Author) McGraw Hill. Elementary schools are using old books. It was noted revised standards will be implemented in 2022. Sioux City Schools will begin with the elementary schools.
- Pam Degener with the Meskwaki Family services will be in Sioux City April 3rd to provide ICWA training. May 2nd hosting a Foster Care Powwow. Pam also reports they have 2 licensed foster homes.
- Dara Jefferson of Meskwaki Victim Services (a state-wide program) work with Domestic and sexual assault violence. They also help with public awareness with Native issues, comprehensive services for native women and families, housing, human trafficking. She did note the need for first time rent and deposits assistance. Office: 641-484-4444 Crisis Line: 641-481-0334
- Frank traveled to DC and met with Congressman King and staff to address the needs for the Siouxland area. It was requested that a true picture of our area homeless numbers / those in need of detox be brought back to King’s office. Frank will follow up with Indian Health Services to schedule a meeting or conference call to include all principals to move the project forward.

04/12/2018
- Shane Frisch shared the Woodbury County Native Unit Relative placement chart data for March 2018. There were 151 self-identified active cases.
There were 92 ICWA applicable children & 59 Non-ICWA applicable children. ICWA relative placement was at 65% and foster care placement at 35%. Non-ICWA relative placement is 52% with foster care placement at 48%. There are 7 Native foster families currently. Tom noted in the state of Iowa, 30% of Native children are placed with relatives.

- Marissa Kluk with NE DHHS Behavioral Health presented Opioids: A Public Health Issue. Please contact Marissa for more information/questions at 402-471-7857 or marissa.kluk@nebraska.gov
- The Street Project-The Detox committee met and reviewed the budget draft prepared by Kermit Dahlen with Jackson Recovery. Next steps are to document needed data from area Fire and Rescue and the emergency rooms. This Friday Frank, Matt, Erin will have a conference call with IHS and Congressman King’s office to move the discussions forward. Jackson Recovery has a 12 bed capacity while Winnebago DDU is not functional as a detox center at this time. The Street Project will meet again June 19th 9-11am at the Sioux City Museum.
- April is Child Abuse Awareness month. Several agencies will be holding events.....more details to follow.
- Ansley Griffin is working on bringing a historical trauma play to our area. “Baby I Love You” by Sandy Whitehawk and George McCauley will be coming in the near future. Cost of bring this play is $3480. $1500 has been already pledged. Donations are needed.
- FASD Summit is being discussed for September. More details provided later.
- Multicultural Fair this Sunday, April 8th 12-4pm at the Sioux City Convention Center.
- War Eagle Park clean-up day April 15th 1pm.

**SFY 2018 Annual Recommendations of the Child Protection Council**

Recommendations of the Panel are as follows:

1. Increase Native American foster families by 5 to a total of 12 by utilizing the Native Families for Native Children (NF4NC) grant:
   - Continuing collaboration the DHS Native unit and Iowa Kids Net recruitment efforts and the formation of a support group for Native American foster parents
   - Continuing to work with the NF4NC grant for recruitment and retaining native American Foster Homes.
   - Working with BCU and NF4NC promoting Native American Foster Care classes (TIPS-MAPP).
   - The grant ends in October 2018. Discussions are ongoing on how to further the work that’s being done between the tribes and the states and how to continue it.

2. Continued enrollment in “Securing Your Parental Rights” class to 30 individuals for Fiscal year:
   - Promoting the 2-day classes in the Native community in collaboration with Jackson Women and Children’s Center.
   - Working with the University of Iowa and BCU creating to provide parent curriculums and training.
3. Continue to promote Four Directions mission statement for much needed services in the Native American Community by:
   - Continuing to be a forerunner in the Native community.
   - Working collaboratively with the Winnebago Tribe and Indian Health Services to support Four Direction and offer health care locally.
   - Continue active participation on the Vagrancy committees
   - Holding monthly CINCF Meetings

4. Increase the referral of parents to Fatherhood is Sacred and Motherhood Is Sacred classes that are being offered in the community.

5. Increase the awareness of the newly developed Care Coordinator position stationed at the Four Directions Community Center.
   - Coordinate needed services to families that are not involved with the Iowa Department of Human Services and are not on Title IX. Examples of services would include assisting in locating employment, referring to alcohol and drug assessments, assisting Natives getting to and from the Winnebago IHS, etc.
   - Seek alternative funding to support Native Care Coordinator.

Progress and Implementations of Prior Recommendations

In SFY 18 a goal of the Panel was to decrease the number of Native American Children in Care in Woodbury County. Data was taken from the Iowa Department of Human Services ROM Reports using Racial Disparity: Decision Points from January 2017 through January 2018.

Racial Disparity in Western Iowa Service Area for American Indian/Alaska Native Children

<table>
<thead>
<tr>
<th>Disparity Rate</th>
<th>Entered Foster Care</th>
<th>In Foster Care</th>
<th>Exited Foster Care</th>
<th>Accepted Referrals</th>
<th>Child Victim</th>
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<tr>
<td>FY Jan17-Jan18 in Western Iowa Service Area</td>
<td>6.93</td>
<td>5.14</td>
<td>9.76</td>
<td>4.64</td>
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The Panel continued to promote the knowledge of the Iowa ICWA laws through ongoing training locally, regionally, and nationally at the NICWA Conference. Woodbury County Native American Unit data were also reviewed at CINCF meeting and members were updated through electronic communication. The community remains committed to increasing Native American Foster Homes as it continues to be involved in the NC4NF grant for the recruitment and retention of native Foster Homes.

Future Direction and Focus of the Woodbury County Citizen Review Panel

The future direction and focus of the Woodbury County Citizen Review Panel will consist of recruitment for Native American Foster Homes and to continue to lower the disproportionate number of Native Children in out of home care. There is currently seven Native Foster Homes in
Western Iowa. To lower the disproportionate number of Native American children in Foster Care, efforts will continue with the CINCF group, NF4NC and other local initiatives.
Following is the State’s response to the recommendations of the Child Protection Council State Citizen Review Panel, the Cerro Gordo County Family Violence Response Team and the Northwest Iowa Citizen Review Panel.

**Child Protection Council/ Citizen Review Panel (CPC/CRP) 2018 Recommendations & State Response**

The Iowa Child Protection Council Citizen Review Panel (CPC/CRP) offered the following recommendations in their 2018 Annual Report. The first set of recommendations is from the CWPPG Report. The second set of recommendations is based on findings from the DHS Case Review that the CPC/CRP participated in.

**Recommendations from the CWPPG Report:**

**Recommendation**
Provide accurate information on actual caseloads of case carrying personnel in all internal and external reports and identify the standards regarding the appropriate staffing levels for Intake and Assessment Workers based on the number of cases.

The original recommendation in the report stated: Provide accurate information on actual caseloads of case carrying personnel in all internal and external reports. The Council supports the reporting of actual caseloads of case carrying personnel but believes the recommendation should be expanded to include standards regarding appropriate staffing levels for Intake and Assessment Workers based on the number of cases.

**State Response/Action Taken**
The DHS is in a process of determining the best way to calculate caseloads in a way that accurately reflects the volume of families and responsibilities of the DHS social workers.

**Recommendation**
Institute competency-based learning that ensures staff has developed the skill expected to be acquired from training and ensure that ongoing training is based on individual staff needs as determined in their performance assessments.

**State Response/Action Taken**
The CWPPG will return to Iowa over the summer to complete the second part of the two-part review. During their return to the state, the primary consultant will be observing the New Worker training and the curriculum used during trainings. After observation of
the training and review of the curriculum, the CWPPG will be providing technical assistance to enhance the training. Additionally, the DHS is in the process of identifying opportunities to leverage Federal Title IV-E funding to provide subsidies for stipends and expand internship programs designed to recruit and retain BSW and MSW students. Expanding and further professionalizing the DHS staff will assist in efforts to increase competency-based learning.

**Recommendation:**
*Strengthen requirements for Safety Plan Services and/or any other services provided or recommended to parents during a Child Abuse Assessment.*

The original recommendation in the report stated: *Strengthen requirements for providing services to parents.* The Council is in support of the original recommendation but as the Council’s focus is on intake and assessment they amended the recommendation to specifically state Safety Plan Services or any other services provided or recommended during the Child Abuse Assessment.

**State Response/Action Taken**
Data demonstrates that Safety Plan Services are quite effective and were not noted as an area of concern by the CWPPG consultant. Beyond a commitment to continually monitor the quality of services purchased by the DHS, there are no current plans to change the scope or intensity of the Safety Plan Services.

**Recommendation:**
*DHS leaders should explore, as quickly as possible, avenues to secure funding necessary to improve its data system for ongoing services.*

**State Response/Action Taken**
Although the DHS has not identified additional funding to support enhancing and replacing the existing Child Welfare Information System (CWIS), the DHS has a core group of 5 administrators who posted an RFI for CWIS software vendors as a means of researching possible solutions for Iowa and hosted 18 vendors for in-person vendor demonstrations. The DHS is using the information gathered through the RFI and the presentations to develop a plan for designing and implementing an enhanced CWIS. Currently, the Federal government has a 50% match funding opportunity for states to implement a CWIS. The DHS fully anticipates using this funding support to move forward.

**Recommendation:**
*Form a workgroup to research other states’ legal definition of caregiver and the way in which concerns related to maltreatment of children by those not meeting the legal definition are handled.*
State Response/Action Taken
The DHS had two Program Managers complete an analysis via the Child Welfare Gateway website to compare all states’ legal definitions of caregivers. Although there is some variation around the United States in terms of how a caregiver is defined, Iowa’s definition is aligned with the majority of other states. Some states have units or departments outside of child welfare that respond to concerns in childcare and residential treatment settings, but establishing a separate response to those concerns is not resource neutral and alterations to Code would need to be made in order to move forward. During the next phase of the CWPPG review, this topic will be reviewed with the consultant.

Recommendation:
Work with DHS human resources to consider whether the current pay structure for front line staff is optimal in terms of promoting work-life balance, rewarding personnel who remain in direct service positions even as they develop greater expertise, and provide for incentives for those who are well-suited for supervision to move into that role.

State Response/Action Taken
There are no immediate plans to alter the pay scale for supervisors and direct workers. The recommendation made by CWPPG has been noted, as have the recommendation for DHS to maximally leverage IV-E funding to support the professionalization and training for the workforce. Both of these recommendations are worthy of consideration and do not have quick remedies.

Recommendation:
Examine workload and advocate for staff allocations and/or limitations on scope of responsibility that allow for comportment of staffing with extant workload studies of similar positions and Child Welfare League of America standards. Develop a means of monitoring deviations from expected workloads in local offices and providing support in the timely filling of vacancies.

State Response/Action Taken
The DHS has developed a strategy for measuring and monitoring caseloads that will allow for greater accuracy in variation around the state. An examination of Child Welfare League of America standards has been completed and the DHS has caseload sizes – both with child welfare assessors and ongoing workers – that are higher than the recommended size. Additional resources for employees would be needed to bring the caseload sizes into conformity with the CWLA recommendations.

Recommendation:
Undertake a systematic review of the quality and effectiveness of FSRP services to include a sample quality service review conducted by the CWPPG and develop a model for ongoing assessment of service quality.
State Response/Action Taken
The Quality Assurance Bureau within the DHS is in the process of surveying and evaluating Family Safety, Risk and Permanency (FSRP) services provided at the conclusion of an assessment. During the course of this review, the quality assurance staff will be conducting case readings and interviewing staff and administrators involved with FSRP. At the conclusion of this review, strategies for improving the quality of the service will be incorporated into a future RFP and in the development of a Provider’s Manual, which will serve to strengthen this service and ensure it is consistently offered throughout the state.

Recommendation:
*Review policies, practice and procedures around screening, training, and supporting foster and adoptive parents*

State Response/Action Taken
The DHS has conducted a review of policies and practices pertaining to foster parents. Additionally, the DHS entered into new contract with for Recruitment, Retention, Training and Support (RRTS) of foster parents on July 1, 2017. These contracts have additional expectations for support and in-person interactions with foster parents. During the second part of the CWPPG review, the consultant will have opportunities to further review these areas of practice.

Recommendations based on the findings from the DHS Case Review & State Response:

Recommendation:
*During Child Abuse Assessments, Child Protection Workers should reach out and consult with other professionals (education, mental health, medical, etc.) who may be working with the family.*

State Response/Action Taken
DHS endorses the recommendation that Child Protection Workers (CPW) reach out and consult with other professionals during the course of a Child Abuse Assessment. Iowa Code 232.71B (8)(a) allows for CPWs to request information from any person believed to have knowledge of a child abuse case. CPWs may contact and consult with persons who have particular knowledge regarding the abuse including but not limited to, law enforcement, multidisciplinary teams and professionals in medicine, psychiatry and psychology. Reaching out and consulting with other professionals during a Child Abuse Assessment is a key step in the assessment process and as such, is emphasized in basic training for all CPWs. The importance of consulting with other professionals was highlighted again for all CPW staff during the recent implementation of the Comprehensive Addiction and Recovery Act of 2016 (CARA). The federal mandate under CARA requires that medical staff and other professionals be consulted regarding the needs of infants born with and identified as being affected by substance abuse.
**Recommendation:**
Improve documentation to produce a thorough and accurate report, e.g. evidence of background checks; clearly articulate names of individuals and their roles; avoid using acronyms; develop concrete and detailed safety plans; and use behavioral language.

**State Response/Action Taken**
DHS understand the importance of a thorough and accurate report in terms of writing styles and the critical need for good safety plans. With regard to Child Abuse Reports, DHS continues to review potential system changes within JARVIS that can assist CPWs in preparing and writing the report such as, auto populating certain sections to ensure that the required/needed information is included. System changes combined with increase supervisory review of Child Abuse Reports will help to ensure clear and accurate reporting.

DHS supports the need for good Safety Plans. In writing a Safety Plan, CPWs are instructed to list the behaviors, conditions and circumstances associated with the sign of present or impending danger as well as, what actions are required and/or what services are being initiated to address the concerns. DHS is currently reviewing and revising the Risk Assessment Tool that is being used during Child Abuse Assessments. It is believed that once the tool has been reviewed and revised it will better identify risks which will enhance the effectiveness of the Safety Plans.

**Recommendation:**
Conduct drug screenings for children when there are safety and risk concerns of drug usage in the home (consider benefit for long term medical care of children and Dr. Chasnoff’s System of Care for drug affected children).

**State Response/Action Taken:**
DHS supports the use of drug screening for children when there are safety and risk issues around drug usage in the home. DHS has just recently updated the DHS Drug Testing Protocols relating to drug testing for children. The Protocols state that drug testing of children should be done when it is suspected that the child has either ingested or been exposed to drugs.

**Recommendation:**
Refer children for trauma and mental health services when warranted.

**State Response/Action Taken**
DHS agrees with the need to refer children for trauma and mental health services when appropriate. DHS recognizes that these types of services may be limited in some of the rural areas of Iowa. DHS will continue to support the expansion and access to trauma and mental health services throughout Iowa.

It should be noted that CPWs receive training in the areas of trauma and mental health. As part of basic training, CPWs are required to complete, within the first six months of...
employment, a 6 hour course entitled Trauma Fundamentals and another 6 hour course in Mental Health Fundamentals.

**Recommendation:**
*Revisit safety planning practice including; what it means to safety plan, the need to secure required signatures and identifying appropriate safety plan activities for relatives and monitoring the plan.*

**State Response/Action Taken**
DHS recognizes that for safety planning to be successful it requires buy-in from all parties involved as well as, the appropriate services and constant monitoring of the Safety Plan. With the recent rollout of CARA, statewide training was provided for CPWs. Within that training the importance of safety planning was emphasized. DHS will continue to provide directives and guidance to CPWs on safety planning.

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### North Iowa Domestic & Sexual Abuse Community Coalition

**Recommendations & State Response**

The **North Iowa Domestic & Sexual Abuse Community Coalition; Cerro Gordo County Family Violence Response Team** has offered four recommendations. These recommendations reflect last year’s report. The first recommendation is in regards to the training of staff specific to domestic violence, sexual assault and child abuse. The other three recommendations are targeted toward local coordination efforts. The State Response will provide an update.

**Recommendations:**

- Enhance training on best practices related to the intersection of domestic violence, sexual assault and child abuse.
- Resume quarterly case reviews.
- Increase individual case consultations.
- Expand panel membership

**State Response:**

The State continues to work towards enhancing the skills necessary for child welfare workers to successfully partner with families facing domestic violence. In response to the high rate of co-occurrence between domestic violence and child maltreatment DHS utilizes CAPTA funds to contract for a fulltime Domestic Violence Response Coordinator. Duties under this position include case consultation services for DHS staff and the development and presentation of training regarding domestic violence. Recent trainings have included the Safe and Together Model of practice in child welfare and a course on the issues of substance abuse, mental health disorders and domestic violence in child abuse cases. This subject matter expert is also available to assist local communities in their collaboration efforts between local Child Protection Workers and DV service providers and other disciplines. In addition to a Domestic Violence Response Coordinator, Connect and Protect Teams have been established in each Service Area. These teams consisting of DHS staff and stakeholders offer case
consultations and information sharing in the local communities. Following are the SFY 18 activities that have occurred related to the area of domestic violence, sexual assault and child abuse:

- As a part of the continued implementation, the Safe & Together Model was incorporated into the existing DV training. The Domestic Violence Response Coordinator facilitated a 1-hour webinar related to the model. Over 100 workers and providers participated in this webinar.
- The Domestic Violence Response Coordinator facilitated 6 DHS face-to-face trainings with over 70 participants. These trainings included content related to domestic violence fundamentals.
- In addition to providing oversight to the Connect & Protect teams across the state the Domestic Violence Response Coordinator trained 21 new members for the teams.

The State’s Citizen Review Panel Coordinator continues to be a resource for the Cerro Gordo County Family Violence Response Team and other MDTs across Iowa as it applies to best practices regarding case reviews and the engagement and recruitment of panel members. In SFY 2018, The North Iowa Domestic & Sexual Abuse Community Coalition; Cerro Gordo County Citizen Review Panel was invited to participate in the statewide DHS case review that was held in November 2017. The facilitator of the group was also invited to attend the Statewide Citizen Review meetings to observe the functioning of that group and to learn about the current activities that are going on.

### Northwest Iowa Citizen Review Panel
#### 2018 Recommendations & State Response

The Northwest Iowa Citizen Review Panel continues to work toward the goal of reducing the disproportionate representation of Native children and families in the child welfare system. As such, their annual recommendations continue to reflect what has previously been proposed based on the current resources, services and activities that the group is involved with.

**Recommendations:**

1. Increase Native American foster families by 5 to a total of 12 by utilizing the Native Families for Native Children (NF4NC) grant:
   - Continuing collaboration the DHS Native unit and Iowa Kids Net recruitment efforts and the formation of a support group for Native American foster parents
   - Continuing to work with the NF4NC grant for recruitment and retaining native American Foster Homes.
   - Working with BCU and NF4NC promoting Native American Foster Care classes (TIPS-MAPP).
   - The grant ends in October 2018. Discussions are ongoing on how to further the work that’s being done between the tribes and the states and how to continue it.

2. Continued enrollment in "Securing Your Parental Rights" class to 30 individuals for Fiscal year:
● Promoting the 2-day classes in the Native community in collaboration with Jackson Women and Children’s Center.
● Working with the University of Iowa and BCU creating to provide parent curriculums and training

3. Continue to promote Four Directions mission statement for much needed services in the Native American Community by:
● Continuing to be a forerunner in the Native community.
● Working collaboratively with the Winnebago Tribe and Indian Health Services to support Four Direction and offer health care locally.
● Continue active participation on the Vagrancy committees
● Holding monthly CINCF Meetings

4. Increase the referral of parents to Fatherhood is Sacred and Motherhood Is Sacred classes that are being offered in the community.

5. Increase the awareness of the newly developed Care Coordinator position stationed at the Four Directions Community Center.
● Coordinate needed services to families that are not involved with the Iowa Department of Human Services and are not on Title IX. Examples of services would include assisting in locating employment, referring to alcohol and drug assessments, assisting Natives getting to and from the Winnebago IHS, etc.
● Seek alternative funding to support Native Care Coordinator.

State Response:
The local DHS continues to participate in the activities recommended above. Local DHS staff are part of the Native recruitment team and have been involved with Briar Cliff and other Sioux Land agencies on the NF4NC (Native Families for Native Children) grant. At both the state and local levels, DHS is involved with the Native PSMAPP (Partnering for Safety and Permanence: Model Approaches to Partnership in Parenting) classes through Briar Cliff. DHS also continues to be part of the team under the NF4NC grant along with the State of Nebraska, Winnebago Tribe, Ponca Tribe, Omaha Tribe and the Santee Sioux Tribe.

Woodbury County currently has five active native foster parents. This is a decrease from last year when there was seven foster parents. Efforts will continue to recruited Native American foster parents.

The local DHS actively promotes Native parenting classes. DHS has provided funding for the classes and serves as the primary referral source, in collaboration with Four Directions and Briar Cliff University. DHS also provided the initial funding for a Native American Social Worker to become trained as a facilitator of the Motherhood is Sacred program. DHS has also provided funding (including in-kind support) and made referrals to a successful youth program – Native Youth Standing Strong.
In addition to the activities sited above, DHS supports the annual Memorial March to Honor Lost Children. This march is held each year in November to honor those children lost in the child welfare system. This is an educational event that has now evolved into a two day cultural training at Briar Cliff University.

Lutheran Social Services (LSS) was recently awarded the DHS Recruitment and Retention contract for the Western Iowa Service Area. Under the contract, LSS continues to provide services in this area of the state.

The local DHS has financially, to the extent that funding is available, supported Four Directions as a center for services for Native adults and children. The Western Service Area continues to participate in discussions around funding for local programs and the need for adequate and safe housing.

Going forward DHS will continue to collaborate with the Native Community and support their efforts in providing services in Woodbury County.
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IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES

HUMAN RESOURCES ENTERPRISE

SOCIAL WORKER 3

DEFINITION
Performs intensive social work services, protective service assessments/evaluations, or lead-work duties in a county, area, regional office, or institution; performs related work as required.

The Work Examples and Competencies listed are for illustrative purposes only and not intended to be the primary basis for position classification decisions.

WORK EXAMPLES
Assists a supervisor by performing, in accordance with set procedures, policies and standards, such duties as instructing employees about tasks, answering questions about procedures and policies, distributing and balancing the workload and checking work; may make occasional suggestions on reassignments.

Obtains and evaluates referral information from mandatory and permissive reporters to determine if a child abuse assessment, dependent adult abuse assessment or Child in Need of Assistance assessment should be completed. This information may be gathered in person (face to face interview) or via the telephone utilizing active listening, probing questions to fill in gaps in information or to clarify inconsistencies. The information is the first step in the assessment process and will subsequently be provided to child/adult protective assessment workers so that safety and risk can be assessed and appropriate services to families, children and/or dependent adults can be provided.

Provides intensive casework services for clients with difficult, complex and complicated problems, possibly requiring a reduced caseload on a full-time basis.

Deals with individuals and groups having sociopathic personalities, impulsive behavior that may be self-destructive or predatory, and others with chronic mental illness, mental retardation or a developmental disability.

Makes professional decisions and recommendations that can have a serious impact on the life of the person served.

Provides or directs the preparation of necessary records and reports.

Gives advice and consultation when unusual, difficult, or complex cases are encountered.

Functions as a case management program specialist by reviewing case records of case managers and providing written and verbal feedback related to performance, compliance with applicable standards and policies.

Evaluates reports of child or dependent adult abuse; assesses strengths/needs of clients and recommends service interventions.

Serves as a member of an institutional interdisciplinary treatment team; provides casework and group work services.

Performs outreach activities gathering and evaluating information regarding clients or programs, developing an assistance or treatment program, and coordinating activities with relevant community agencies, as directed.

Completes or directs the preparation of necessary records and reports.
COMPETENCIES REQUIRED

Knowledge of casework methods, technique, and their application to work problems.
Knowledge of the principles of human growth and behavior, basic sociological and psychological treatment and therapy practices.
Knowledge of interviewing skills and techniques.
Knowledge of group work methods, and basic community organization techniques.
Knowledge of environmental and cultural factors inherent in social work.
Knowledge of federal, state, and local legislation relative to public assistance and welfare programs.
Knowledge of federal and state rules, policies, and procedures as they relate to the sector of responsibility.

Ability to deal courteously and tactfully with other public and private agencies.
Ability to use interviewing skills and techniques effectively.
Ability to plan, instruct, and guide others in social work services.
Ability to interpret rules, regulations, policies, and procedures.
Displays high standards of ethical conduct. Refrains from dishonest behavior.
Works and communicates with all clients and customers providing professional service.
Displays a high level of initiative, effort, attention to detail and commitment by completing assignments efficiently with minimal supervision.
Follows policy and cooperates with supervisors.
Fosters and facilitates cooperation, pride, trust, and group identity and team spirit throughout the organization.
Exchanges information with individuals or groups effectively by listening and responding appropriately.

EDUCATION, EXPERIENCE, AND SPECIAL REQUIREMENTS

Graduation from an accredited college or university with a Bachelor's degree and the equivalent of three years of full-time experience in a social work capacity in a public or private agency;

OR

graduation from an accredited college or university with a Bachelor's degree in social work and the equivalent of two years of full-time experience in a social work capacity in a public or private agency;

OR

a Master's degree in social work from an accredited college or university;

OR

an equivalent combination of graduate education in the social or behavioral sciences from an accredited college or university and qualifying experience up to a maximum of thirty semester hours for one year of the required experience;

OR

employees with current continuous experience in the state executive branch that includes the equivalent of one year of full-time experience as a Social Worker 2 shall be considered qualified.
NECESSARY SPECIAL REQUIREMENTS

For designated positions in case management, the appointing authority may request those applicants possessing a Bachelor’s degree from an accredited college or university with a major or at least 30 semester hours or its equivalent in the behavioral sciences, education, health care, human services administration, or social sciences and the equivalent of 12 months of full-time experience in the delivery of human services in the combination of: chronic mental illness, developmental disabilities, and intellectual disabilities as a Targeted (Medicaid) Case Manager;

OR

an Iowa license to practice as a registered nurse and the equivalent of three years of full-time nursing or human services experience with the above population groups.

Applicants wishing to be considered for such designated positions must list applicable course work, experience, certificate, license, or endorsement on the application.

NOTE:

At the time of interview, applicants referred to Glenwood and Woodward State Hospital-Schools will be assessed to determine if they meet federal government employment requirements as published in the Federal Register, Section 20-CFR-405.1101.

Effective Date: 04/15 KF
SOCIAL WORK SUPERVISOR

DEFINITION
Directs, plans and supervises a unit of social workers providing intensive casework services in a county, service area or institution, or performs specialist and supervisory duties related to social work programs in a county, service area or in the central office; performs related work as required.

The Work Examples and Competencies listed are for illustrative purposes only and not intended to be the primary basis for position classification decisions.

WORK EXAMPLES
Supervises and evaluates the work of lower level specialists/subordinate staff; effectively recommends personnel actions related to selection, disciplinary procedures, performance, leaves of absence, grievances, work schedules and assignments, and administers personnel and related policies and procedures.
Plans, directs, and supervises a statewide program in providing consultant services to community social service organizations.
Assists in planning and implementing the goals and objectives of programs and projects; assists in budget preparation; directs special projects requested by the organization; formulates policies, procedures, and guidelines for the concerned area of program responsibility.
Works collaboratively to determine what projects should be initiated, dropped, or curtailed; analyzes budget allocations and keeps the organization/unit informed of the status of funds.
Provides consultant services in a defined geographic area of the state; meets with interested groups and individuals to implement the goals, objectives, and purposes of the project.
Advises specialists/subordinates in reaching decisions on the very highly complex problem cases.
Prepares or directs the preparation of records and reports, including data entry.

COMPETENCIES REQUIRED
Knowledge of the principles of supervision, including delegation of work, training of subordinates, performance evaluation, discipline, and hiring.
Knowledge of the administrative process of planning, organizing, staffing direction, budgeting, and controlling as it is applied to a public agency.
Knowledge of casework methods, techniques, and their applications to work problems.
Knowledge of the rules, regulations, and goals related to social work programs.
Knowledge of the purposes, goals, and objectives of social work programs.
Knowledge of interviewing skills and techniques.
Knowledge of the principles of human behavior.
Knowledge of the basic principles of community organization.
Ability to plan, organize, direct, and evaluate the work of subordinates.
Ability to interpret and apply multiple rules and policies regarding employee relations in a collective bargaining environment.
Ability to make logical and accurate decisions based on interpretations of program rules and regulations and administrative support data.
Ability to interact with elected officials, community representatives, volunteer groups, regional planning committees, and other groups in order to develop and maintain effective working relationships related to the delivery of services.
Ability to interact with subordinates, supervisors, clients, the general public, and the news media in order to establish effective working relationships.
Ability to project staffing and program needs for the administrative area based on resources available, existing personnel, and budget constraints.
Ability to evaluate state and federal service and financing program operations.
Ability to effectively communicate orally and in writing in order to persuade, interpret and inform subordinates, clients, general public, public and private officials.
Displays high standards of ethical conduct. Refrains from dishonest behavior.
Works and communicates with all clients and customers providing professional service.
Displays a high level of initiative, effort, attention to detail and commitment by completing assignments efficiently with minimal supervision.
Follows policy and cooperates with supervisors.
Fosters and facilitates cooperation, pride, trust, and group identity and team spirit throughout the organization.
Exchanges information with individuals or groups effectively by listening and responding appropriately.

**EDUCATION, EXPERIENCE, AND SPECIAL REQUIREMENTS**
Graduation from an accredited four year college and experience equal to four years of full-time work in a social work capacity in a public or private agency;
OR
professional experience in a social work capacity may be substituted for the required education on the basis of one year of qualifying experience for each thirty semester hours of education;
OR
a Bachelor's degree in social work from an accredited four year college or university and experience equal to three years of full-time experience in a social work capacity in a public or private agency;

OR

a Master's degree in social work from an accredited college or university and experience equal to one year of full-time work in a social work capacity in a public or private agency;

OR

any equivalent combination of graduate education in the social or behavioral sciences from an accredited college or university and qualifying experience up to a maximum of thirty semester hours for one year of the required experience;

OR

employees with current continuous experience in the state executive branch that includes experience equal to 24 months of full-time work as a Social Worker 2, or 12 months as a Social Worker 3/4 or Social Work Supervisor 1 or any combination of the above equaling 24 months shall be considered as qualified.

NOTE:
At the time of interview, applicants referred to Glenwood and Woodward State Hospital-Schools will be assessed to determine if they meet federal government employment requirements as published in the Federal Register, Section 20-CFR-405.1101.

Effective Date: 03/12 BR

SELECTIVE CERTIFICATION

For designated positions, the appointing authority may request those applicants possessing a minimum of twelve semester hours of education, six months of experience, or a combination of both, or a specific certificate, license, or endorsement in the following area:

920 case management - For designated positions in case management, the appointing authority may request those applicants possessing a Bachelor's degree from an accredited college or university with a major or at least 30 semester hours or its equivalent in the behavioral sciences, education, health care, human services administration, or social sciences and the equivalent of 12 months of full-time experience in the delivery of human services in the combination of: chronic mental illness, developmental disabilities, and intellectual disabilities;

OR

an Iowa license to practice as a registered nurse and the equivalent of three years of full-time nursing or human services experience with the above population groups.
Applicants wishing to be considered for such designated positions must list applicable coursework, experience, certificate, license, or endorsement on the application.
IOWA CHILD DEATH REVIEW TEAM

ANNUAL REPORT 2015

Kim Reynolds
Governor

Dennis Klein, MD
Iowa Chief State Medical Examiner

Adam Gregg
Lt. Governor

Gerd Clabaugh, MPA
Director of Public Health
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INTRODUCTION FROM THE CHAIRPERSON

Protecting Iowa’s children, by identifying sources of harm and striving for prevention, is the mission of Iowa’s Child Death Review team (ICDRT). The team is comprised of dedicated professionals from a variety of backgrounds: representatives from state agencies, local law enforcement, health care, mental health, behavioral and substance abuse providers and medical examiners. The work of the team centers on detailed case reviews examining as much information as possible regarding circumstances of death. Cases are discussed with a critical lens focused on how systems and individuals affected the outcome. With careful consideration, the team tracks opportunities for intervention. In many instances, recommendations are carried back by team members, resulting in positive change. Others advocate for programs, resources, policy changes or systemic supports to address known contributors to dangerous situations involving children.

Supervision, whether by a parent or caregiver, is often critical to preventing child death. Parents and caregivers are the decision-makers for infants and influencers for adolescents and teens. In too many situations, a single moment-in-time decision results in tragedy: falling asleep with a baby on the couch; failing to buckle a toddler in a car seat; losing sight of a child near a body of water; or trusting a teen won’t access a firearm. The most essential protections of children are too often overlooked, despite messages to the contrary.

In an effort to revive attention around child mortality, this report contains a new section parsed by age and primary means of prevention. Safe sleep environments dominate infancy; drowning and accident safety are the focus in preschool and school-age years; and motor vehicle safety and suicide prevention are predominate in averting adolescent and teen death.
Every annual report is a compilation of data pulled from the Child Death Reporting System, which is a national registry accessed by state medical examiners and directors. Each child death results in a report form entered in the national system, and later extracted for trending and analysis. Advanced statistical skills are required to complete the annual report. Feedback is solicited from all members, particularly leadership within key supporting state agencies such as the Iowa Department of Public Health and the Iowa Department of Health and Human Services.

It must be noted that at present, this team receives no funding of any kind. Travel, time, and even lunch during each day-long meeting five times each year are paid out of the pockets of the participants or by using minor allocations of time from existing positions. In order to have greater impact and appropriately sustain the ICDRT, the team must be appropriately resourced. This work is too important.

Lastly, we, as a team, ask you to consider this report in its entirety. You may not be able to implement state policy change or secure funding for the team, but you may start making your child wear a helmet when he or she rides an ATV, you might make sure your grandchild takes swimming lessons, or you may have a conversation with a new mom about safe infant sleep. Every micro and macro effort has the potential to save a life.

Respectfully submitted,

Meghan L. Harris, EdD, MPA, MPH
Chairperson, Iowa Child Death Review Team
# IOWA CHILD DEATH REVIEW TEAM MEMBERS

<table>
<thead>
<tr>
<th>Michelle Catellier, MD</th>
<th>Jennifer Miller, JD</th>
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<td>Office of the State Medical Examiner</td>
<td>Iowa County Attorney Association</td>
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<tr>
<th>Vidya Chande, MD</th>
<th>Mitch Mortvedt, Chairperson</th>
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<td>Pediatrician</td>
<td>Department of Public Safety</td>
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<td>Blank Children's Hospital</td>
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<tr>
<th>John Dagle, MD, PhD</th>
<th>Patricia Quinlisk, MD</th>
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<tr>
<td>Neonatologist</td>
<td>Medical Director/State Epidemiologist</td>
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<td>University of Iowa Hospitals and Clinics</td>
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<th>Jeff Dumermuth</th>
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<th>Melissa Ellis</th>
<th>Denise Timmins, JD</th>
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<td>Iowa Attorney General’s Office</td>
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<th>Meghan Harris, EdD, MPH, MPA, Chairperson</th>
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<td>AmeriHealth Caritas Iowa</td>
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<th>Patty Keeley</th>
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<td>Iowa SIDS Foundation</td>
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<th>Organization</th>
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<tr>
<td>Tom Kozisek</td>
<td>Iowa Police Chiefs Association</td>
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<td>Office of the State Medical Examiner</td>
<td>Dennis Klein, MD, Chief State Medical Examiner</td>
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<tr>
<td>John Kraemer, PA, F-ABMDI, Director, Forensic Operations and CDRT Coordinator</td>
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<tr>
<td>Elizabeth Worrell</td>
<td>CDRT Coordinator</td>
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RECOMMENDATIONS BY AGE

INFANTS THROUGH ONE (0-1 YEAR)

Babies are the most vulnerable age group among all children. Completely dependent on adults for every need, the most minor decisions have great impact. Deaths in infants through age 1 are most often attributed to unsafe sleep environments including location, surroundings and positioning.

The following are the recommendations for infant safety:

- **Safe Infant Sleep Environments**—The American Academy of Pediatrics Safe Sleep Expanded Recommendations (October 2016) should be distributed by healthcare professionals and discussed with all new parents before discharge from an Iowa hospital.

  - Evidence shows healthcare professionals who demonstrate safe sleep practice have a significant impact on parental behavior.

  - In regard to childcare providers and all other people watching children of infants less than 1 year of age, the ICDRT recommends that mandatory safe sleep training is completed within the first three months of employment.

  - Avoid placing a child in a swing, car seat, couch or soft surface to sleep for any duration. It is still dangerous to place an older infant in a car seat to sleep, as partially connected restraints can cause suffocation.

- **Never Shake a Baby**—The Period of Purple Crying campaign highlights the importance of recognizing the stress of newborn parenting and of educating parents about techniques to manage stress.

  - Non-parental caregivers, particularly the paramour of a parent, are at increased risk for harming an infant.
Children aged toddler through school entry are ready to explore their environment. Their curiosity takes them to situations warranting close supervision, especially places not typically of danger to children. The following are recommendations to protect young children:

- **Safety Around Bodies of Water**
  - Active supervision around bodies of water, particularly covered swimming pools outside of summer, is critical to preventing drowning. Even unsuspecting bodies of water such as culverts and temporarily flooded areas pose significant risk for drowning. Young children are susceptible to incurring rapid permanent injury or death in minutes after being submerged in water.
  - Frequent drowning in aboveground pools could be avoided if ladders are removed when the pool is not in use.
  - The Review Team strongly encourages the use of age-appropriate personal floatation devices.
  - The Review Team strongly encourages all young children take swimming lessons throughout childhood.

- **Vigilance Outside of the Home**
  - Child deaths occur outside the home equally often in day care settings as the homes of relatives. Grandparents and caregivers should be as vigilant as parents in the supervision of curious young children.
  - Parents should always research day care providers prior to committing to sending his/her child. State registration, while not required, is recommended. The Review Team recommends parents review the state childcare ratios and guidelines before enrolling a child in a day care center.
    - Resources include:
Parents and caregivers should exercise more prudent oversight of children outside the home, including situations involving animals and unfamiliar settings.

- Consider car seat placement appropriate for a young child’s size and height. Consult with a pediatrician for recommendations and guidance.
- Parents and caregivers must recognize the importance of NOT driving while distracted. Unsafe conditions require the driver’s full attention.
- **NEVER leave a child in a car seat in a car unattended.**

### Fire Safety

- The Review Team encourages parents and caregivers to keep lighters and matches away from young children. Candles and space heaters should be used only while parents and caregivers are awake and alert and for limited periods of time.
- If the home space of a child is rented, parents and caregivers must be sure to check for **working smoke detectors and carbon monoxide detectors** and appropriate wiring of appliances such as ovens and stoves.
School age children are often seeking and gaining autonomy. Parents and caregivers often allow more exploration with less supervision to school age children, though continued close monitoring in many situations is warranted. The following are recommendations to protect school age children:

- **ATVs and Snowmobiles**
  - The Review Team does not condone ATV or snowmobile use for this age group, even with helmets. Fatalities among young children who ride or drive these vehicles occur far too often and can cause severe injury or death from overturns or drowning when the vehicle pins a child. If ATV/snowmobile use occurs, the Review Team recommends helmets and assurance the vehicle is the appropriate size and power for the weight and height of the child.

- **Swimming Supervision**
  - Continued swim instruction and supervision is warranted in this age group. Children swimming in open bodies of water are susceptible to panic and disorientation. Open water and swimming pool drowning are still prevalent among school age children.

- **Bicycles, Scooters, Skateboards and Similar Conveyances**
  - Child deaths while mobile pedestrians often occur when the driver of a car does not see the child. Awareness, supervision and use of a helmet are encouraged anytime a child is mobile. The Review Team also suggests ensuring the child is fit per height and frame with the right size bicycle.

- **Watch for Early Warning Signs**
  - Adolescents are in the beginning stages of exposure to peer pressure, bullying, and may be active on social media. Taking action to ensure cyber safety is important, as internet-based interactions will only increase with age.

- **Farm Safety**
  - It is critical younger children in farm environments perform age-appropriate tasks, are supervised while near ponds and other bodies of water, and are limited in the distance and types of activities available to them.
Adolescents and teens experience a wide array of struggles and exposure to dangers they are not always equipped to manage. Parent and caregiver support and engagement is critical during this period, as is careful monitoring of emotional state and social media impact.

- **Suicide**
  - Teen suicides in Iowa have steadily increased in Iowa the past few years. Warning signs are often present and must be taken seriously. The Review Team has identified commonalities among cases in 2015 and recommends children meeting these circumstances be protected and supported.
    - An increasing number of girls are committing suicide and are using more lethal methods
    - Nearly half of decedents have a criminal history
    - One quarter had a history of substance abuse
    - Most had a history of learning difficulties including ADHD/ADD, depression or mental illness
  - Most experienced conflict or exhibited signs of difficulty prior to suicide – this is absolutely critical. Monitoring children immediately after arguments, events involving law enforcement or school failure may prevent suicide attempts. The following were common situations reported prior to suicides in 2015:
    - Arguments with significant other
    - Arguments with parents or caregivers
    - Drug/alcohol or problems with the law
    - School failure
  - Bullying was an identified factor in four cases, but is considered more pervasive than available for review.
Schools are strongly encouraged to provide and require youth mental health training as professional development. Often the greatest opportunity for intervention outside the home is in school.

- **Weapon Use**
  - Accidental firearm incidents kill, on average, more than 10 children in Iowa every year. **ALL FIREARMS SHOULD BE LOCKED AND KEPT AWAY FROM CHILDREN AND TEENS AT ALL TIMES.** On average, more than 20 children die every year in Iowa from accidental shootings, homicides or suicides resulting from firearms. Regardless of a parent or caregiver’s level of comfort in the knowledge or familiarity a child has with a firearm, access should never be granted without the direct supervision of an adult trained in firearm safety.
  - Guns should never be used in combination with drugs or alcohol.

- **Drugs and Alcohol**
  - The use of drugs and alcohol contribute to motor vehicle crashes, result in poisonings, and can contribute to or amplify contemplation of attempting suicide. Any use of drugs or alcohol in teens should be considered serious and requiring intervention.
  - Be sure potentially addictive or dangerous prescription medications are locked and inaccessible to teens.

- **Risk-Taking Behavior**
  - It should be noted that adolescents and teens often have a reduced perception of actual risk. Speeding, not observing traffic signals, experimenting with medications or drugs and alcohol all place children at risk for being involved in a catastrophic incident.

- **Motor Vehicle Safety**
  - The Review Team, with support from data, believe it is time to start the conversation on strengthening the graduated license requirements, including restrictions and increased penalty for distracted driving.
ANNUAL SUMMARY

In 2015, there were 305 child deaths involving children 17 years of age or younger at time of death. This was a slight decrease from the previous year, but the age distribution of children shifted due to an increase in teen suicides.

<table>
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<th>Date of death - Year</th>
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<tbody>
<tr>
<td></td>
<td>2010</td>
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<tr>
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<td>Ages 1 - 4</td>
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<td>Ages 5 - 9</td>
<td>16</td>
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<td>Ages 10-14</td>
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<tr>
<td>Ages 15 - 18</td>
<td>53</td>
</tr>
<tr>
<td>TOTAL</td>
<td>301</td>
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</table>

The frequency or occurrence of deaths parsed by racial or ethnic group shows more African American children disproportionately affected. By comparison, African Americans make up 3.7 percent of Iowa’s general population and 10 percent of child deaths¹. Race data are slightly skewed, as nearly half of cases do not have race identified. The percent of Hispanic or Latino children impacted is similar to that of the general population of Iowa.

<table>
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<tr>
<th>Date of death - Year</th>
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Child deaths are consistently more likely to occur in male children at a ratio of 60:40. Factors that affect sex in child death include a higher propensity of Sudden Unexplained Infant Death in males, and also motor vehicle crashes and suicides.

DETERMINING MANNER OF DEATH

In Iowa, the attending physician or medical examiner certifies the cause and manner of death. The cause of death is defined as an event or action which ultimately caused the decedent’s death. The manner of death is how the death occurred based on the circumstances surrounding the death. Iowa’s death certificate allows the certifier to choose from five different manners of death: natural, accident, suicide, homicide or undetermined.

The five manners of death are defined as follows:

**Natural**: Death resulted from a natural process such as disease, prematurity or a congenital defect. Most deaths of this manner are considered by the CDRT to be non-preventable.

**Accident**: Death resulted from an unintentional act or an uncontrolled external environmental influence.

**Suicide**: Death resulted from one’s own intentional actions. Evidence to support this manner can be both explicit and implicit.

**Homicide**: Death resulted from the actions of another individual with or without the intent to kill.

**Undetermined**: Investigation of circumstances and autopsy did not clearly identify the manner of death or evidence gathered supported equally two or more other manners of death.

Child deaths are categorized by cause and manner (see sidebar). The most common category cause of death is “natural.” Natural deaths are often attributed to medical cause, such as prematurity or birth defects. The second most common category is accidental involving motor vehicle crashes, drownings, fire, etc. Other important categories are suicide, homicide and undetermined. Undetermined cause of death is usually attributed to cases where the cause cannot be determined with information known at time of death. Cases of Sudden Unexplained Infant Death fall into this category.

Injury or trauma fatalities were higher than in 2014 compared to the previous year. More detailed information on deaths involving trauma or injury is in the “Accidental Deaths” section of this report.

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INFANT MORTALITY

Infant mortality is the most common cause of death among all children ages 0-17 years. In an effort to better understand mortality at different stages of infancy, the statistics in this section of the report were divided into age categories of “neonatal” and “post-neonatal.” The neonatal period is defined as the period from birth through 27 days of life. The post-neonatal period is defined as the period from 28 days of life to 364. A third age category of “child” is included for comparison to the infant age categories and includes children ages 1-17 years.

Deaths in neonates have fluctuated slightly over the past six years with a spike in 2012. Mortality in postneonates has declined gradually. Males continue account for almost 60 percent of deaths among neonates and post-neonates.

In the neonatal period, the manner of death is typically natural, including deaths attributed to birth defects, prematurity, SIDS, infection and other causes. The proportion of accidental deaths is higher in post-neonates compared to neonates, and is highest among children. A detailed breakdown of natural cause categories is available in the “Natural Causes” section of this report.

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During the neonatal and post-neonatal periods, medical conditions were the leading cause of death. After the infantile period, this cause falls second to injury/trauma. The next leading causes of death for infants in 2015 were injury/trauma and undetermined, though both categories are significantly lower than deaths due to a medical condition.

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<td>318</td>
<td>289</td>
<td>312</td>
<td>306</td>
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</tr>
</tbody>
</table>

A review of location of the infant at time of death showed only a handful of infants were at the home of a friend or relative at time of death. Of note, more deaths among children and post-neonates occurred at a location other than the child’s home. Deaths occurred at the home of a relative nearly as often as a licensed or unlicensed day care provider. Fatalities in child care settings continue to be identified highlighting the importance of safe infant care education and awareness among day care providers.
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<td>Other/Unk</td>
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<td>53</td>
<td>42</td>
<td>84</td>
<td>41</td>
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<td><strong>Total</strong></td>
<td>301</td>
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<td>318</td>
<td>289</td>
<td>312</td>
<td>306</td>
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</tr>
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</table>
NATURAL DEATHS

A majority of child deaths in 2015 were the result of various medical conditions: prematurity, congenital anomalies and cardiovascular anomalies. These deaths were the result of natural factors affecting the mother, the developing fetus and child during pregnancy, childbirth and development. Such factors can include pneumonia, influenza, nuchal cord and other complications affecting pregnancy, delivery and development.

By definition, cases where the cause of death was certified as Sudden Infant Death Syndrome (SIDS), the investigation, autopsy, death scene and interview findings revealed no suspicions that any action or event was non-natural. SIDS and related deaths are typically classified as non-natural, as natural, medical cause cannot explain deaths; however, the classification assignment is at the discretion of the medical examiner or physician attesting a death certificate.

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>5-Yr Avg</th>
<th>2015</th>
<th>% Chg</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>97</td>
<td>115</td>
<td>102</td>
<td>152</td>
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<td>128</td>
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<td>-16%</td>
</tr>
<tr>
<td>Prematurity</td>
<td>61</td>
<td>47</td>
<td>45</td>
<td>28</td>
<td>34</td>
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<td>43</td>
<td>46</td>
<td>29</td>
<td>41</td>
<td>37</td>
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<td>52%</td>
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<td>24</td>
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<td>18</td>
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<td>22</td>
<td>24</td>
<td>8%</td>
</tr>
<tr>
<td>Other medical condition</td>
<td>41</td>
<td>72</td>
<td>62</td>
<td>33</td>
<td>12</td>
<td>44</td>
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<td>3</td>
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<td>8</td>
<td>11</td>
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<td>13</td>
<td>18</td>
<td>3</td>
<td>3</td>
<td>9</td>
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</tr>
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<td>3</td>
<td>1</td>
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<td>7</td>
<td>7</td>
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<td>6</td>
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</tr>
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<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>NS</td>
</tr>
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<td>0</td>
<td>10</td>
<td>9</td>
<td>5</td>
<td>6</td>
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<td>1</td>
<td>NS</td>
</tr>
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<td>1</td>
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<td>2</td>
<td>3</td>
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</tr>
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<td>Malnutrition</td>
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<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>NS</td>
</tr>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>400%</td>
</tr>
<tr>
<td>Total</td>
<td>296</td>
<td>340</td>
<td>314</td>
<td>289</td>
<td>312</td>
<td>310</td>
<td>306</td>
<td>-1%</td>
</tr>
</tbody>
</table>

Deaths due to prematurity reached the highest level in six years with a nearly 20 percent increase over the average of the past five years. The incidence of congenital anomalies and SIDS also increased, with a 50 percent spike in deaths attributed to congenital anomalies. A larger number of deaths due to pneumonia could be in response to a severe influenza season.
ACCIDENTAL DEATHS

There were 84 reported accidental deaths in 2015. A vast majority of these deaths were the result of motor vehicle collisions, followed by asphyxia, use of weapons (firearms), drowning, fire and falls.

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>5-Yr Avg</th>
<th>% Chg</th>
</tr>
</thead>
<tbody>
<tr>
<td>MV</td>
<td>35</td>
<td>43</td>
<td>27</td>
<td>17</td>
<td>32</td>
<td>32</td>
<td>31</td>
<td>3.9%</td>
</tr>
<tr>
<td>Asphyxia</td>
<td>18</td>
<td>21</td>
<td>23</td>
<td>20</td>
<td>15</td>
<td>22</td>
<td>19</td>
<td>13.8%</td>
</tr>
<tr>
<td>Weapon</td>
<td>11</td>
<td>9</td>
<td>10</td>
<td>14</td>
<td>20</td>
<td>13</td>
<td>15</td>
<td>-11.4%</td>
</tr>
<tr>
<td>Drowning</td>
<td>13</td>
<td>12</td>
<td>9</td>
<td>8</td>
<td>9</td>
<td>7</td>
<td>10</td>
<td>-31.4%</td>
</tr>
<tr>
<td>Fire</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>5</td>
<td>-40.0%</td>
</tr>
<tr>
<td>Poisoning, overdose, or acute intoxication</td>
<td>7</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>-40.0%</td>
</tr>
<tr>
<td>Fall or crush</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>NS</td>
</tr>
<tr>
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<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>NS</td>
</tr>
<tr>
<td>Animal bite or attack</td>
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<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>NS</td>
</tr>
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<td>1</td>
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<td>1</td>
<td>NS</td>
</tr>
<tr>
<td>Total</td>
<td>89</td>
<td>97</td>
<td>85</td>
<td>72</td>
<td>92</td>
<td>84</td>
<td>83</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

Three fatalities were the result of fire, burns or electrocutions. Fire-related fatalities often occur in homes lacking functional smoke detectors and are frequently rental properties. Accidental deaths resulting from inappropriate electrical wiring in rental properties has also resulted in child deaths in recent years. Oversight of rental property electrical and fire safety is a concern of the Child Death Review Team.
Asphyxia is the leading known cause of accidental death for infants. Asphyxia deaths result from inadequate oxygenation due to airway obstruction or the individual’s inability to breathe. Asphyxiation may result from positional, mechanical, chemical and oxygen-deficient atmospheres. These deaths include autoerotic activities, farm accidents (tractor roll-overs, grain/corn engulfment), drowning, infants co-sleeping with adults, and entrapment of children between bedding and walls/objects (wedging).

### MOTOR VEHICLE ACCIDENTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver</td>
<td>64, 34%</td>
</tr>
<tr>
<td>Passenger</td>
<td>28, 15%</td>
</tr>
<tr>
<td>On bicycle</td>
<td>91, 49%</td>
</tr>
<tr>
<td>Pedestrian</td>
<td>3, 2%</td>
</tr>
</tbody>
</table>

When children reach the age of 1, the leading known cause of death changes to motor vehicle accidents and continues through age 17. Motor vehicle-related deaths in children 6-17 were more often male victims than females. The deaths resulting from motor vehicle collisions can be attributed to not wearing seat belts, not observing traffic signals (e.g., stop signs), careless driving (contributing factors included inexperience, speeding and distracted driving) and impairment. Motor vehicles include any motorized vehicle used for land transportation.

The primary types of motor vehicles involved in fatal accidents were automobiles and ATVs. In 2015 for all automobile accidents, slightly more than half were passengers.

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**IOWA DRIVER’S LICENSE REGULATIONS**

Driver’s license data were obtained from the Iowa Department of Transportation to examine the level of driving gradation for adolescents involved in motor vehicle crashes when the adolescent was the driver. Drivers in Iowa under the age of 18 are on a graduated license system that is divided into the following levels:

**Instruction Permit**

Available at age 14 with consent of a parent/guardian. All driving must be supervised by a licensed driver that is an immediate family member age 21 or older, or a driver older than 25 with parental permission.

**Intermediate License**

Available at age 16 with consent of parent/guardian. Teens may drive without supervision between the hours of 5:00 a.m. to 12:30 a.m. Drivers must also be crash and violation free for 12 consecutive months before applying for their full license.

**Full License**

Available at age 17 after meeting all of the intermediate license conditions with parental consent. This license removes any previous driving restrictions giving drivers full privileges.
ATV and snowmobile-related deaths remain high after a spike of six in 2014. Deaths in 2015 totaled five; most were drivers not wearing helmets.

Of drivers who died in motor vehicle accidents, one had a full license, six had intermediate licenses, three had no license, and one driver had an out of state license. In 2015, 16 child passengers died in motor vehicle accidents. These data highlight the importance of enforcing driving limitations for adolescents, particularly restrictions on passengers.

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>21</td>
<td>27</td>
<td>18</td>
<td>9</td>
<td>21</td>
<td>20</td>
<td>116</td>
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<tr>
<td>Female</td>
<td>14</td>
<td>16</td>
<td>9</td>
<td>8</td>
<td>11</td>
<td>12</td>
<td>70</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>35</td>
<td>43</td>
<td>27</td>
<td>17</td>
<td>32</td>
<td>32</td>
<td>186</td>
</tr>
</tbody>
</table>

DROWNING

Many of these drowning incidents can be attributed to inadequate supervision, failure of inexperienced swimmers to know their true swimming abilities, or not using a personal flotation device (PFD). There were seven drowning-related deaths in 2015. When reviewing these deaths by location, they most often happen in open water or swimming pool in the month of July.
Swimming pools are the second most common location, comprising 23 percent of accidental drowning, followed by bathtub drowning at 17 percent.

Over the last six years, the highest number of accidental drowning deaths was among children ages 1-5 years, and happened in a pool, hot tub or spa. A small number of bathtub drowning accidents have involved infants. Across all age groups, drowning in open water is most common, but is not the leading location of drowning until children reach the age of six.
<table>
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<th>Year Range</th>
<th>Bath tub</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 Years</td>
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<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
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<td>1</td>
<td>1</td>
<td>5</td>
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</tr>
<tr>
<td>1-5 Years</td>
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<td>2</td>
<td>0</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td></td>
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<td>1</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Bath tub</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
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<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>6-9 Years</td>
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<td>2</td>
<td>2</td>
<td>1</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pool, hot tub, spa</td>
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<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
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<tr>
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<td>2</td>
<td>1</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>10-14 Years</td>
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<td>2</td>
<td>2</td>
<td>1</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pool, hot tub, spa</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
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<td>2</td>
<td>2</td>
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<td>10</td>
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</tr>
<tr>
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<td>Open water</td>
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<td>0</td>
<td>1</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pool, hot tub, spa</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<td></td>
</tr>
<tr>
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<td>Bath tub</td>
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<td>2</td>
<td></td>
</tr>
<tr>
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<td>Other</td>
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<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>
SUICIDE

Sadly, 2015 was an alarming year for suicide. The count of adolescents and teens that inflicted self-harm exceeded any year on record. Weapons were selected most often as the mode of suicide, indicating access to any firearm is a significant risk factor for teens experiencing suicidal ideation.

The Child Death Review Team has emphasized year after year the importance of locking firearms and limiting access to children of all ages. Even experienced child hunters, who may seem familiar with weapons, are at risk for taking his or her life when guns are accessible in the home.

Firearms, while deadly, are not the only mode of suicide reported. Asphyxia, poisoning and in rare situations, use of a motor vehicle were used in suicides. It is impossible to identify all contributing factors in cases of suicide. However, in many instances evidence of abuse, bullying, instability in the home, or other traumatic factors drive a child to make the decision to end his or her life.

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>5-Yr Avg</th>
<th>2015</th>
<th>% Chg</th>
<th>Total</th>
</tr>
</thead>
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<tr>
<td><strong>10-14</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Asphyxia</td>
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<td>2</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td></td>
<td>18</td>
</tr>
<tr>
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<td>3</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Poisoning, overdose, or acute intoxication</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>-17%</td>
<td>28</td>
</tr>
<tr>
<td>Motor vehicle or other transport</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
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<td>6</td>
<td>3</td>
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<td>7</td>
<td>5</td>
<td>5</td>
<td>7</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>Poisoning, overdose, or acute intoxication</td>
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<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>13</td>
<td>13</td>
<td>10</td>
<td>13</td>
<td>9</td>
<td>12</td>
<td>16</td>
<td>38%</td>
<td>74</td>
</tr>
<tr>
<td><strong>15-17</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asphyxia</td>
<td>7</td>
<td>11</td>
<td>12</td>
<td>7</td>
<td>7</td>
<td>9</td>
<td>11</td>
<td></td>
<td>55</td>
</tr>
<tr>
<td>Weapon</td>
<td>6</td>
<td>6</td>
<td>4</td>
<td>10</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td></td>
<td>39</td>
</tr>
<tr>
<td>Poisoning, overdose, or acute intoxication</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>16</td>
<td>18</td>
<td>17</td>
<td>17</td>
<td>14</td>
<td>16</td>
<td>20</td>
<td>22%</td>
<td>102</td>
</tr>
</tbody>
</table>

Of these 20 deaths, four were between the ages of 10-14. The remainder were teens ages 15-17. Eleven children hanged themselves, seven used a firearm, one used poison, and one used a motor vehicle. Females are more likely to die by asphyxia.
Suicides among females have increased significantly in the last three years from four in 2013 to eight in 2015.

**SUICIDE CASE INVESTIGATIONS**

Suicide case investigations often yield helpful guidance for future prevention. When evaluating the history and factors contributing to suicide for cases occurring in 2015, several findings were of interest:

- Nearly half of decedents had a criminal history
- One quarter had a history of substance abuse
- Most experienced conflict or exhibited signs of difficulty prior to suicide
  - Arguments with parents/paramours
  - Drug/alcohol or problems with the law
  - School failure
- Bullying was an identified factor in four cases, but is considered more pervasive than found on investigation

The CDRT strongly recommends full investigation, including autopsy, in the case of a death by suicide to aid in characterizing these tragic events.
HOMICIDE

In 2015, Iowa experienced six homicides affecting children ages 17 and under. This was nearly double the number of homicides from the previous year. The increase was concentrated in children under the age of five.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>6</td>
</tr>
<tr>
<td>2011</td>
<td>7</td>
</tr>
<tr>
<td>2012</td>
<td>16</td>
</tr>
<tr>
<td>2013</td>
<td>6</td>
</tr>
<tr>
<td>2014</td>
<td>13</td>
</tr>
<tr>
<td>2015</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>54</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DECEDENT</th>
<th>PERPETRATOR</th>
<th>CHARGES</th>
<th>SENTENCE</th>
</tr>
</thead>
</table>
| 16 year old | 14 year old male friend | • Voluntary manslaughter  
• Reckless Use of Firearm-Serious Injury  
• Going Armed with Intent | Boys Training School Until Age 18 |
| 2 year old | 20 year old father | • Murder 2\textsuperscript{nd} degree  
• Child endangerment – multiple acts | 50 years in prison  
50 years in prison (consecutive) |
<p>| 16 year old | 14 year old brother | Traffic of stolen weapons – 1\textsuperscript{st} offense | None imposed |</p>
<table>
<thead>
<tr>
<th>DECEDEDNT</th>
<th>PERPETRATOR</th>
<th>CHARGES</th>
<th>SENTENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 year old</td>
<td>17 year old friend</td>
<td>• Murder – 2nd degree</td>
<td>50 years in prison</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Robbery – 1st degree</td>
<td>25 years in prison</td>
</tr>
<tr>
<td>16 year old</td>
<td>49 year old father</td>
<td>Murder – 1st degree (two counts; murdered wife and daughter)</td>
<td>Life in prison</td>
</tr>
<tr>
<td>3 year old</td>
<td>25 year old father</td>
<td>• Murder-1st degree</td>
<td>Life in prison</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Child endangerment-serious injury</td>
<td></td>
</tr>
</tbody>
</table>
In 2015, the exact manner of death for 32 children could not be determined and occurred primarily in children less than 1 year of age. Many of such deaths are attributed to unsafe sleep environments.