



## IOWA'S PROGRAM IMPROVEMENT PLAN (PIP) QUARTER 7 (APRIL 1, 2013 – JUNE 30, 2013)

### EXECUTIVE SUMMARY

#### **Introduction:**

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

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

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

#### **Quarter Seven PIP Activities:**

<b>Outcome/Systemic Factor:</b>	<b>Quarter 7 Targeted Strategies/Activities:</b>
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.	<ul style="list-style-type: none"> <li>• Community Partnership for Protecting Children (CPPC)</li> </ul>
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.	
Permanency Outcome 1: Children have permanency and stability in their living situations.	<ul style="list-style-type: none"> <li>• Family Team Decision-Making (FTDM) Meetings</li> <li>• Permanency Roundtables (PRT)</li> <li>• Families for Iowa's Children (FIC)</li> <li>• Joint Substance Abuse Protocol</li> </ul>
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.	<ul style="list-style-type: none"> <li>• Family Interaction</li> </ul>
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.	<ul style="list-style-type: none"> <li>• Caseworker Visits</li> <li>• Responsible Fatherhood/Non-Custodial Parent (NCP) initiative</li> </ul>

	<ul style="list-style-type: none"> <li>• Expand Parent Partners</li> </ul>
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.	<ul style="list-style-type: none"> <li>• Enhance ability to address educational needs of children</li> </ul>
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.	<ul style="list-style-type: none"> <li>• Caseworker Visits</li> </ul>
Systemic Factor: Service Array and Resource Development	No activities in quarter seven
Systemic Factor: Quality Assurance (QA) System	<ul style="list-style-type: none"> <li>• Quality Assurance (QA) system</li> </ul>

**Quarter Seven PIP Accomplishments:**

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

During quarter seven, the State CPPC Coordinator presented findings and analysis from the CPPC sites' Progress Reports to the State CPPC Council for further action. The State CPPC Council decided to focus future statewide and regional trainings on statewide challenges and to send support to individual sites that needed assistance.

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

During quarter seven, FTDM refresher training for external stakeholders and facilitators was held on several occasions during May 2013, with facilitators able to take the training through a recorded webinar until July 5, 2013.

***Families for Iowa's Children (FIC) Project:*** Families for Iowa's Children (FIC) was a three-year federally funded family finding and engagement demonstration project awarded to Four Oaks in collaboration with DHS. The focus was in the use of intensive family finding and engagement for children ages 0-17 who were in need of foster care and were referred to Iowa KidsNet for a non-emergency placement match. Children who were entering or re-entering family foster care were randomly assigned to the FIC project or to the control group. The project was limited to 26 counties between the Northern Service Area and the Cedar Rapids Service Area.

In quarter seven, DHS staff developed a training plan to integrate the philosophy of the FIC project into permanency roundtables (PRT) training, described below.

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

In quarter seven, the following tasks were completed:

- Iowa teams, who participated in the Casey Family Programs Achieving Permanency through Roundtables (APR) train the trainer (TOT) training, discussed their experiences and impressions of the training and submitted recommendations to the Service Business Team (SBT) for approval.
- DHS staff developed an integrated training plan from the recommendations.
- DHS staff developed an implementation plan to evaluate effectiveness of training on practice.
- SBT approved recommendations, integrated training plan, and quality assurance implementation plan.

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

During quarter seven, training staff conducted surveys of DHS and provider staff to evaluate the training and protocol implementation in Adams and Union counties.

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

During quarter seven, the workgroup completed an implementation plan for an observation guide for consistent evaluation of quality, safety, and risk in family interaction observations.

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

In quarter seven, the SBT evaluated the effectiveness of implemented workgroup recommendations meant to streamline work processes.

**Expand Responsible Fatherhood and Non-Custodial Parent (NCP) initiative:** DHS staff formed a committee, including staff representing field, policy, administration, and staff from the Child Support Recovery Unit (CSRU), Parent Partners, Iowa Department of Corrections (DOC), and a domestic violence advocate to complete tasks identified by the CFSR PIP.

In quarter seven, utilizing results from case reviews and pre- and post-training surveys, DHS staff decided not to revise standard practice documents or training at this time. However, during training, emphasis will be placed on documenting efforts to identify, locate, and engage the non-custodial parent.

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

In quarter seven, one site received Building A Better Future (BABF) training and program staff reviewed the training evaluations.

**Enhance ability to address educational needs of children:** The Education Collaborative (Court system, Department of Education (DOE), and DHS), formed by the Children's Justice State Council, to address the education needs of youth in foster care, continues to meet; requirements (i.e., continuity of school setting, immediate and appropriate enrollment of the youth and transfer of school records within 5 school days when the youth moves from one school to another) are measured via case plan reviews and placement proximity to home, with continued encouragement to maintain youth in their current school as appropriate for increased permanency and well-being while the youth is in care.

In quarter seven, a quality assurance plan was developed to address transportation to home school and transfer of credit issues.

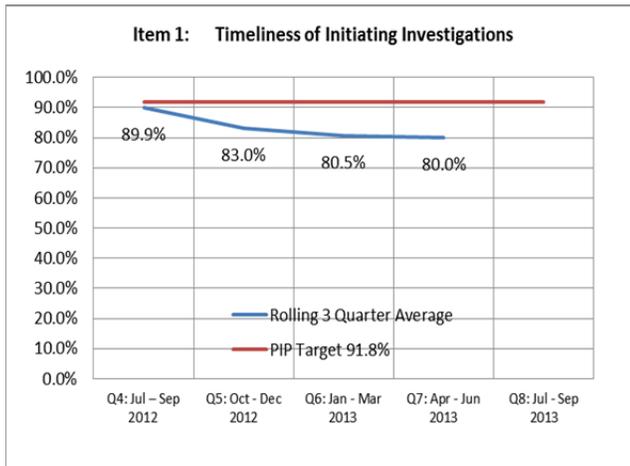
**Quality Assurance (QA):** Because of Iowa's 2003 CFSR, Iowa implemented and continuously operates an identifiable Quality Assurance and Improvement (QA&I) system. The QA&I system serves all of Iowa's 99 counties. The QA&I system evaluates the quality of services, identifies strengths and addresses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

During quarter seven, QA staff analyzed data from the case reading reviews.

Below are the findings for quarter seven.

## Safety Outcome 1

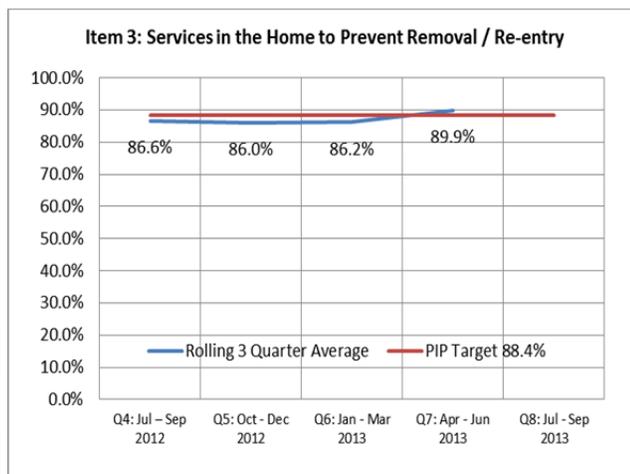
Item 1	Total # Met	Total # Cases	State Perf	Rolling 3 Quarter Average
Q2: Jan - Mar 2012	30	32	93.8%	
Q3: Apr - Jun 2012	25	30	83.3%	
Q4: Jul - Sep 2012	34	37	91.9%	89.9%
Q5: Oct - Dec 2012	29	39	74.4%	83.0%
Q6: Jan - Mar 2013	28	37	75.7%	80.5%
Q7: Apr - Jun 2013	19	19	100.0%	80.0%
Q8: Jul - Sep 2013				
2010 OnSite Review	23	27	85%	



**Timeliness of Investigations (Item 1):** Significant improvement in performance was noted in quarter 7, exceeding the established PIP target goal of 91.8%; however, the rolling 3-quarter performance is still below the established target. The increased performance is believed to be the result of an increased focus on this item and an increase in filled staff positions; in addition, whereas Quarter 6 performance was negatively impacted by after-hours referrals, the Quarter 7 sample comprised referrals primarily during regular business hours. The number of cases for Quarter 7 that were applicable for assessment of item 1 was significantly smaller than previous quarters; it is likely that this is attributable to random variation within the sample. The data for Quarter 7 on this item will need to be adjusted in Quarter 8 as directed by the Children's Bureau, as the 3-quarter sample size (95) is less than the baseline sample size (99).

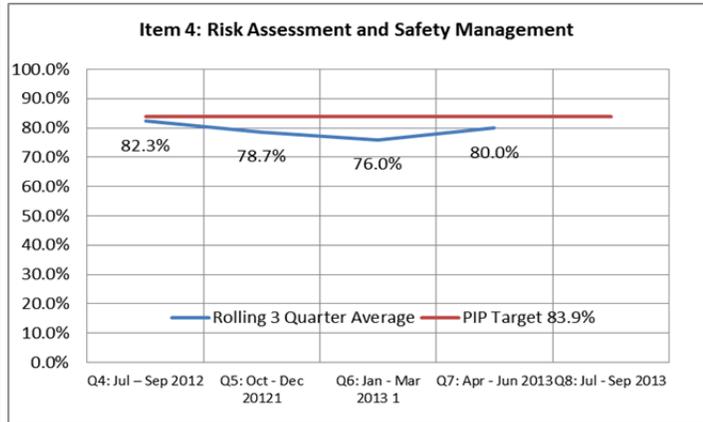
## Safety Outcome 2

Item 3	Total # Met	Total # Cases	State Perf	Rolling 3 Quarter Average
Q2: Jan - Mar 2012	46	54	85.2%	
Q3: Apr - Jun 2012	42	46	91.3%	
Q4: Jul - Sep 2012	41	49	83.7%	86.6%
Q5: Oct - Dec 2012	46	55	83.6%	86.0%
Q6: Jan - Mar 2013	50	55	90.9%	86.2%
Q7: Apr - Jun 2013	46	48	95.8%	89.9%
Q8: Jul - Sep 2013				
2010 OnSite Review	33	43	77%	



**Services to Prevent Entry/Re-Entry into Foster Care (Item 3):** Item 3 appears to have been met with the rolling three quarter performance in Quarter 7 at 89.9%, exceeding the PIP target of 88.4%.

Item 4	Total # Met	Total # Cases	State Perf	Rolling 3 Quarter Average
Q2: Jan - Mar 2012	65	76	85.5%	
Q3: Apr - Jun 2012	62	75	82.7%	
Q4: Jul - Sep 2012	59	75	78.7%	82.3%
Q5: Oct - Dec 2012 <sup>1</sup>	56	75	74.7%	78.7%
Q6: Jan - Mar 2013 <sup>1</sup>	56	75	74.7%	76.0%
Q7: Apr - Jun 2013	68	75	90.7%	80.0%
Q8: Jul - Sep 2013				
2010 OnSite Review	42	65	65%	



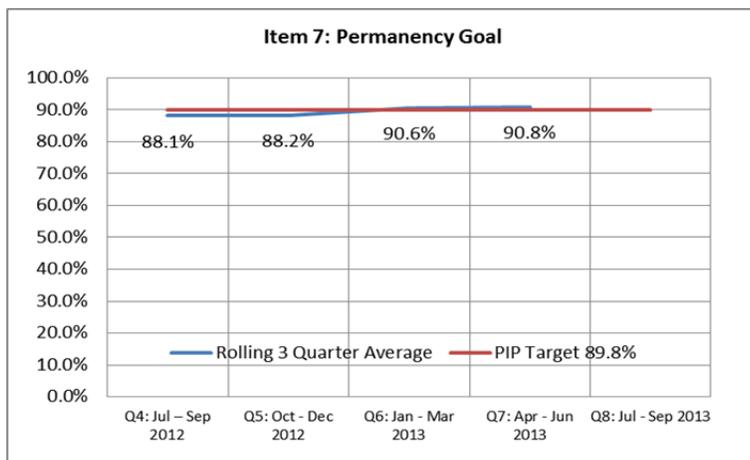
**Initial and Ongoing Safety and Risk Assessments (Item 4):** Item 4 showed significant improvement in quarter 7. Of those rated ANI, five (5) were the result of lack of documentation that initial and/or ongoing assessments were completed; the other two (2) were the result of lack of mitigation of identified issues through safety planning. In those rated as Strength this quarter, trends identified include the consistent use of monthly visits to informally assess safety/risk; more consistent completion of safety/risk assessments at the point of case closure; utilization of safety plans; and inclusion of safety/risk discussions in case plans, court documents, and notes. It is unknown at this point if Quarter 7's performance is an indicator of systemic improvement or a result of random variation within the sample; if Quarter 8 performance shows similar results, Iowa is on track to meet this PIP target of 83.9%.

## Permanency Outcome 1

### Adjusted Data

### Actual Data Prior to Recalculation

Item 7	Total # Met	Total # Cases	State Perf	Rolling 3 Quarter Average	Item 7	Total # Met	Total # Cases
Q2: Jan - Mar 2012	46	49	93.9%		Q2: Jan - Mar 2012	46	49
Q3: Apr - Jun 2012	42	52	80.8%		Q3: Apr - Jun 2012	42	52
Q4: Jul - Sep 2012	45	50	90.0%	88.1%	Q4: Jul - Sep 2012	45	50
Q5: Oct - Dec 2012 <sup>2</sup>	78	85	91.8%	88.2%	Q5: Oct - Dec 2012 <sup>2</sup>	33	37
Q6: Jan - Mar 2013 <sup>2a</sup>	85	93	91.4%	90.6%	Q6: Jan - Mar 2013 <sup>2a</sup>	45	48
Q7: Apr - Jun 2013	40	45	88.9%	90.8%	Q7: Apr - Jun 2013	40	45
Q8: Jul - Sep 2013					Q8: Jul - Sep 2013		
2010 OnSite Review	25	39	64%				



### Explanation of Recalculation of Quarters 5 and 6 Data:

<sup>2</sup>The baseline period for item #7 included 151 cases; the Quarter 5 rolling three month period includes 139 cases (q3=52,q4=50, q5=37). Since this is fewer cases than the baseline, Iowa is adding the Quarter 6 cases (q6=48) to the original 139 for a total N of 187 cases for the corrected Quarter 5 report. As future rolling 3-month periods are calculated, the original total for Quarter 5 (37) will be used rather than the adjusted N. This same process will be applied to Quarter 6 data.

2aThe Quarter 6 rolling three month period includes 135 cases (q4=50, q5=37, q6=48). Since this is fewer cases than the baseline, Iowa is adding the Quarter 7 cases (q7=45) to the original 135 for a total N of 180 cases for the adjusted Quarter 6 report.

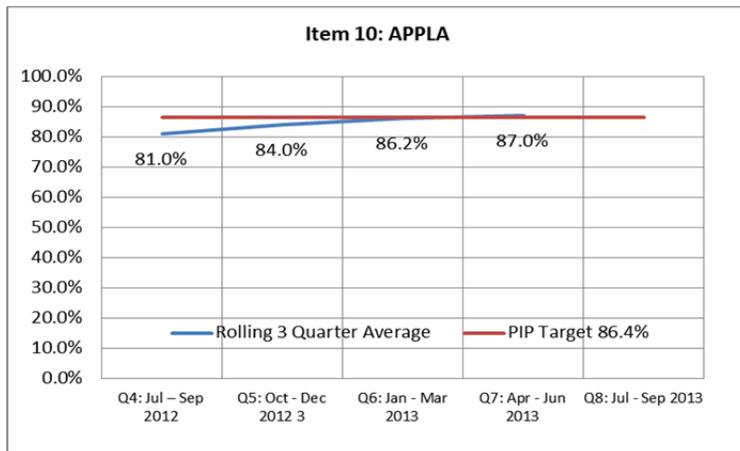
**Permanency Goals (Item 7):** With the adjusted Quarter 6 data as described above, it appears that item 7 was met in Quarter 6 at a performance level of 90.6% for the rolling three quarters.

## Adjusted Data

Item 10	Total # Met	Total # Cases	State Perf	Rolling 3 Quarter Average
Q2: Jan - Mar 2012	7	9	77.8%	
Q3: Apr - Jun 2012	5	6	83.3%	
Q4: Jul - Sep 2012	5	6	83.3%	81.0%
Q5: Oct - Dec 2012 <sup>3</sup>	11	13	84.6%	84.0%
Q6: Jan - Mar 2013 <sup>3a</sup>	16	18	88.9%	86.2%
Q7: Apr - Jun 2013	9	10	90.0%	87.0%
Q8: Jul - Sep 2013				
2010 OnSite Review	5	10	50%	

## Actual Data Prior to Recalculation

Item 10	Total # Met	Total # Cases
Q2: Jan - Mar 2012	7	9
Q3: Apr - Jun 2012	5	6
Q4: Jul - Sep 2012	5	6
Q5: Oct - Dec 2012 <sup>3</sup>	4	5
Q6: Jan - Mar 2013 <sup>3a</sup>	7	8
Q7: Apr - Jun 2013	9	10
Q8: Jul - Sep 2013		



### Explanation of Recalculation of Quarters 5 and 6 Data:

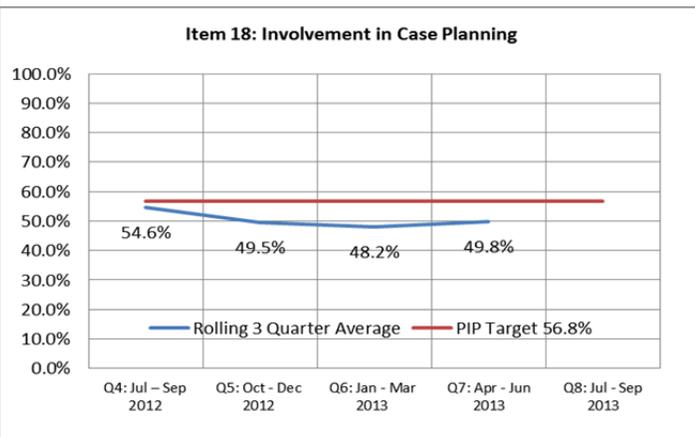
<sup>3</sup>The baseline period for item 10 included 21 cases; the Quarter 5 rolling three month period includes 17 cases (q3=6, q4=6, q5=5). Since this is fewer cases than the baseline, Iowa added the Quarter 6 cases (q6=8) to the original 17 for a total N of 25 cases for the corrected Quarter 5 report. As future rolling 3-month periods are calculated, the original Quarter 5 N (5) will be used rather than the adjusted N. It is anticipated that this same protocol will need to be applied to Quarter 6.

<sup>3a</sup>The baseline period for item 10 included 21 cases; the Quarter 6 rolling three month period includes 19 (q4=6, q5=5, q6=8). Since this is fewer cases than the baseline, Iowa added the quarter 7 cases (q7=10) to the original 19 for a total N of 29 cases for the corrected Quarter 6 report (25/29). With the adjusted quarter 6 data, Iowa is just .2% below the target goal.

**Another Planned Permanent Living Arrangement (APPLA) (Item 10):** The performance of 87% in the Quarter 7 rolling three quarter period exceeds the established PIP target of 86.4%; in addition, the rolling three month period includes 23 cases (q5=5, q6=8, q7=10) which exceeds the baseline of 21 cases. Due to both of these factors, it appears Item 10 has been met.

## Well-Being Outcome 1 (Items 18 – 20):

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



**Child and Family Involvement in Case Planning (Item 18):** Quarter 7 performance remains consistent with the previous quarter. Common themes impacting performance include lack of efforts to engage non-custodial fathers, lack of efforts to engage incarcerated parents, and difficulty engaging younger children in discussion regarding case planning in meaningful ways. It is clear that involvement in case planning (item 18) and worker visits with parents (item 20) are inter-related as these same trends are the primary influences on item 20 as well. Please see narrative for item 20 below for additional information on training conducted that may also impact performance on child and family involvement in case planning.

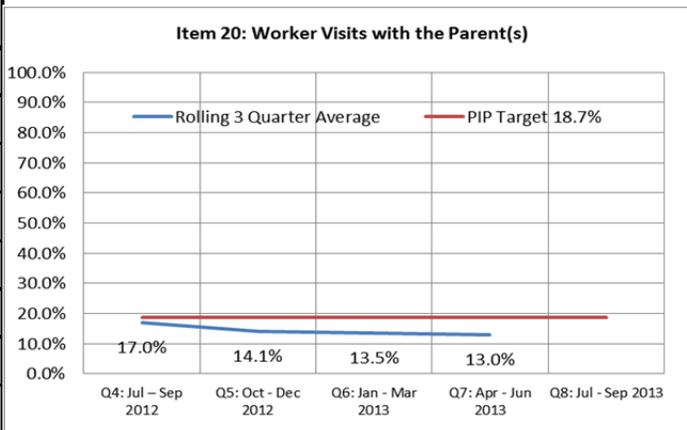
Item 19	Total # Met	Total # Cases	State Perf	Rolling 3 Quarter Average
Q2: Jan - Mar 2012	31	76	40.8%	
Q3: Apr - Jun 2012	25	75	33.3%	
Q4: Jul - Sep 2012	20	75	26.7%	33.6%
Q5: Oct - Dec 2012 <sup>1</sup>	18	75	24.0%	28.0%
Q6: Jan - Mar 2013 <sup>1</sup>	22	75	29.3%	26.7%
Q7: Apr - Jun 2013	24	75	32.0%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



**Worker Visits with Children (Item 19):** Performance on worker visits with children has shown a slight increase in each of the last three quarters. Trends identified previously remain applicable and include: not seeing the target child monthly, not seeing the target child alone, a pattern of documentation that does not describe the content of the visits, and not meeting with the child in their home the majority of the visits. Training on content and documentation of visits was completed for all social workers in December 2012. In order to assess the effectiveness of the training to increase frequency, quality, and documentation of visits, case reviewers were asked in quarter 7 to complete an additional assessment of worker/child visits

looking only at visit performance during January - March of 2013; assessment of this 3-month period was thought to be an indicator of whether Iowa's strategies were successful. Results of this informal assessment indicate continued trends as noted above. Follow up with the service area administrators has occurred to identify barriers in this area and adjust strategies.

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



**Worker Visits with Parents (Item 20):** Performance on worker visits with parents continues to fluctuate quarterly which is believed to be attributable to the random sample; however, the trends affecting performance remain consistent and include lack of efforts to engage non-custodial fathers and lack of efforts to engage incarcerated parents. Training on content and documentation of visits was completed for all social workers in December 2012. In order to assess the effectiveness of the training to increase frequency, quality, and documentation of visits, case reviewers were asked in quarter 7 to complete an additional assessment of worker/parent visits looking only at visit performance during January - March of 2013; assessment of this 3-month period was thought to be an indicator of whether Iowa's strategies were successful. These early results indicate continued consistent performance regarding visits with mothers, but an upward trend in frequency and quality of visits with fathers, which are primarily the non-custodial parent, was noted. Although the sample of cases was small (27) and the time period assessed was 3 months versus the entire period under review, this increase in performance regarding fathers could bring the PIP target goal within reach.

**Conclusion:**

In conclusion, Iowa's child welfare system completed the identified PIP benchmarks for quarter seven. The benchmarks continue to build upon tasks completed in quarters one through six. The child welfare system will continue its promising practices throughout the PIP implementation period to improve Iowa's child welfare system.

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