DEPARTMENT OF HEALTH & HUMAN SERVICES

Administration for Children and Families
Region VII

Room 276, Federal Office Building
601 East 12th Street
Kansas City, Missouri 64106

August 4, 2004

Mr. Kevin Concannon, Director
Department of Human Services
Hoover State Office Building
5th Floor
Des Moines, Iowa 50319

Dear Mr. Concannon:

This is to acknowledge receipt of the revision of your Child and Family Services Program Improvement Plan pursuant to 45 CFR1355.35. Your plan was carefully reviewed and is being approved per your request effective August 1, 2004. We appreciate the thoroughness and thoughtfulness in your efforts to develop this plan. You have addressed issues raised in previous reviews of the plan. Enclosed is a PIP Agreement Form for your signature. We request that you return this form as soon as possible.

We look forward to our continued partnership with you. We will continue to work with you and your staff toward successful completion of the Program Improvement Plan. Sue Bradfield will provide assistance in identifying federal and other resources to best address your needs in your efforts to ensure safety, permanency, and well-being of children and families in Iowa.

Sincerely,

Linda K. Lewis
Regional Administrator

Enclosure

cc: Mary Nelson, Iowa Department of Human Services
Joan Ohl, Administration for Children, Youth and Families
Susan Orr, Children's Bureau
Linda Mitchell, Children's Bureau
Johnson, Bassin & Shaw, Inc.

IOWA DEPARTMENT OF HUMAN SERVICES

DIVISION OF BEHAVIORAL, DEVELOPMENTAL AND PROTECTIVE SERVICES FOR FAMILIES, ADULTS AND CHILDREN

CHILD AND FAMILY SERVICES REVIEW IOWA PROGRAM IMPROVEMENT PLAN

Submitted to:
U.S. Department of Health and Human Services

June 22, 2004

Iowa Program Improvement Plan

Table of Contents

Overview
Introduction…… 4
Values and Principals…… 5
Outcomes…… 5
Family Centered Model of Practice …… 6
Major Redesign and PIP Strategies
Family Team Meetings …….. 7
Community Partnership …… 10
Community Care Strategies …… 10
Strengthened Ties between Economic Assistance and Child Welfare …….. 11
Activities to Improve Outcomes for Children of Color …… 11
Documentation and Streamlining…… 12
Other Activities in the PIP
Tough Problems, Tough Choices…… 12
Recruitment and Retention Activities…… 13
Transition Teams…… 14
Activities to Address Domestic Violence…….. 15
Preserving Connections…….. 15
Re-entry and Placement Stability…… 16
Redesign and PIP Actions to Improve Case Planning
Family Engagement …….. 16
One Family One Plan …… 16
Caseworker Contact/Visits with Children and Families…… 17
Quality Assurance System…….. 18
Financing the System 19
System Linkages 20
PIP Reporting 21
Appendix
Appendix I Better Results for Kids Outcomes, Indicators and Measures 22
Appendix II Quality Assurance 30
Appendix III Glossary of Acronyms 38
Appendix IV Training Plan 40
Appendix V Community Partnerships for Protecting Children 55
Appendix VI Participants 64

Program Improvement Plan

Name of State Agency

State of Iowa
Department of Human Services
Division of Behavioral, Developmental and Protective
Services for Families, Adults and Children

Period Under Review: March 01, 2002 to May 19, 2003

Federal Fiscal Year for Onsite Review Sample: Federal Fiscal Year 2002
Period of AFCARS Data: March 01, 2002 to September 30, 2002
Period of NCANDS Data: March 01, 2002 to September 30, 2002

Contact Person

Name: Krystine L. Lange

Title: CFSR State Lead

Address: Iowa Department of Human Services
Division of Behavioral, Developmental and Protective Services for Families, Adults and Children
Hoover State Office Building – 5th Floor
1305 E. Walnut
Des Moines, IA 50319

Phone: (515) 281-6215
FAX: (515) 242-6036

E-Mail: klange@dhs.state.ia.us

OVERVIEW

Introduction

This is a time of challenge in Iowa's child welfare system as we move forward with the Child and Family Service Review process and submit our Program Improvement Plan. Over the last three years, Iowa has experienced significant revenue decline that has resulted in significant reduction in funding for child welfare. Iowa's October 2003 Child and Family Service Review (CFSR) final report notes that both "the statewide assessment and stakeholder interviews during the onsite CFSR attribute many of the current difficulties experienced by DHS to recent budget cuts in all areas of child welfare agency functioning" that have negatively impacted DHS caseloads, service availability, training, quality assurance, and the management information system capacity. Recent revenue projections show improvement in Iowa's economy. However, gaps between projected revenues and expenditures will result in continued financial challenges in FY 2005 and FY 2006.

This is also an exciting time in Iowa for Child Welfare. We are in the midst of a Child Welfare Redesign: *Better Results for Kids [BR4K].* It is a time of promise and opportunity, a time of statewide commitment to make our child welfare system better. In developing our redesign, we used the findings in our CFSR Statewide Assessment and feedback from our on-site review in May 2003. Our CFSR Program Improvement Plan [PIP] uses the *Better Results for Kids* redesign as the framework for program improvement to address outcomes and systemic factors identified as not in substantial conformity with federal standards.

The names of lead staff who are responsible for completion of the PIP activities can be found in the Program Improvement Plan Matrix; the left column. Mary Nelson, Iowa's Child Welfare Director and Division Administrator for Behavioral, Developmental, and Protective Services is responsible for overall oversight and achievement of the Program Improvement Plan.

The PIP for Iowa was developed with child welfare partners who saw a contribution they could make to the improvement of the child welfare system. Activities were proposed by and for Juvenile Court. Gail Barber, Court Improvement Project, David Boyd, State Court Administrator, and Chief Juvenile Court Officers were involved in the development of strategies for the Judicial Branch. These strategies will contribute to the success of our PIP but are not included in this PIP at the recommendation of our ACF regional office, since DHS does not have the authority for oversight and achievement of these activities. These strategies include:

- Establishing a CIP task force to address issues of re-entry into foster care, permanency issues, concurrent planning, timely notice to foster parents, preserving connections, and timely, consistent, judicial decision making;
- Juvenile Court setting performance standards consistent with federal requirements and customizing case plans and assessment tools for Juvenile Court Officers.

The state has proposed financing strategies including federal waivers to maximize federal funding streams that support this approach. Although federal waivers and federal funding would help us achieve our PIP goals, [e.g. decrease in case load size], strategies in the PIP do not rely on the approval of a federal waiver.

Strategies for the PIP, unless stated otherwise are intended to be implemented statewide.

Values and Principles

In developing the *Better Results for Kids* redesign and our CFSR Program Improvement Plan it has become critical that we identify the principles that guide our steps as we move forward into implementation. Those involved with children and families must embody these principles:

- Establish relationships built on integrity
- Guide the system by being rooted in the community, by emphasizing family centered practice, by placing value on face-to-face contact, and by building change throughout the child welfare/juvenile justice enterprise
- Establish partnerships in which decision-making, responsibility, and accountability is shared.
- Hold all areas of the system accountable to specify outcomes, measure results, learn continuously, and reinforce success.
- Agree that the evolution of culture change occurs over time and that all stakeholders in the DHS/JCS system are responsible for that continued evolution.

Outcomes

Child safety, permanency and well-being are paramount to child welfare practice and decision-making, while community safety and offender rehabilitation drive juvenile justice practice and decision-making. The current child welfare and juvenile justice systems, however, are not fully aligned around these outcomes. Both public and private employees, for example, are held to practice and process standards that may or may not bear a relationship to achieving positive outcomes for children and families. Providers are paid for providing services, rather than rewarded (or sanctioned) based on whether or not their work leads to positive changes in the lives of children and families. Through the redesign, and program improvement plan we intend to align standards around best practice, and to encourage and reward practice that leads to better outcomes.

In the appendix of this document you will find a map that outlines performance measures[1] and indicators that will be monitored on all cases for the following outcomes:

- Safety
- Permanency
- Well-being
- Academic Preparation and Skill Development
- Rehabilitation of Offenders
- Safety for the Community

Many of the indicators are similar or identical to the indicators used in the CFSR.

[1] Performance measure is a goal and an expectation for practice that will be measured and monitored for improvement. It is measurement of a targeted behavior or set of skills to improve practice with better results for children and families receiving services. Performance measures will be a subset of outcomes and when expected progress is not made, the administrative team will address through further corrective action until positive results are made. Performance measures are identified in the column 2 of the Matrix and means of measurement is identified in column 4.

Family Centered Practice

Practitioners in the field of child welfare have long expressed that the best practice for families actively involves families. Families must have food, clothing, shelter, mental health, medical health, legal, substance abuse treatment, and educational resources available if they are to meet the needs of their children. Professionals throughout the system and communities must strive to contribute to the potential of every family by bringing to bear all of the resources at their disposal in a logical, workable (collaborative), fiscally responsible manner.

In Iowa's design, family centered practice is defined as aligning activities in a way that recognizes the importance of the family unit to a child's healthy development. Whether it is a biological, foster, or adoptive situation, the focus is to preserve the relationships that foster the child's positive growth and development. Even when necessary, the traumatic event of removing children from their home must be entered into after careful consideration and with absolute diligence for the child's well being.

Iowa's design and PIP are built on the belief that involving families in the planning process will reach more positive results sooner, and with longer lasting effect. Accountability on the part of family members is a critical consideration and services must always be delivered in a manner respectful of the family. In order to effectively accomplish this effort, case managers and direct service providers must have the time available and the expertise to form the relationship necessary to build trust and share decision making as well as demand accountability while fostering and celebrating positive behavioral changes.

Iowa's design also recognizes that family centered practice must occur within the family unit and in the context of the families' community. The informal community and family supports and services are sustaining force once families leave the formalized system. It is critical that these same supports and services be appropriately engaged to keep families from needlessly moving deeper in the formalized system.

Lastly, family centered practice recognizes and supports cultural differences and strengths. In Iowa, as in most other states, children and families of color have differential experiences in the child welfare and juvenile justice systems. For example, Black and Native American children are twice as likely to be victims of child abuse. Black children are almost four times as likely to be placed in foster care, while Native American children are over five times as likely to be placed in foster care. Latino children and families are Iowa's fastest growing minority population, and we must pay close attention to their experiences in the child welfare and juvenile justice system as well. Finally, minority youth are over three times as likely to be arrested, and over four times as likely to be confined in secure juvenile detention and secure juvenile correctional facilities. While there is still much to learn about the causes of disproportionality and about strategies that are most effective in addressing issues of disproportionality, there is an emerging body of research identifying successful and promising approaches that we plan to access in order to begin to close that gap.

Major Redesign and PIP Strategies

Family Team Meetings

Engagement is the primary door through which we help families change. Family team meetings are an effective mechanism to engage and partner with a family while also assessing family dynamics and functioning. Family team meetings assist the family network to have a common understanding of what is pertinent in the case and to move from that understanding to develop a plan of action that will protect the child and help the family change in ways that a menu of standardized services cannot do. [2]

Surveyed social workers that are successfully using family team decision-making in Iowa identified benefits of family team meetings:

- improved assessment of families; gets at causes not just symptoms; the team shares an honest view of the family's strengths and needs and previously undisclosed information comes out at the meeting; i.e. "you get to know the family much better," "family members are less likely to exaggerate the faults of other members when they are in attendance."
- families are more involved and invested**;** families problem solve their own issues without DHS confrontation
- communication is enhanced; family meetings save time on communication with the parties to the case
- collaboration at meetings improves planning
- the team holds the family and the system accountable
- the whole team understands information about the family
- get to the basic issues faster; i.e. "we saw this as a way to get things set so the family could work on issues right away."
- improved relationships between the social worker and the family; i.e." family works with me," "impacts the relationship between the worker and the family in a positive way.

Research supports that the most important indicator of successful outcomes for families is based on a positive relationship between the social worker and family. California's Waiver Demonstration Project[3] found that family group decision making meetings lead to more positive relationships between agency and families. Additional benefits identified were satisfaction of workers and families and increased collaboration between the family, community, and agency.

The Washington State Long-Term Outcome Study[4] indicates that over 95% of the plans developed by family teams are accepted by social workers as meeting the safety concerns of the child. Immediate and long-term outcomes of family team meetings are: diversity, family member participation is high; high rate of paternal involvement in the family team meetings, family plans combine both traditional as well as family-specific strategies, the rate of re-referral for abuse/neglect was low over time; and placements were stable over time. For the majority of

[2] Rationale for improvement in PIP Item 2, 5, 6, 7, 16, 17, 18, 25, and 37.
[3] California's Waiver Demonstration Project: Results from an Experimental Project; Stephanie Cosner Berzin, Center for Social Services Research, University of California at Berkely; presentation 06/07/2004.
[4] The Wahington State Long-Term Outcome Study, Karin Gunderson, Katharine Cahn, Judith Wirth; Promising Results, Potential New Directions: International FGDM Research and Evaluation in Child Welfare; Volume 18 Numbers 1 & 2, 2003.

children in this study, outcomes suggest that they were both stabilized and well protected. Extended family on both sides offered a tremendous amount of support, reinforcing the belief that extended families can be brought into the child welfare decision-making process.

Research from Washington, Arizona, California, and North Carolina indicates a decrease in repeat maltreatment or recidivism post Family Group Conferencing[5].

"Improving Outcomes for Families: Results from an evaluation of Miami's Family Decision Making Program"[6] indicates that the practice has empowered families and serves as an effective process for achieving timely permanency. Evaluation results demonstrate that the practice has achieved many of its goals:

- facilitating the development of early, comprehensive service plans;
- facilitating more in-depth exchange of information about the family;
- increasing parent and participant satisfaction with the court process;
- empowering families as decision makers;
- improving relationships between families and the agency; and
- reducing the amount of time children spend waiting for permanency.

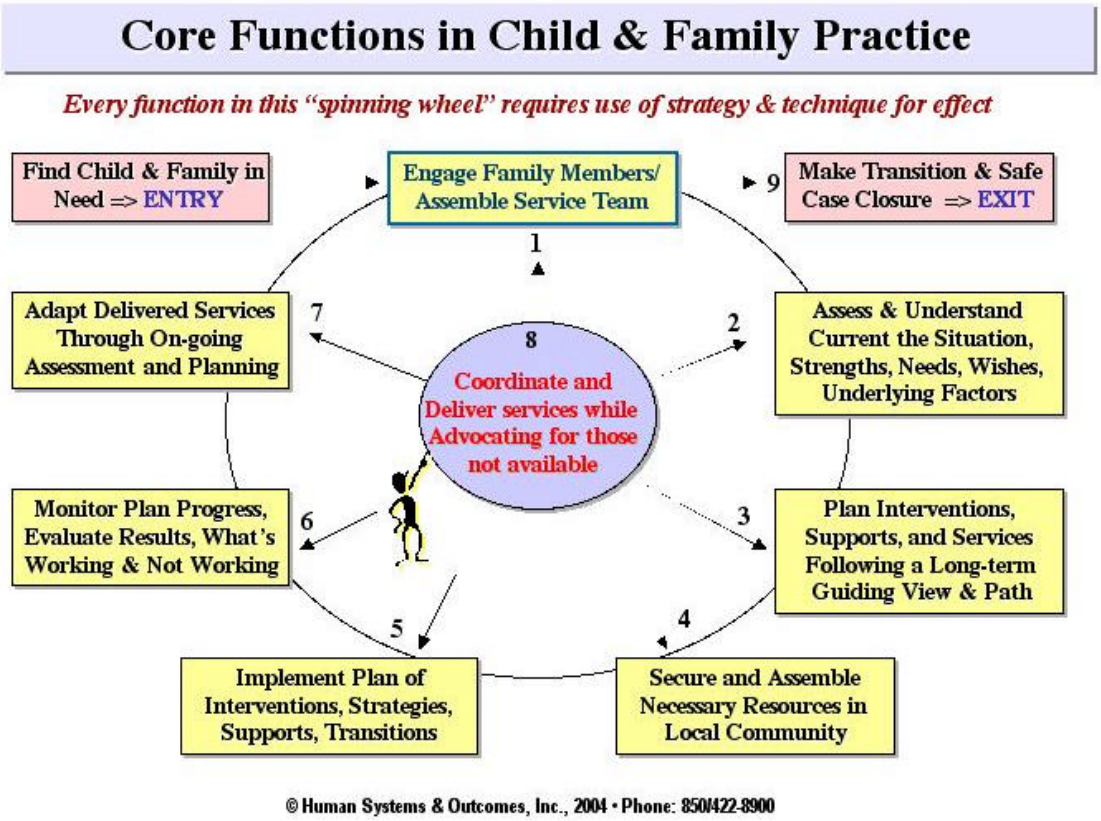
Vesneski [1998] and Shore [2001] found that the family group conference model engages families of color and enable them to create plans that are responsive to specific cultural differences and needs. Crampton and Jackson, [in press] indicate research on the disproportionate number of children of color in foster care suggests that efforts to address this issue should focus on key decision points in the placement process. There is some evidence that FGDM can be effective in following this suggestion.[7]

It is important to recognize that FTDM is not a linear process of engagement, assessment, planning, and implementation. Rather it is a cyclical and dynamic process, which should grow and change over the life of a case. The following graphic defines typical case activities that are expected components of front-line practice.

[5] "What Does the FGDM Research Say?" David Campton, Sue Lohrback, Rob Sawyer presentation 06/07/2004

[6] Melissa M. Litchfield, Sophia Gatowski; and Shirley Dobbin; "Improving Outcomes for Families: Results from an evaluation of Miami's Family decision Making Program; 1Promising Results, Potential New Directions: Internaltion FGDM Research and Evaluation in Child Welfare; Volume 18 Numbers 1 & 2, 2003.

[7] "What Does the FGDM Research Say?" David Campton, Sue Lohrback, Rob Sawyer presentation 06/07/2004



Each core function is supported in the family team decision making process. In conducting a family team meeting:

- the family is further engaged [Step 1] through the facilitation of a meeting where the family's opinions are respectfully considered and their natural support system is included;
- the family team which includes informal as well as formal support persons provide further assessment and understanding [Step 2] of the family and their circumstances as strengths, needs, and underlying factors are considered and discussed;
- as the family plan [Steps 3, 4 & 5] is developed by the team, interventions, supports, and services are planned, resources are considered, and implementation of the plan begins;
- as the family team is reconvened to monitor progress [[Step 6], further assessment of what's working or not working is conducted, and services are adapted or changed; [Step 7] or, when planning for transition and safe case closure [Step 9].

Iowa's redesign and CFSR PIP calls for the formalized support of utilizing family team meetings and the expansion of the use of family team meetings in child welfare cases. We also recognize that in order for these meetings to be effective, case manager and service providers must have the skill base, time, and financial support to plan, facilitate, and bring alive the plans developed in the process. Family team meetings are the basis for which other activities occur and therefore the effectiveness of other key strategies is dependent on this key process.

One of the first steps in expanding the use of family team meetings will be to select a population of children and families on which to initially focus. The main criteria for selecting this population will be identifying a population that has the potential to benefit most on terms of improved family engagement and improved outcomes. The population will be selected by 8/01/04.

Community Partnerships for Protecting Children (CPPC)

An overview of the CPPC and the CPPC work plan is attached as a reference to the PIP. [See Appendix] The CPPC initiative is built on the core principles of understanding that the child protection agency, working alone, cannot keep children safe from abuse and neglect. It upholds the belief that community members should be directly involved in providing support to families in need and in shaping the types of service and supports that are made available to families. It demands that supports and services be based in the communities in which families live. Lastly, it builds on the belief that localities have to shape their own strategies and develop an array of services based on their own resources, needs, and cultures. This effort is directed toward three outcomes that align with the outcomes and indicators included later in this document.

- Children in the targeted neighborhoods will be less likely to be abused or neglected
- Children who come to the attention of child protective services will be less likely to be abused or neglected a second time.
- Serious injury to children due to abuse and neglect will decrease.

Initial research by the Chapin Hall Center for Children at the University of Chicago has found significant reductions in repeat maltreatment reports and out of home placement in families served through Community Partnerships.[8] The Community Partnership approach was identified repeatedly in Iowa's federal Child and Family Service Review final report as a successful strategy for engaging families in case planning. To date, 37 counties are involved in Community Partnership for Protecting Children (CPPC). In 1997 there was one county, in 2001 there were 11 counties added, and in 2003 25 counties were added. Our goal will be to have CPPC statewide by July 1, 2007. See Appendix V for more detailed description of CPPC.

Community Care Strategy

Throughout the redesign discussion, stakeholders have identified that keeping children and families from moving deeper into the system than absolutely necessary is as important as any other aspect of a "redesigned system". DHS staff does not currently have similar service options. Consequently, this strategy would involve contracting with private providers to serve children and families who have been referred to the child welfare system, but who are at lower risk for repeat maltreatment. This strategy will also free up worker time to focus on children and families where the risk of repeat maltreatment and/or serious harm is higher.

Families who are determined to be at lower risk but have identified service needs will have the opportunity to access the appropriate community services without a continuing open case through DHS. In the current system, many families with identified lower risk behaviors move deeper into

[8] Rationale for improvement in PIP Item 2, 35,and 36. Note: Polk County has been identified to participate in CPPC roll-out in 2005.

the system despite the absence of abuse and/or neglect in their home.[9] They are assigned a DHS case manager and a formalized case is opened and monitored. They receive traditional child welfare services, which may or may not address their individual family needs. In the redesigned system, funds will be made available through community agencies to provide a much more appropriate less intrusive level of "community care" preventive intervention to these families. DHS would no longer open a formal child welfare case with these families, and would monitor provider performance on a limited set of outcomes (not on process), such as:

- Maltreatment during/after services
- Out of home placement during/after services
- Family engagement/acceptance of services

Agencies would be expected to reach out to engage the family, and to provide or arrange for services and supports based on the family's individual needs. Agencies would have significant flexibility in approach.

In addition, DHS would create a more formalized information and referral mechanism to community resources for families who contact the Department with service needs that do not rise to the level of abuse or neglect. Through this "direct link" referral process, families would receive direct assistance to meet their needs through community resources. Both these activities will expand Iowa's array of services for children and families who come to the attention of the child welfare system.[10] In both initiatives, these families and children would not be considered as part of the formal child welfare system.

Strengthened Ties between Economic Assistance and Child Welfare By Targeting Food Assistance, Medicaid, and HAWK-I Outreach

A resource directly in the control of DHS rests in the economic and medical assistance programs. DHS currently has initiatives underway to increase participation in the food assistance program, Medicaid, and HAWK-I children's health insurance program. These programs help to strengthen families and improve child safety and well-being. Improved access to these services for families will assist in the child welfare redesign and CFSR PIP effort as well. In addition, when child support from an absent parent is an issue, DHS will continue to collaborate internally to leverage those resources for the benefit of the children served.[11]

Activities to Improve Outcomes for Children of Color

DHS is implementing a two-pronged approach consisting of the initiation of two demonstration projects in two service areas, as well as contracting with the Disproportionate Minority Contact (DMC) Resource Center at the University of Iowa to provide information and technical assistance on strategies that have been successful and/or shown promise in addressing disproportionality to the two demonstration sites, and to evaluate the demonstration projects.[12] We are also working with the Department of Human Rights to provide technical assistance to the two demonstration projects, and to other areas where the issue is most pronounced. Finally we plan to engage the DMC Resource Center and the Department of Human Rights in helping us integrate cultural competency into decision-making throughout our child welfare involvement.

---

[9] Rationale for improvement in PIP Items 19, 20, 35, 36, and 37.
[10] Rationale for improvement in PIP Items 19, 20, 35, 36, and 37
[11] Rationale for improvement in PIP Item 22.
[12] Rational for improvement in PIP Item 14, and 35.

Documentation and Streamlining

One of the most significant barriers to improving outcomes that was identified in both the Listening Phase of the BR4K Redesign and in the CFSR was the high caseload of DHS child welfare case managers. We are not in a position to add caseworkers because of the state's fiscal situation. As a result, we are focusing on ways to reduce case managers' administrative workload in order to re-invest freed up time into face-to-face contact with children and families – thus improving engagement and frequency of worker visits with children and parents.[13]

We have contracted with the Center for Support of Families to help us review the case flow from child abuse referral to case closure to identify opportunities to eliminate and/or streamline administrative tasks and to ensure that we are documenting the right information at the right time in order to inform worker decision making and provide staff with more time for face-to-face contact with children and families in order to improve outcomes.

Other Activities in the PIP

Tough Problems, Tough Choices: Guidelines for Needs -Based Service Planning in Child Welfare[14]

Iowa is implementing Tough Problems, Tough Choices: Guidelines for Needs-Based Service Planning in Child Welfare statewide. Guideline Manuals will be distributed so that all staff have access and training curriculum will be developed and delivered with statewide interactive video access.

Tough Problems, Tough Choices: Guidelines for Needs-Based Service Planning in Child Welfare [© 2000 and 2003 Casey Family Programs and the Annie E. Casey Foundation] will assist Iowa child welfare staff with the challenge of making decisions related to safety, delivery of child welfare services, and the development of case plans. The guidelines also provide a best practice framework for supervisors and program managers as they train new and ongoing staff in how to develop case plans that effectively respond to child and family needs, with the goal of achieving better outcomes for children and families. As a framework for decision making, they support caseworkers in constructing case plans based on evidence based practice, the distilled collective knowledge of experienced child welfare staff, and knowledge about the effectiveness of specific interventions. The guidelines include specific recommendations for out-of-home care aimed at helping workers to determine the most appropriate setting when such placement is needed for the child's safety and well being.

The following guidelines are included in the manual:

- Substance Abuse- Neglect/Minor Physical Abuse
- Neglect – Failure to Thrive
- Neglect – Medical Neglect
- Neglect – Abandonment, Expulsion, or Other Custody Issues
- Neglect – Inadequate Supervision

[13] Reduced paperwork is a strategy that will allow workers to spend more face to face time with families and impacts on PIP Items: 19 and 20. Quality of visits will be addressed in QA.
[14] Rational for improving Item 2.

- Neglect – Physical Neglect
- Neglect – Educational Neglect
- Physical Abuse – Major Injury
- Physical Abuse – Minor Injury
- Domestic Violence
- Sexual Abuse
- Emotional Abuse
- Youth in Conflict
- Placement Level of Care

Recruitment and Retention Activities[15]

In Iowa, Caucasian children represent the largest racial group of children who need adoptive homes (approximately 80%) followed by African America children (approximately 15 %), Hispanic children (approximately 3%) and Native American children (approximately 2%).

In April 2002, DHS entered into a three-year contract with the Iowa Foster and Adoptive Parents Association (IFAPA) to develop and execute a statewide program to recruit and retain foster and adoptive parents. Prior to the initiation of this contract recruitment for foster and adoptive homes was handled separately. Currently, foster parents adopt approximately 70 percent of the waiting children with special needs. Therefore, it was expedient to combine recruitment efforts.

The desired outcomes of the IFAPA contract is the recruitment of 150 foster families and 150 adoptive families per year that will complete the foster home licensing process and adoption approval process and are willing to accept placement of waiting children. To achieve this outcome IFAPA, using the KidSake logo, will promote partnership with private providers, DHS, and foster and adoptive parents. IFAPA has initiated the development of recruitment teams in each of the DHS Service Areas. Each team will develop local recruitment plans designed to address specific area needs for foster and adoptive homes. Iowa will use technical assistance from the AdoptUSKids to further focus recruitment efforts on families that represent the ethnic and racial diversity of the children in care and on families for adolescents and children with special needs.

Strategies for diligent statewide recruitment include:

- Targeted recruitment based on the needs assessment,
- Work with communities of Faith, and
- Focus on specific minority communities for recruitment.

DHS will also work to build relationships with Native Americans to enhance the recruitment of foster and adoptive homes for Native American children.

[15] Rational for improvement in Item 44.

Transition Teams To Improve Foster Children's Transition To Adulthood[16]

Critical to success is making sure that the necessary links for an optimal transition are being explored well before youth leave care, so that when the youth does exit care they leave with a plan that makes sense for that youth, one in which the youth has ownership in and all family team members are on board. In order to ensure this, DHS is forming local transition committees to review and approve the mandated written transition plans for this population. Additionally, these committees will, within their review process, identify and act to address any gaps existing in the services/support available to meet the youth's needs.

At the point when a youth in care is 16 years or older, the case permanency plan must include a written transition plan of services/supports based upon assessment of need. IDHS is in the process of adopting the Ansell Casey Life Skills Assessment tool to assist in this overall assessment. The Ansell Casey tool includes a youth assessment, as well as a care provider assessment to give a more complete picture of the youth's strengths and needs. Foster parents and group staff are currently being trained in the use of the tool in addition to the various resources available on the Casey website that provide strategies the provider can use to assist the youth gain needed skills.

Medical coverage for youth exiting care is a necessity to maintain permanency and stability. Staff and care providers are continually being educated on the automatic re-determination process for continuing Medicaid once youth exit care. Additionally, contracted services to review for potential eligibility for SSA and SSI for youth entering care will be expanded to include monthly review for youth currently in care, 17 years and older, to ensure benefits are in place at the time of exit.

Ensuring resources necessary to maintain or eventually achieve self-sufficiency are critical to youth aging out of care for continued permanency and stability. IDHS in partnership with the Iowa College Student Aid Commission has begun development of Iowa's Educational and Training Voucher program (ETV) through the appropriated federal ETV funds. The application process has been put into place and distributed statewide through IDHS, JCS, and high school counselors, in addition to providers, advocates, foster/adoptive parent association, and other public agencies. Initial funding for educational/training programs is effective July 2004.

Finally, involving youth themselves in advocating for improvement of the foster care system is a most effective method in achieving overall goals of permanency, stability, and safety. The Iowa Youth Connections Council began in December 2001, is a group of foster youth who meet on a regular basis to give input and feedback to IDHS and work on projects that they feel will positively impact and improve the future of foster care in Iowa. Most recently they completed Iowa's first handbook for youth entering foster care, explaining what the youth can expect, the rights and responsibilities of the youth, and giving an understanding of the overall system. The printing of the handbooks will be completed in April 2004, with statewide distribution to follow.

[16] Rational for improving item: 10.

Activities To Address Domestic Violence

Domestic Violence Case Consultation

Iowa Coalition Against Domestic Violence (ICADV) case consultation provides an opportunity for local DHS staff and domestic violence (DV) advocates to review specific cases that involve domestic violence and child safety. Domestic violence experts are available to CPS workers to provide consultation on cases involving domestic violence that present a high level of danger. These consultants have an in-depth understanding of the multiple issues in cases involving both domestic violence and child safety. Consultants work hand-in-hand reviewing cases with local DV advocates and child welfare workers to identify, assess and address safety concerns; identify available resources; develop protocols and procedures for building collaborative responses aimed at improving child welfare response to domestic violence. [17]

Training

DHS workers will be trained with a semi-annual opportunity to explore the co-occurrence of child maltreatment in homes of domestic violence. Objectives for this training include:

- Personalize assessment questions for exploratory and action purposes.
- Assist in safety planning for victims and children.
- Determine risks of children living with batterers.
- Differentiate between child abuse and exposure to domestic violence.
- Discuss why battered women and children may need to remain with the batterer.
- Perform lethality assessments for domestic violence.

Family Violence Response Teams

DHS staff will participate in a statewide collaborative initiative funded by a grant from the Attorney General's office. This initiative encourages communities in Iowa to work on reducing domestic violence and child victimization by creating Family Violence Response Teams. The goal of the teams is to ensure safety, justice, stability and well being for families.

Core team members represent the services of Department of Human Services, Law Enforcement, Department of Public Health, District Attorney, Domestic Violence and Child Abuse Prevention.

Preserving Connections

Performance standards, coupled with supervisory quality assurance moments, have been established as a key strategy to improve preserving connections for children in foster care with their parents.

[17] Adapted from: Child Abuse and Domestic Violence: Creating Community Partnerships For Safe Families - Suggested Components of an Effective Child Welfare Response to Domestic Violence; By Janet Carter & Susan Schechter; Family Violence Prevention Fund; with support from the Edna McConnell Clark Foundation; November, 1997

Intensive work has begun to partner with the Native American community to implement Iowa Indian Child Welfare law. To support this law implementation, DHS will partner with Iowa and surrounding state Tribes to revise and provide ICWA training curriculum. [See PIP Matrix, Item 14.4]

Re-entry and Placement Stability

PIP strategies to address children re-entry into foster care and placement stability are designed to address the issues identified in our final report. Recruitment and retention of adequate numbers of foster/adoptive homes will address the poor matching that occurs in Iowa by offering adequate numbers of foster homes with which to make a good choice for the child. Adequate numbers of homes matching the ethnic and racially diverse needs of Iowa's children will address the needs of minority youth enter the system. Adequate number of foster/adoptive homes will also address the issue of placement stability as a causal factor of instability is over use of the homes we have licensed.

Good planning for aftercare services and for transition to children returning to the parental home should contribute to decrease in re-entry.

Redesign and PIP Actions to Improve Case Planning

Family Engagement

Once a family has been engaged in the process through the use of face-to-face family meetings, the most valuable tool used to move towards results is the assessment and case planning process. A functional assessment of the family includes bringing together existing assessments, both informal and formal, and contains the current strengths, needs, and risks of the child and family. This assessment is critical to begin the process of case planning for results. These assessments identify the critical underlying issues that must be resolved for the child to live safely inside his/her family independent of outside supervision. Lastly, all team members use the functional assessment to have a "big picture" understanding of the child and family. To accomplish this strategy the team must avail themselves to every reasonable opportunity to gather information from any pertinent source, whether it rests in the internal DHS/JCS system or in the area of education, public health, or with neighbors and friends of the family.[18]

In the past two years, DHS has been committed to the notion that the basic components of these assessments must be standardized. As was mentioned earlier, viewing families through this "consistent lens" allows stakeholders in the system to contrast and compare issues in a way that considers a baseline. It also enables the players to allocate resources across the system in a more consistent and fair manner. Families, in effect, are given a more even-handed opportunity to access services no matter where in the state they reside. Enhancing our assessments will improve our capacity to engage families and to identify underlying issues.

One Family One Plan

One Family – One Plan is a process that supports and is consistent with Family Team Decision Making. When families are involved with multiple agencies or systems, this process allows the family team to share common goals and activities in a way that ensures their alignment and

[18] Rationale for improvement in PIP Items: 2, 5 17, 23, and 31.

coherence as a plan – a plan that makes sense to the family. Once the assessment is completed with the family, a family plan is developed that brings together the best thinking of all of the team members (including the family) involved in the process.[19] This family plan is not about "forms" but is about the linking of resources and systems (i.e. education, mental health, substance abuse, medical, public and private service providers, relatives, etc.) in a way that includes the specific needs, supports present or missing, results to be accomplished, the activities that need to be undertaken to get to the results, and who is accountable for what in the plan. The family plan is developed with the family and written in language a family can understand and team members agree on the order in which tasks need to be accomplished. In addition, these plans recognize that every child needs an adult connected to them who champions their cause, who advocates for their well-being relentlessly, hopefully, and completely. Such an adult is sought after to be included in every family plan.

Once the initial plan has been developed, the family team meeting strategy enables the family team to work together to offer meaningful assistance, to monitor and track progress or new concerns and to complete these activities with a more common understanding of the issues. It is open to informal supports of the family and within the community that can do a more complete job of monitoring the safety of a child than any public or private entity can do on their own. The partnerships that are developed share decision-making and accountability appropriately and celebrate successes jointly. In cases where transitions are to occur, these teams and the family plan anticipate, plan for, and carry out activities that ensure the well-being of the child is paramount when moving forward. In the specific case of children who are aging out of the system, particular care will be taken to ensure a plan is formulated and carried out through the local transition teams established under during the 2003 legislative session. [20]

Caseworker Contact/Visits with Children and Families

One of the most frequent concerns cited in the BR4K Redesign Listening Phase was the high caseloads of DHS child welfare case managers. This issue was also cited in our CFSR final report. A related finding in our CFSR final report was that DHS child welfare case managers had monthly face-to-face contact with children and parents on significantly fewer than 90% of the 50 cases reviewed in the CFSR on-site review. Ideally, DHS would add child welfare case managers and frontline supervisors in order to reduce caseloads and increase capacity/time for workers to conduct meaningful face-to-face visits with children and parents. DHS has not received the funding to add more workers, however, so we have had to develop alternative strategies to address workload and free up worker time for face-to-face visits with children and parents. We have identified 2 such strategies. We have also developed a third strategy around establishing and monitoring practice standards.

The first strategy is the Community Care Initiative. DHS currently provides voluntary [i.e. not court ordered] child welfare case management and services to a significant number of children and families in which the child is not a victim of abuse or neglect, or in which there has been a confirmed report of abuse or neglect but a risk assessment has shown that the child is at low or moderate risk of repeat maltreatment. Under the Community Care Initiative, DHS will refer these families to community-based providers for preventive services. DHS child welfare case managers will no longer open a case, thereby reducing caseloads and freeing up time for case

[19] Rationale for improving PIP items 5, 18, 25, and 33.
[20] Rationale for improving PIP item 10.

managers to conduct face-to-face visits with the children and parents that remain active DHS cases.

The second strategy is to reduce the amount of time child welfare case managers spend in administrative tasks by eliminating and/or streamlining documentation processes. We have contracted with the Center for Support of Families [CFS] to support the effort. The work plan calls for mapping the case flow process from child abuse intake through assessment, case planning, service provision, monitoring and case closure. DHS and CSF will then review and modify documentation requirements and processes to ensure that the right documentation occurs at the right time & intensity to inform decision-making and support accountability. Conversely, we will also eliminate documentation that does not inform decision-making or support accountability. We also intend to identify opportunities to make documentation more efficient through technology. The goal of this initiative is to free up worker time that will be re-invested into face-to-face visits with children and parents.

We will also be exploring other opportunities to offload work from our child welfare caseworkers [e.g., contracting with Child Care Resource And Referral Agencies to conduct spot checks for registered child care providers]. Finally, we would note that as we reduce the rate of foster care re-entry, this should also result in caseload reduction.

Our third strategy involves establishing and monitoring practice standards related to visits. This strategy involves 3 elements:

- First, we will develop practice standards related to the frequency and quality of face-to-face visits with children and parents. These standards will be incorporated into administrative rule and manual, and will be shared with staff via the manual and a statewide teleconference call.
- Second, we will program alerts into our SACWIS system to provide "prompts" or reminders to workers on when and which visits are due.
- Third, we will produce monthly reports statewide and by service area, county, supervisory unit and worker regarding the percentage of children and parents that are visited monthly. These reports will be provided to service area managers, supervisors, and staff. We will also review performance on this measure with service area managers on a monthly basis.

Quality Assurance System (QA)

A robust quality assurance system is critical to establishing accountability system wide. The mission of quality assurance is to help ensure that services are delivered in a quality, appropriate, safe, respectful, and cost-effective manner that achieves results for the children and families served.[21] See Appendix 2: Quality Assurance in Child Welfare and for a description of how we intend to develop our quality assurance system.

In designing our Quality Assurance system we are building on the streamlining work through our contract with the Center for Support of Families to integrate QA into the work and role of the supervisor, whenever possible, rather than creating QA as an additional layer onto the system. We believe this has a greater potential to improve quality and that it is a more efficient system

[21] Quality Assurance will impact all items on the PIP as the key mechanism to monitor and track progress on PIP strategies. See Appendix 2.

given limited state resources. Initially, our QA efforts will focus on the following outcomes and indicators.

- Timeliness of response to reports of maltreatment
- Repeat maltreatment
- Face-to-face visits with children and parents
- Foster care re-entry
- Use of family team meetings.

Financing the System

The Child Welfare system financing and provider reimbursement methodologies must support the purchase of results and a family centered approach to service delivery. The financing strategy must assure the appropriate use of funding and maximize federal funding streams that support this approach. Reimbursement methodologies must be designed to facilitate the provider's ability to be both family centered and results oriented and to enable the effective stewardship of public funding without creating an undue burden.

In FY03, Iowa expended $127.4 M on direct services in the Child Welfare system. $44.2 M was expended on group care services, $34.1 M on family foster care, and $38.7 M on in-home services. Of the total 48% were federal funds and 52% was state. There are six federal funding streams used in the financing of these services: Medicaid, IVE, IVB, TANF Block Grant and Social Services block grant. Medicaid constitutes 13.7% of the total funding and is used to pay for rehabilitative treatment services within 4 programs (family preservation, family centered services, family foster care, and group care) to eligible children. IVE constitutes 19.3% of the total funding dollars and is used to pay for maintenance in out-of-home placements -- including group care, family foster care, and shelter care for eligible children. TANF and SSBG block grant combined constitute 13.5% of the total funding and are used for family foster care, group care, shelter care, family centered and family preservation services.

As noted above, federal Medicaid funds are used to pay for a group of services called Rehabilitative Treatment Services (RTS) within 4 programs – including group and family foster care, family preservation, and family centered services. Specific services within these programs have been defined in a way that enables the use of Medicaid funding for counseling and therapy services and for skill development services to Medicaid-eligible children. However with the use of Medicaid funding comes the need to meet Medicaid requirements that are rigorous and focused on individual treatment versus family treatment. Services must be authorized for children by a licensed practitioner of the healing arts (e.g., psychologist, licensed master or independent level social workers, etc.), based on an assessment that the type of service, the amount of service (units), and the length of time for the service delivery will meet the child's needs. As necessary, services may be re-authorized. There are several issues with the current use of Medicaid for financing services and payment:

- Service definitions are narrowly focused on traditional more clinical services. Federal funding does not reimburse a variety of non-traditional services that may more appropriately address a child's needs.
- Service must focus on the individual child and do not support a family centered approach. Medicaid funding cannot be used to address services needs of the parents, even if these needs negatively impact the child's safety or well-being.

- Service requirements are prescriptive in terms of staff qualifications and service documentation.
- The authorization process is viewed as cumbersome.

Iowa's child welfare and juvenile justice system is also heavily reliant on federal IVE funds. There are issues with federal IVE funds as well:

- Federal Title IV-E funding only reimburses expenditures associated with out-of-home placement. Activities to prevent placement or to return a child home more quickly, for example by wrapping services around a child in their own home, are ineligible for federal IVE funding.
- Federal IVE funds can only be used on maintenance (i.e., "room and board") costs. Activities to actually address a child's service needs or the problems that led to out-of-home placement are not eligible for IVE funding.

One other issue/barrier that is applicable to both Medicaid and IVE is that both pay for activities, not outcomes.

DHS intends to apply for a IV-E waiver in order to support a more community based family centered approach to achieving safety, permanency and well-being. The specific strategies outlined in our PIP, however, do not rely on the approval of a federal waiver.

System Linkages

We intend to focus on the following linkages to support the BR4K Redesign and our PIP.

Private Providers

The private/public partnership in the child welfare juvenile justice system has been critical to the success of the service efforts in the state of Iowa for decades, and will be critical to implementation of the Redesign and PIP. DHS works closely with a Provider Panel to get provider input and feedback, and to facilitate coordination of effort.

Judicial

Juvenile Courts play an active and critical role in decision making in abuse and neglect cases, and in overseeing agency efforts to protect children and achieve permanency. The involvement of Judges has been cited as one of Iowa's strengths both in the listening phase of the redesign work and in the recently completed federal Child and Family Service Review report. The Judicial Department, primarily through the Court Improvement Project, has played a key role in developing Iowa's CFSR PIP.

We believe that the success of the redesign and the CFRS PIP rests on the ability of DHS and the courts to work together at every level. Toward that end, we will continue to coordinate activity with the Court Improvement Project. We will also collaborate with the Juvenile Court Committee of the Iowa Judges Association to create opportunities for Judges to provide feedback to DHS and to discuss implementation issues.

Education[22]

It is critical that all children and youth in this state excel to their fullest academic potential. This is especially important for the children involved in the CW/JJ system, who often lag behind their counterparts educationally for a variety of reasons. Although Iowa was determined to be in substantial conformity on well-being outcome two (Children receive appropriate services to meet their educational needs) our redesign calls for a renewed effort to partner with the educational community to move toward even better educational outcomes for these youth. This will be accomplished through the continued collaboration between DHS, JCS, and the Department of Education; through a renewed emphasis for case manager, parents, and alternate caretakers to attend meetings and activities held as a part of educational planning, and to search out that committed adult for every child who can assist them to rise to their full potential.

Substance Abuse and Public Health

The use of substances in Iowa is one of the most paralyzing maladies for our families. Methamphetamine use is at an all time high. DHS has been able to add eight specialist positions to begin to address the need for staff training, awareness, and specialized casework. In addition, the Department of Public Health has offered to partner the CW/JJ system to address those needs. Under the Redesign and PIP, we will formalize this partnership around substance abuse and other public health issues through the negotiation of Memorandums of Agreement at both the state and the service area levels. These activities will contribute towards improving safety, permanency and well-being outcomes; as well as towards expanding our array of services.

PIP Reporting

We are proposing the following quarterly reporting structure:

- For odd-numbered quarters [i.e., 1st, 3rd, 5th, and 7th quarters] we propose to report progress on our Action Steps and Benchmarks in writing.
- For the first and even-numbered quarters [i.e., 2nd, 4th, 6th], we would report orally in a face-to-face meeting with Regional Office staff. Reporting would focus both on our progress on the PIP Action Steps and Benchmarks, and on data regarding each of the outcomes indicators in our PIP.
- For the final [i.e., 8th] quarter, we would submit a written final report summarizing the overall progress on the PIP Action Steps and Benchmarks, and on data regarding each of the outcomes indicators in our PIP.
- Draft Quarterly reports will be submitted to the regional office one month after the end of the quarter with the final quarterly report submitted within six weeks of the end of the quarter.

We understand that performance on the outcome indicators needs to be at the goal level for 2 consecutive quarters to determine goal achievement.

[22] Rationale for and impacts PIP items: 21, 35, and 36.

Better Results for Kids
Outcomes, Indicators, and Measures

DHS has established 6 outcomes for the Better Result for Kids Redesign.

- Safety for Children
- Permanency
- Well-Being
- Academic Preparation and Skill Development
- Rehabilitation of Juvenile Offenders
- Safety for the Community

DHS has identified 3 types of indicators for the 6 Better Results for Kids outcomes – overarching (or "dashboard"), system monitoring, and provider performance.

Overarching Indicators

There are 6 overarching indicators. These are the "dashboard" indicators of how well the child welfare/juvenile justice system is doing. They are:

- Repeat maltreatment within 6 months of initial confirmed report
- Maltreatment in foster care
- Reunification within 12 months of removal
- Adoption within 24 months of removal
- Re-entry into care within 12 months of discharge from care
- Juvenile re-offense within 12 months of initial offense

System Monitoring Indicators

There are 42 system monitoring indicators associated with the 6 Better Results for Kids outcomes (attachment 1). These indicators are used to monitor performance on all cases, and are measured through administrative data and other means, including Quality Service Review, case review of a random sample of cases, and data from other Departments. They are based on the Child and Family Service Review (CFSR), DHS strategic plan, and input received from the Better Results for Kids Stakeholder Panel and other interested stakeholders. In addition, a 43rd indicator (or indicators) will be developed for consumer satisfaction.

Provider Indicators

DHS has worked with providers to also identify a small set of indicators to measure provider performance (attachment 2). These indicators and performance measures are based on input from the Better Results for Kids Stakeholder Panel and the Better Results for Kids Provider Panel.

Better Results for Kids

System Monitoring Indicators and Measures

Outcome Domain: Safety for Kids

Indicator[23]	Measure	Data Source
1. Timeliness of initiating child maltreatment investigations (x)	% of investigations initiated within timeframes in policy	CWIS
2. Repeat maltreatment (x)	% of confirmed reports in which there is a 2nd confirmed report within 6 months	CWIS
3. Services to family to protect child(ren) in home & prevent removal	% of cases in which there has been a confirmed maltreatment report (or risk of harm) & agency has made diligent efforts to provide services to family to prevent removal while ensuring child safety	Other DHS data
4. Risk of harm to child	% of cases in which agency has/is making diligent efforts to reduce risk of harm to child(ren)	Other DHS data
5. Maltreatment in foster care (x)	% of children in foster care with confirmed maltreatment report	CWIS
6. Risk/safety assessment	% of cases with risk/safety assessments completed within required timeframes	CWIS
7. Visits with child and parents (x)	% of cases in which visits between caseworker and child were at least monthly	CWIS
8. Maltreatment during/after services	% of cases that have confirmed report of abuse/ neglect during or within 12 months of services	CWIS
9. Family team meetings	% of cases with family team meetings	CWIS

Outcome Domain: Permanency

Indicator	Measure	Data Source
10. Permanency goal for child (x)	% of cases in which permanency goal appropriate & established timely	CWIS
11. Needs and services of child, parents, foster parents (x)	% of cases in which agency has adequately assessed the needs of children, parents, & foster parents; and provided services necessary to meet identified needs	Other DHS data
12. Reunification	% of reunifications, guardianship or permanent placement with relatives within 12 months of entry into foster care	CWIS
13. Adoption	% of adoptions within 24 months of child's entry into foster care	CWIS
14. Permanency Goal Achievement	% of cases in which agency has/is making diligent efforts to achieve permanency goals	Other DHS data
15. Foster care re-entries (x)	% of entries into care that are re-entries within 12 months of previous episode	CWIS
16. Proximity of foster care placement	% of children placed in foster care who are placed in close proximity to their parents or relatives, or necessary to meet special needs	CWIS
17. Placement and contact with siblings	% of children with siblings that are placed together, or if not, separation was necessary to meet the service or safety needs of the child(ren); and sibling visits occur with sufficient frequency to meet the needs of the child(ren)	Other DHS data

[23] Indicators with an (x) were identified as Areas Needing Improvement (ANI) in Iowa's CFSR final report.

Better Results for Kids
System Monitoring Indicators and Measures

Outcome Domain: Permanency(continued)

Indicator	Measure	Data Source
18. Relative placement (x)	% of cases in which agency makes diligent efforts to locate and assess relatives (both maternal and paternal relatives) as potential placement resources for children in foster care	CWIS, other DHS data
19. Relationship of child in care with parents (x)	% of cases in which agency makes diligent efforts to facilitate parent-child visits, and support or maintain the bond between children in foster care with their mothers and fathers	Other DHS data
20. Out-of-Home Placement	% of cases that are court ordered into placement under DHS/JCS responsibility for placement and care during or within 12 months of service	CWIS
21a. Stability of placement	% of children experiencing no more than 2 placements in first 12 months in foster care	CWIS
21b. Stability of placement (x)	% of children who do not experience multiple changes in placement, or any placement changes were necessary to achieve child's permanency goal or meet child's service needs	CWIS, other DHS data
22. Case reviews and permanency hearings	% of cases in which case reviews and permanency hearings conducted within required timeframes	CWIS

Outcome Domain: Well-Being

Indicator	Measure	Data Source
23. Preserving connections (x)	% of cases in which agency is making diligent efforts to preserve the child's connections to neighborhood, community, heritage, family, faith, and friends while child is in foster care	Other DHS data
24. Child and family involvement in case planning (x)	% of cases in which parents and children are involved in case planning (i.e., actively participated in identifying services and goals), unless contrary to child's best interest	Other DHS data
25. Access to health care	Increased % of cases in which children have access to health care through Medicaid, HAWK-I or private insurance	CWIS
26. Physical and mental health needs of child (x)	% of cases in which physical and mental health needs (including substance abuse) are appropriately assessed (annual physical exam and regular EPSDT screenings) and services provided to meet needs	Other DHS data
27. Behavior Functioning	Measured change in behavioral functional status (standardized instrument)	Other DHS data
28. Adjudication	% of cases adjudicated during/after services	CWIS
29. Critical incidents	% of youth that have been restrained, placed in seclusion, or have runaway	Provider reporting

Better Results for Kids
System Monitoring Indicators and Measures

Outcome Domain: Academic Preparation and Skill Development

Indicator	Measure	Data Source
30. Educational needs of child	% of children whose educational needs are appropriately assessed and services provided to meet identified needs	Other DHS data
31. Graduation	% of youth aging out of foster care who have graduated or attained GED or completed vocational program at time of exit	Dept. of Education
32. Attendance rates	% of youth who meet state definition of attendance	Dept. of Education
33. Academic proficiency	% of youth who are proficient in reading and math, as measured by Iowa Test of Basic Skills	Dept. of Education

Outcome Domain: Rehabilitation of Juvenile Offenders

Indicator	Measure	Data Source
34. Juvenile referrals	% of juveniles referred to JCS during services or within 12 months after services	JCS
35. Juvenile re-offense	% of juveniles re-referred to JCS within 12 months of initial referral	JCS
36. Seriousness of re-offense	% of repeat referrals that are reduced seriousness	JCS
37. Probation	% of youth successfully completing probation	JCS
38. Parental involvement	% of cases in which parents and children are involved in case planning (i.e., actively participated in identifying services and goals), unless contrary to child's best interest	JCS
39. Behavior Functioning	Measured change in behavioral functional status (standardized instrument)	JCS

Outcome Result: Safety for the Community

Indicator	Measure	Data Source
40. Restitution	% of youth under JCS supervision that make restitution to their victims	JCS
41. Reoffense rate	% of youth involved in criminal activity during 3 years following discharge	JCS

Better Results for Kids

Provider Indicators and Performance Measures

Outcome Domain: Safety for Kids

Indicator	Measure	Data Source	In-Home	Foster Care	Shelter	Group Care	Independent Living	Adoption
Services to family to protect child(ren) in their own homes	1. % of families that are have planned discharge from program/services	Provider	X					
	2. % of families with planned discharge that have increase in protective factors & decrease in risk factors[24]	Provider	X					
	3. % of families with planned discharge that have no accepted CA/N report[25] within 6 months after discharge (stratify by accepted and confirmed)	CWIS	X					
Risk of harm to child is reduced without placement	4. % of cases in which children remain at home at discharge from in-home services	CWIS	X					
Maltreatment in out-of-home care	5. % of children in any out-of-home setting that do not experience confirmed CA/N by foster caregivers or facility staff	CWIS		X	X	X	X	

[24] Need to define the assessment tools that will be used, how data will be provided.
[25] Note that there is some disagreement among providers as to whether the measure should count accepted or confirmed reports.

Better Results for Kids

Provider Indicators and Performance Measures

Outcome Domain: Permanency

Indicator	Measure	Data Source	In-Home	Foster Care	Shelter	Group Care	Independent Living	Adoption
Provider involvement in family team meetings	6. % of those cases that have a family team meeting, that the provider participates in	CWIS	X	X	X	X	X	X
Support/significant adult/child contact during time services are provided	7. % of cases in which frequency of child/significant adult contact during services met standards[26]	Provider		X	X	X	X	

Outcome Domain: Well-Being

Indicator	Measure	Data Source	In-Home	Foster Care	Shelter	Group Care	Independent Living	Adoption
Mental health needs of child are met	8. % of cases in which there is measured improvement in behavioral functional status[27] as a result of services	Provider	X	X		X	X	

[26] Standards for maintaining meaningful contact need to be defined, as well as if different standards for each child or level of care?
[27] Need to define the assessment tools that will be used, how data will be provided.

	9. % of cases that are discharged from group or institutional care and do not re-enter group or institutional care within 6 months of discharge	CWIS				X		
Critical incidents	10. Number and nature of critical incidents[28] in reporting period	Provider	X	X	X	X	X	X

Outcome Domain: Academic Preparation and Skill Development

Indicator	Measure	Data Source	In-Home	Foster Care	Shelter	Group Care	Independent Living	Adoption
Educational needs of child are met	11. % of youth that meet state definition of attendance while receiving services	Dept. of Education	X	X	X	X	X	

Outcome Domain: Rehabilitation of Juvenile Offenders

Indicator	Measure	Data Source	In-Home	Foster Care	Shelter	Group Care	Independent Living	Adoption
Juvenile re-offense	12. % of youth who have a re-offense during services	JCS	X	X	X	X	X	
Improved functioning (pre- and post-test)	13. % of JCS cases that show improvement in functioning	JCS	X	X		X	X	

[28] Initial proposed list of critical incidents include altercations requiring medical treatment, elopement/AWOL, suicide attempt requiring medical treatment, serious illness or injury, client death

Outcome Domain: Satisfaction

Indicator	Measure	Data Source	In-Home	Foster Care	Shelter	Group Care	Independent Living	Adoption
Child/youth satisfaction with provider services	14. % that complete satisfaction survey	University	X	X	X	X	X	X
	15. % that express satisfaction							
	16. % that believe services were beneficial							
Parent (birth, relative, foster, adoptive) parent satisfaction	17. % that express satisfaction	University	X	X	X	X		X
	18. % that believe services were beneficial							
Referral agency staff	19. % that express satisfaction	University	X	X	X	X	X	X

Quality Assurance in Child Welfare and Juvenile Justice

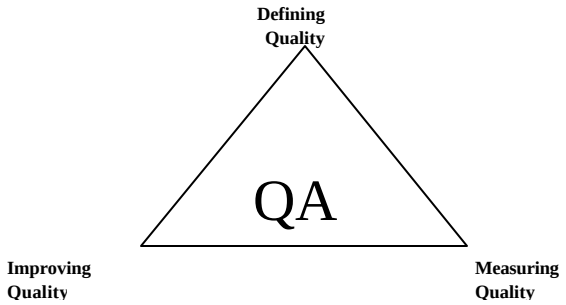
Improving quality has become a unifying theme across organizations today. Awareness of the importance of achieving results and improving quality is seen nationwide and in Iowa with the rapid spread of evidence-based guidelines, reducing errors, and attempts to reduce waste and inefficiency, to ensure that scarce resources are used to derive their full impact. Across the Department of Human Services, efforts are underway to improve the quality of services based on a systematic approach to ensuring that the details of work are done right – this is quality assurance. There is growing acceptance that quality assurance (QA) can improve worker performance and client results.

Quality Assurance is that set of activities that are carried out to monitor and improve performance so that the care provided is as effective and as safe as possible (Quality Assurance Project, 1993).

The need for higher quality care and services that are responsive to clients is acute. Individual focused quality assurance activities and projects have been successfully conducted in many areas of child welfare and juvenile justice. As Iowa has conducted self-assessments, participated in the federal Child and Family Services Review this past year and as we are undergo re-design efforts in several program areas, a strong desire has grown to develop a more formalized, sustainable and system-wide approach to quality assurance. The conceptual framework that will be used to plan, build, sustain and monitor efforts to produce and improve quality services for child welfare and juvenile justice is presented below.

The Core Activities of Quality Assurance

At the heart of our effort to institutionalize the delivery of quality services are three core QA activities: defining quality, measuring quality, and improving quality. These core activities are integral parts of day to day functioning. To be successful, quality assurance will be made a part of all that we do, with a specific focus at the individual case and staff level. Improving individual case results and supporting staff with adequate data to make informed decisions will improve system-wide results. *Defining quality* means developing expectations or standards of quality, as well as designing systems to produce quality services. Standards are statements of expected performance that define what constitutes quality services. Standards can be developed for inputs, processes, or outcomes; they can be clinical or administrative; and they can be applied at any level of a system, from an individual employee or provider to the entire agency. *Measuring quality* consists of documenting the current level of performance or compliance with expected standards, including client satisfaction. It involves defining indicators, developing or adapting information systems to provide data on performance related indicators, and analysis and interpretation of results. *Improving quality* is the application of quality improvement methods and tools to close the gap between current and expected levels of quality by understanding and addressing system deficiencies and enhancing strengths in order to improve, or in some cases re-design processes. This core QA activity leads to improved performance according to defined standards of quality. These three sets of activities work together to ensure quality services and results as an outcome of Iowa's Child Welfare and Juvenile Justice System. No core activity alone is sufficient to improve and maintain quality; it is the interaction and synergy of all three that will sustain high quality services across the system and allow us to continue to learn how to achieve and deliver better results for the children and families served.



QA Mission Statement
The mission of Quality Assurance is to help ensure that services are delivered in a quality, appropriate, safe, respectful, and cost-effective manner that are focused on achieving results for the children and families served.

The Purpose of Quality Assurance

The Purpose of the QA must be clear and focused. Nine purpose statements have been developed regarding the purpose of QA for Child Welfare and Juvenile Justice. The purposes are to:

1. **Help achieve results for the children and families served**.

2. **Provide Case Specific Data**: Expand case specific data and learning to the case coordinator, case monitor, provider, supervisory team, service area and state levels to allow system-wide results, trend data and best practices to be shared to assist in decision making. This will assist with:
    a. Effective case-level problem-solving with real children and families in local settings.
    b. Assessing strengths, accomplishments, and good results for affirmation and demonstration of success.
    c. Identifying gaps, inconsistencies, and breakdowns for capacity building and performance improvements.
    d. Spot opportunities for action and change.
    e. Facilitating "action learning" events to put knowledge gained immediately to work.

3. **Support the Use of Evidence-Based Practice**: Research and share intervention techniques and services shown to work with specific groups under controlled conditions. Validate intervention models. Identify proven techniques. Work with field operations to identify treatment protocols. Assist in defining target populations for evidence-based practice to be utilized.

4. **Support Performance Measurement & Provide Feedback Loops** : provide feedback about frontline system of care performance to so that people can change from current performance levels to desired performance levels in improving practice and getting better results for children and families receiving services.

5. **Provide Training, Mentoring & Coaching**: build and sustain adequate and consistent, case-level practice system-wide.

6. **Set Clear Expectations**: work from a common understanding and vision (shared by all levels of organization) of an integrated, collaborative, system of care based on agreed upon operating principles, practice models, and desired results.

7. **Create Flexibility, Support Learning & Risk-taking**: Staff are encouraged to take risks to improve results. This involves trusting staff to know their jobs and empower them to act and respond as needed. To get good results staff need flexibility, support, and to work in an environment where QA and the results from QA are not used in a punitive or threatening process. Fear of failure when trying new approaches to services and achieving results will stifle creativity. In the past well-intentioned systems have tried to create through rulemaking what we should do through supervision. This has resulted in a highly structured system with a focus on monitoring compliance rather than the achievement of results. Staff needs the flexibility to succeed, try new approaches, and achieve results within a risk-free work relationship. This requires development of what have been referred to as "Rules for Failure".
    a. Fail fairly: selected strategies for a case should have a reasonable chance of success and techniques (services) must be implemented properly.
    b. Fail quickly: if a technique or approach doesn't work we need to have data to know this and then change techniques quickly. This requires being on top of case practice and data.
    c. Fail smart: learn from experience and don't make the same mistake twice in the same case and share this information across the system.

8. **Guide Policy Development**: that makes it easy to do things right, and hard to do things wrong. Policies that support, guide, and reinforce quality. Policies can be used to highlight an organization's commitment to quality and meeting client needs, to identify priority areas for improvement, and to provide flexibility and delegation of authority to make improvements. Policy development should be based on an **orientation to best practices and results that reflect real changes** for the children and families served.

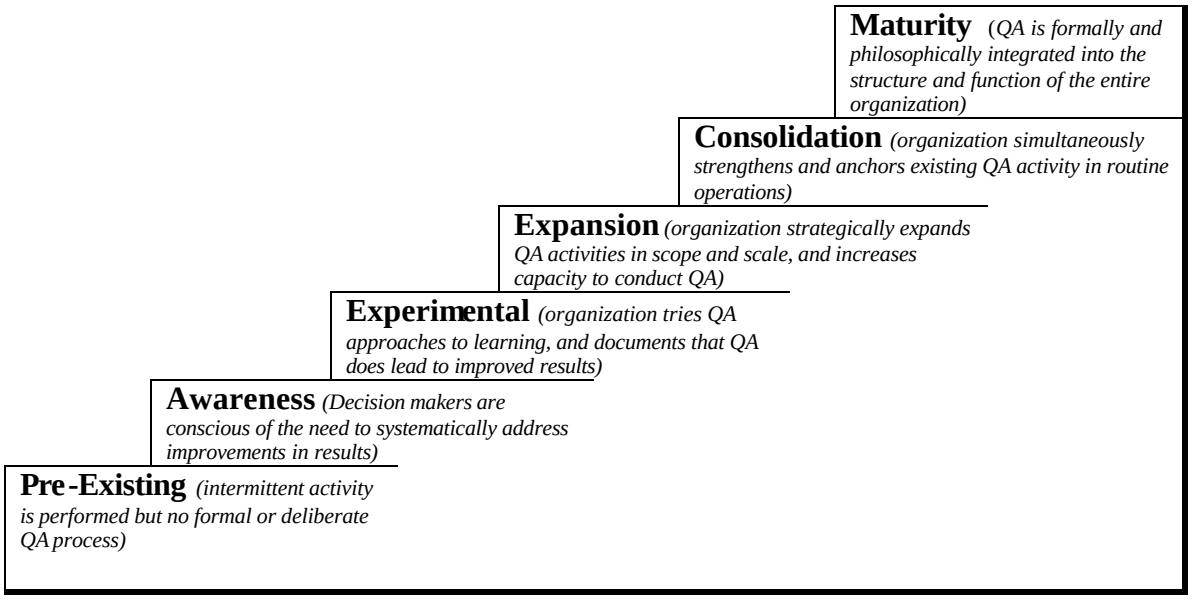
9. **Foster Openness to Change**: the QA process supports learning and the change process, but it does not make change happen. Iowa will use the QA process as a part of its overall management process to foster change in the way we do business, not only in terms of processes, but also management and leadership.

QA Institutionalization

While QA can be focused at any number of different things, three aspects of organizing for quality are viewed as essential: *oversight, coordination and support, and conducting QA activities.* For each of these aspects, roles, responsibilities, and accountability will be delineated and delegated within the child welfare and juvenile justice system. The true structure for QA is anticipated to change over time but is manifested in how the roles and responsibilities for performing QA activities are delegated within the system, how they are implemented, and whether staff feel accountable for organizational results (high quality results). As QA becomes effectively institutionalized, every individual will become accountable for results and be responsible for quality. Eventually, responsibilities for QA will be incorporated in job descriptions for every employee, as well as in the scope of work for organizational units.

However, specific individuals or groups must still be assigned responsibilities for oversight, coordination, and support of QA and for conducting QA activities.

The process of delineating the roles, functions, structures and supports of QA will evolve through several steps over time as the QA model matures. The following graphically represents the developmental stages or steps of a QA system. Iowa is now probably at the "Pre-existing" and "Awareness" stages with activity in process to rapidly move to the "Experimental" stage and beyond as a part of implementing the Better Results for Kids in the 21st Century Redesign Plans.



QA Areas for Review and Measurement

Reporting and review of results by QA will cover five distinct areas of information:

- *Compliance with mandates.* The primary purpose is to ensure a basic level of quality and responsiveness. Key areas for review and measurement include level of compliance and achievement of milestones.

- *Inputs.* The primary focus is on the capacity and resources necessary to accomplish objectives and outcomes. Key areas for review are staffing, staff training, program operational costs, and community partnerships.

- *Activities.* The primary focus is on what the organization does to ensure that the objectives and outcomes are achieved. Key areas for review include service delivery strategies, best practices, key activities, key decisions, and decision and activity validation.

- *Objectives*. The primary focus is on measurement and tracking of who is served, what services are provided, and the cost of services. Key areas for review are who and how many served, type of service, intensity of service duration of service, and cost of service.

- *Outcomes.* The primary focus is on measurable change in the strengths, problems, or functioning of the child, family and/or community. Key areas for review are safety/risk factors, knowledge transfer, capacity/skill building, patterns of behavior, and protective capacity.

QA Sources of Information

The QA system will use information from multiple sources to inform quality improvement efforts.

- *Administrative data* for Child Welfare will include data relevant to compliance with mandates (e.g., timely response to reports of maltreatment), activities (e.g., frequency of worker visits with child), objectives (e.g., type and cost of service), and outcomes data (e.g., repeat maltreatment). Administrative data will be reported quarterly at the state and Service Area level at a minimum. To extent possible, administrative data will be reported in such a way that it can be dis-aggregated by county, decat project, Judicial District, and supervisory unit; as well as by age, gender, etc.

- 5 *Quality Service Reviews* (QSR) per year (with 8 to 10 cases per review) will provide an in-depth look at the quality of practice. Each case is measured using a set of indicators in three separate areas of interest – Child and Family Status, System Performance and Recent Progress [of the child and family]. The QSR Protocol specifically measures areas of child safety, permanency and well being as well as core indicators and practices which are consistent with the CFSR. Following each review, Service Areas will receive specific feedback about areas of excellence and opportunities for practice improvement. Case review scores will be aggregated and measured against the existing database of cases reviewed prior to the CFSR to measure improvements in the quality of practice and progress toward improving outcomes.

- *Supervisor quality assurance* activities will provide an opportunity for review of key decision points in the life of a case (e.g., appropriateness of permanency goal, assessment of needs of child and parents, and matching of services to needs, etc.). The QA system will include validation tools that support the role of the supervisor in quality assurance, and allow production of aggregate data on key activities, practices and decisions.

- *Telephone inquiries/surveys of front line staff* will be used to collect information that may not be available in our administrative data and may not lend itself to supervisor quality assurance activities. Cases would be selected randomly each quarter, and a trained surveyor would call the caseworker and ask for responses to a limited set of focused questions (e.g., efforts to presser connections to neighborhood, community, heritage, family, faith while in foster care; efforts to support the relationship of the child in foster care and parents).

- *Consumer surveys* will be used to gather information related to such things as child and family involvement in case planning and satisfaction with services.

- *R*eports and recommendations from other organizations. The state and local Quality Assurance groups will also review the reports and recommendations of external organizations related to child welfare, including but not limited to the following.
  - Child Advocacy Board (agency responsible for foster care review and the court appointed special advocate programs)
  - Child Protection Citizen Review Panels
  - Iowa Youth Connections Council (council of current and former foster youth)
  - Iowa Foster and Adoptive Parents Association
  - Department of Public Health Child Death Review Committee

- *Focused case studies* will be used when there is an identified need for information about the child and family service system that cannot be met through routine review and reporting. In some situations, the need for information may be a need for greater detail or explanation about a particular issue or outcome that is routinely reviewed and reported. At other times, the need may be for information on issues or outcomes not routinely reviewed. Focused Case Studies may cover any number of issues, including the following examples of topics.
  - Review of outcomes for specific populations, e.g., racial/ethnic groups, teen-age children in the Department's care or custody, etc.
  - Focused reviews of performance on specific outcomes, such as repeat maltreatment or re-entry into care
  - Multi-needs children, e.g., the capacity and effectiveness of the service delivery system in the Service Area to provide services to children whose needs cross agency lines
  - Specific stages in the life of the case, such as intake, assessment, service planning, discharge, etc.

  Focused studies will be designed in whatever manner will address the review questions in the most effective and efficient manner. Listed below are some examples of the types of special studies that may be conducted. When possible, DHS will engage our University partners in design and analysis of focused studies.

- *Surveys.* Simple questionnaires may be used to address questions posed to staff, service providers, consumers, foster parents or others.
- *Limited case reviews.* Certain questions, either from the approved case review protocol or developed independently, may be explored with a sample of cases to pursue a particular issue. These may involve record reviews only or interviews in addition to the record reviews.
- *Full case reviews.* In reviewing for outcomes, a sample of cases from a particular population group may be selected for full reviews.
- *Trend analysis.* Rather than collecting a mixture of quantitative and qualitative information, selected indicators based on quantitative data alone for some period of time may be reviewed.
- *Long-term studies.* A sample of cases may be followed over an extended period of time, or an initial review in a particular area may be periodically updated using any of the methods described above.
- *Program evaluation.* Procedural or systemic issues may be examined through a combination of collecting data, interviewing individuals, reviewing cases, site visits to facilities or service providers or other methods.

QA Institutionalization Next Steps

Next Steps toward institutionalization of Quality Assurance involves defining *the categories or types of information* that will be used in the QA process, and identifying the *levels of responsibility* for planning and carrying out QA activities.

Levels of Responsibility and planning responsibilities fall into two categories, state level and service area level. It will be at these levels that planning, coordination and monitoring, and direction will occur.

The primary ***State Level QA*** activities to be carried out are directed toward consultation, training and technical assistance, **overall** planning and coordination, **collection**, production and analysis of data on an on-going basis, engaging in special studies, **and utilizing data to identify and implement solutions that improve child and family results at the systems level** More specific QA activities will include the following:

State Level QA Activities

1. Develop and maintain the QA system components, including design and maintenance of procedures, instruments, reporting formats, and materials necessary for the efficient operation of QA activities;
2. Assist Service Areas in developing and maintaining quality assurance activities by providing orientation, training, and technical assistance;
3. Provide ongoing monitoring of aggregate Statewide outcomes and performance data;
4. Produce and analyze data needed to assess the status of children and families served, including assisting staff in interpreting and reporting relevant data;
5. Issue quantitative data reports that reflect activity, satisfaction, progress and barriers in key child welfare performance measures and result areas on quarterly, annual and ad hoc bases, and reports of QA reviews;
6. Participate in and support QA reviews, in collaboration with Service Area QA activities, in order to gather information to evaluate individual case results, practice patterns and outcomes;
7. Provide information relevant to outcomes of services and best practices;
8. Conduct special studies of various issues related to services, activities and outcomes of the Department's child and family services program, including initiating studies;
9. Coordinate and staff the *State Quality Assurance Council* that will monitor outcomes and agency performance from a statewide perspective. The committee will review data and other information related to child and family services and outcomes for children and families.

The primary ***Service Area Level QA*** activities to be carried out are directed toward service area site coordination and collecting data, conducting case readings and Quality Service Reviews, and utilizing data to improve child and family results. Among the specific functions of the Service Area QA activities are the following:

Service Area Level QA Activities

1. Organize and support the Service Area QA effort;
2. Monitor the Service Area's own QA activities;

3. Provide logistical and staff support for State- and Service Area-directed data collection and analysis, case reviews, special studies, and site visits, as needed;
4. Perform qualitative case reviews of a sample of children and families receiving services to determine the quality of services and outcomes;
5. Routinely collect and evaluate information concerning the outcomes for children and families, the Service Area's capacity to deliver services consistent with the goals and mission of DHS, and client, staff and provider satisfaction with services and results;
6. Develop and implement strategies to improve results and efficiencies (address whatever you can at the Service Area level).
7. Produce periodic reports on QA activities and findings, progress, best practices, obstacles, and areas needing corrective action, and provide additional information not included in Statewide automated systems;
8. Pursue issues of local or Service Area interest or concern, including special studies, most often resulting from the review of data or from other information that suggests a need for further inquiry;
9. Pass QA information on results, successes, barriers, and strategies on to State QA team.
10. Coordinate and staff the *Service Area Quality Assurance Advisory Committee* that will monitor outcomes and agency performance from a service area perspective. The committee will review data and other information related to child and family services and outcomes for children and families.

QA Implementation

QA activities relating to the PIP begin the first quarter and run through the eighth quarter as we continue to assess and monitor progress in meeting our goals. Our continuous quality improvement design will assure that QA activities continue after the PIP is completed. The first quarter, we begin by defining expectations and developing the QA system design. [See PIP Matrix Benchmarks 31.1.1 through 31.4.1 for implementation activities and dates.]

Some QA data is currently available in Iowa and is distributed to the Service Area Managers on a monthly basis. Additional reports will be developed that include data necessary to measure progress with the goals of our PIP. These reports will be available by the fourth quarter and will be integrated into our PIP quarterly reports.

QA is a statewide implemented QA system. QA activities will occur in all areas of our state. Des Moines, our largest metropolitan area, will take part in the QA process and the QA reviews. Any review sampling that occurs will include cases from the Des Moines area.

Glossary of Acronyms

AFCARS – Adoption and Foster Care Automated Reporting System
AHA – American Humane Association
AIS – Adoption Information Specialist
ASFA – Adoption and Safe Families Act
BDPS – Behavioral, Developmental and Protective Services
BSW – Bachelor of Social Work
CASA – Court Appointed Special Advocate
CCPPC – Clark Community Partnership for Protecting Children
CDRT – Child Death Review Team
CEU – Continuing Education Unit
CFSR – Child and Family Service Review
CINA – Child in Need of Assistance
CINCF – Community Initiative for Native American Children and Families
CIP – Court Improvement Project
CJCO – Chief Juvenile Court Officers
CJJP – Criminal and Juvenile Justice Planning Division
CPC – Child Protection Council
CPPC – Community Partnership for Protecting Children
CPS – Child Protective Services
CPTA – Child Protective Training Academy
CWIS – Child Welfare Information System
DBDPS – Division of Behavioral, Developmental and Protective Services
DECAT – Decategorization
DHHS – Department of Health and Human Services
DHS – Department of Human Services
DIA – Department of Inspections and Appeals
DPH – Department of Public Health
DV – Domestic Violence
EPSDT – Early Periodic Screening, Diagnosis and Testing
FACS – Family and Children's Services
FIP – Family Investment Program
FOSU – Filed Operations Support Unit
FTDM – Family Team Decision-making Meeting
FY – Fiscal Year
GAL – Guardian Ad Litem
HFI – Healthy Families Iowa
HHS – Health and Human Services
HOPES – Healthy Opportunities for Parents to Experience Success

HSAA – Human Service Area Administrator
IAC – Iowa Administrative Code
IAES – Iowa Adoption Exchange System
ICFCRB – Iowa Citizen Foster Care Review Board
ICN – Iowa Communication Network
ICWA – Indian Child Welfare Act
IDHS – Iowa Department of Human Services
IDPH – Iowa Department of Public Health
IFAPA – Iowa Foster and Adoptive Parents Association
IFMC - Iowa Foundation for Medical Care
IITS – Iowa Interagency Training System
IM – Income Maintenance
ISU – Iowa State University
IT – Information Technology
JCO – Juvenile Court Officer
JCS – Juvenile Court Services
MAPP – Model Approach to Partnerships in Parenting
MDT – Multidisciplinary Teams
MEPA – Multiethnic Placement Act
MSW – Master of Social Work
NCANDS – Neglect and child Abuse National Data System
NCFAS – North Carolina Family Assessment Scale
OJT – On the Job Training
PCA Iowa – Prevent Child Abuse Iowa
PMIC – Psychiatric Medical Institution for Children
QSR – Quality Service Review
RBA – Results Based Accountability
RTS – Rehabilitation Treatment Services
RTSS – Rehabilitation Treatment and Supportive Services
SACWIS – Statewide Automated Child Welfare Information Systems
SAM – Service Area Manager
SDA – Service Delivery Area
SIDS – Sudden Infant Death Syndrome
SIG – State Incentive Grant
STAR – Statewide Tracking Assessment Reports
SW – Social Worker
TANF – Temporary Assistance to Needy Families
TPR – Termination of Parental Rights
U of I – University of Iowa

Iowa Department of Human Services Training Plan[29]

Course Number and Title	Brief Course Syllabus	Training for Whom	Date Curriculum Completed	Target Quarter of Initial Course Offer	Times Offered	Duration in Days
New Worker Training						
SW 001 OJT – New Worker Orientation	Gives the new employee an overview of major topics related to their role of social work case manager. It assesses their computer skills before attending the FACS training course. Journaling and shadowing activities are begun.	New DHS staff	All PIP changes incorporated by 4th Quarter	1st Quarter Ongoing	TBD*	TBD*
SW 011 FACS for New Workers	Provides participants with the basic knowledge, skills, and abilities required to understand and use the Family and Children Services computer system (FACS) and to provide an opportunity to practice these skills in a test system data base.	New DHS staff	All PIP changes incorporated by 4th Quarter	1st Quarter Ongoing	8	3
SW 021 OJT – FACS	Allows the new worker to practice FACS skills on the job and to become more familiar with local policies and procedures by focusing on those in practice activities.	New DHS staff	All PIP changes incorporated by 4th Quarter	1st Quarter Ongoing	TBD*	TBD*

[29] For the purposes of outlining training related to the CFSR PIP.

Course Number and Title	**Brief Course Syllabus**	**Training for Whom**	**Date Curriculum Completed**	**Target Quarter of Initial Course Offer**	**Times Offered**	**Duration in Days**
SW 031 Strength Based Assessment	Provides new services workers with an understanding of strength based social work and the tools with which to write strength based assessments.	New DHS staff	All PIP related changes incorporated by 4th Quarter	1st Quarter Ongoing	4	1
SW 041 OJT – Strength Based Assessment	Reviews the topics covered in the Strength Based Assessment course and promotes on-the-job practice of those skills.	New DHS staff	All PIP related changes incorporated by 4th Quarter	1st Quarter Ongoing	TBD*	TBD*
SW 051 Achieving Permanency	Provide new service workers with an understanding of the principles of permanency for children and of the effects the lack of permanency has for their clients. And provides the new SW with tools for achieving safety, stability, and permanency for families in their caseload.	New DHS staff	All PIP related changes incorporated by 4th Quarter	1st Quarter Ongoing	4	1
SW 061 OJT – Case Permanency Plan	Allows the new worker to practice the skills they learned in the Case Permanency Planning course within the job setting.	New DHS staff	All PIP related changes incorporated by 4th Quarter	1st Quarter Ongoing	TBD*	TBD*
SW 073 Permanency and Termination of Parental Rights	Prepares participants in the goal of family intervention, to see that children grow up in a proper family environment, either through timely reunification with their parents or placement in a new family	DHS Staff	All PIP related changes incorporated by 4th Quarter	1st Quarter Ongoing	4	1

Course Number and Title	**Brief Course Syllabus**	**Training for Whom**	**Date Curriculum Completed**	**Target Quarter of Initial Course Offer**	**Times Offered**	**Duration in Days**
SW 081 OJT – Legal Aspects	Provides an opportunity for the new services worker to apply their understandings of legal policies and procedures to local situations.	DHS Staff	All PIP related changes incorporated by 4th Quarter	1st Quarter Ongoing	TBD*	TBD*
Core Training						
SW 101 Introduction to Adoption	Introduces DHS and private adoption workers to basic adoption policies and practices.	DHS Staff	All PIP related changes incorporated by 5th Quarter	5th Quarter	2	1
FP 202 PS-MAPP for Home Study	Orients home study workers to the components of the PS-MAPP program, develops skills in the use of the assessment and selection tools of the PS-MAPP program and identifies PS-MAPP "preparation and selection" team strengths and needs.	DHS Staff	All PIP related changes incorporated by 4th Quarter	1sr Quarter Ongoing	3	2

Course Number and Title	**Brief Course Syllabus**	**Training for Whom**	**Date Curriculum Completed**	**Target Quarter of Initial Course Offer**	**Times Offered**	**Duration in Days**
SW 341 Working with Native American Families	Prepares participants to most effectively meet the needs of Native children through understanding the rationale for ICWA and its importance in maintaining Native American cultural identity, utilizing best practice strategies in casework, establishing meaningful partnerships among all stakeholders, and complying with the federal and state ICWA requirements.	DHS Staff JCS Staff Providers	All PIP related changes incorporated by 4th Quarter	4th Quarter	1	1
New Child Protective Training						
SP 100 Overview of Child Welfare	This is basic information that will inform you about the DHS and your job.	DHS Staff	All PIP related changes incorporated by 4th Quarter	1st Quarter Ongoing	WEB & OJT	0.3
CP 101 DHS Manual	Familiarizes staff with the employee's manual and how to use it.	DHS Staff	All PIP related changes incorporated by 4th Quarter	1st Quarter Ongoing	WEB & OJT	1
CP 102 STAR Tutorial	Becomes familiar with the STAR system prior to attending Basic Training and the skill demonstration portion of STAR training.	DHS Staff	All PIP related changes incorporated by 4th Quarter	1st Quart Ongoing	WEB & OJT	0.3

Course Number and Title	**Brief Course Syllabus**	**Training for Whom**	**Date Curriculum Completed**	**Target Quarter of Initial Course Offer**	**Times Offered**	**Duration in Days**
SP 103 Legal Fundamentals	Be able to identify terms necessary to understand basic court proceedings and DHS services, describe the role of each participant in the court process, identify who are mandatory reporters, describe how mandatory reporters report abuse, and understand the different types of hearings.	DHS Staff	All PIP related changes incorporated by 4th Quarter	1st Quarter Ongoing	WEB & OJT	0.3
SP 105 Substance Abuse Fundamentals	Understand addiction and what it does to the brain, be able to identify indicators of substance abuse, identify the effects of various substances on the body, and identify the different types of substance abuse treatment.	DHS Staff	All PIP related changes incorporated by 4th Quarter	1st Quarter Ongoing	WEB & OJT	0.3
SP 106 Domestic Violence	Be able to identify the dynamics of domestic violence, the indicators of domestic violence, how domestic violence impacts children, and identify various domestic violence resources.	DHS Staff	All PIP related changes incorporated by 4th Quarter	1st Quarter Ongoing	WEB & OJT	0.3
SP 107 Impact of Abuse on Child Development	Be able to identify the dynamics of domestic violence, the indicators of domestic violence, how domestic violence impacts children, and various domestic violence resources.	DHS Staff	All PIP related changes incorporated by 4th Quarter	1st Quarter Ongoing	WEB & OJT	TBD*

Course Number and Title	**Brief Course Syllabus**	**Training for Whom**	**Date Curriculum Completed**	**Target Quarter of Initial Course Offer**	**Times Offered**	**Duration in Days**
SP 108 OJT Basic Training	Will be able to identify healthy strivings, vision, courage, partnership, helping relationships, principles for developing CPW-client relationship, core conditions of the helping relationship, techniques for building rapport, use of authority in child protective services, guiding principles for conducting strength-based assessments, etc.	DHS Staff	All PIP related changes incorporated by 4th Quarter	1st Quarter Ongoing	WEB & OJT	TBD*
CP 200 Basic CP Training	An overview of knowledge and skills identified as critical to the Child Protective Worker.	DHS Staff	All PIP related changes incorporated by 4th Quarter	1st Quarter Ongoing	4	5
SP 301 Impact of Domestic Violence & Substance Abuse	Focuses on the importance of identifying domestic violence and substance abuse dynamics in child protective cases. The training utilizes case example and case consultation techniques to provide participants with the opportunity to translate the principles learned during the assessment process.	DHS Staff	All PIP related changes incorporated by 4th Quarter	1st Quarter Ongoing	2	2
SP 533 Shared Parenting to Assure Safety, Well-being & Permanence	Develops and enhances basic skills of staff and supervisors in Iowa who are responsible for supporting alliance building between foster/adoptive birth families.	DHS Staff	1st Quarter	1st Quarter	20	1

Course Number and Title	**Brief Course Syllabus**	**Training for Whom**	**Date Curriculum Completed**	**Target Quarter of Initial Course Offer**	**Times Offered**	**Duration in Days**
SP 831 Data Informs Us	Helps supervisors and leadership increase their skill in using child welfare data to inform practice, support supervision and obtain results	DHS Supervisors	1st Quarter	1st Quarter	18	1.5
SP 392 Tough Problems, Tough Choices	Effectively utilize the Tough Problems, Tough Choices: Guidelines for Needs-Based Service Planning in Child Welfare Guidelines in supervision, case planning and case management.	DHS Staff	1st Quarter	1st Quarter	ICN & Phone	2
PS-MAPP Training for Foster/Adoptive Families and Treatment	Prepares participates with a clear understanding of what being a foster or adoptive parent really are through a series of ten focused sessions. A separate training is for treatment families.	Foster and Adoptive Families	1st Quarter	1st Quarter	115	5
New Services Worker Notebook Guide	Each new employee will receive a copy of "New Services Worker Notebook Guide" that includes training modules for classes and on the job training for new employees to equip them with the tools and skill needed to complete their job.	New Workers	1st Quarter Ongoing	1st Quarter Ongoing	TBD based on number of new workers	3
Family Team Decision Making Training	Emphasizes engagement skills for working with families. Develop skills to facilitate a family team meeting that accomplishes reasonable and meaningful goals by assessing family needs and developing a plan based on their strengths and needs.	DHS staff JCS staff Providers	3rd Quarter	4th Quarter	18 Proposed	3

Course Number and Title	**Brief Course Syllabus**	**Training for Whom**	**Date Curriculum Completed**	**Target Quarter of Initial Course Offer**	**Times Offered**	**Duration in Days**
Supervisor Training	Training will be held on clinical supervision to utilize team building that mentors and retains staff as part of the U of Iowa grant with yearly reports and evaluation. Implement supervisor curriculum statewide, one service area at a time	Super-visors	4th Quarter	5th Quarter	TBD	TBD
Coaching and Mentoring FTDM Practice	Develop skills to coach and mentor in family team meeting practice.	DHS Super-visors	6th Quarter	6th Quarter	10	3
FTDM Seminar	Provide ICN Practice Seminars using interactive video for practice consultation [monthly during initial implementation 8/1/04 to 01/01/05.	FTDM Facilita-tors	4th Quarter	4th Quarter	3	.25
Community Partnership Building Trust Based Relationships	Emphasizes engagement skills for working with families.	CPPC sites	1st Quarter	1st Quarter	TBD*	2
Community Partnership Family Team Meeting Facilitation	Develop skills to facilitate a family team meeting that accomplishes reasonable and meaningful goals by assessing family needs and developing a plan based on their strengths and needs.	CPPC sites	1st Quarter	1st Quarter	TBD*	2

PIP RELATED TRAINING: ONE-TIME OFFERINGS AND TRAINING TO BE DEVELOPED

Course Number and Title	Brief Course Syllabus	Training for Whom	Quarter Curriculum Completed	Target Quarter of Initial Course Offer	Times Offered	Duration in Days
Timeliness of Initiating Investigation: STAR Changes	Reinforces performance expectations, reviews policy for timeliness of investigations, introduces STAR data element changes.	Child Protective Staff	1st Quarter	1st Quarter	1	.3
Preventing Re-entry of Children into Foster Care	Provide current service workers with an understanding of the principles of permanency for children and of the effects the lack of permanency has for their clients. Provides the SW with tools for achieving safety, stability, and permanency for families in their caseload. Utilize National Resource Center for Foster Care and Permanency for technical assistance including curriculum on practice strategies to prevent reentry of children into foster care. Develop curriculum on permanency that includes concurrent planning, permanency planning, reasonable efforts to achieve the permanency goal, timely adoption, through use of the National Resource Center for Foster Care and Permanency Planning and for Legal and Judicial	DHS staff	Developed with NRC by 4th Quarter	5th Quarter	TBD*	TBD*

Tough Problems, Tough Choices: Guidelines for Needs-Based Service Planning in Child Welfare	Provide statewide ICN [interactive video conferencing] and CIDS [phone conferencing] training by the authors to staff regarding: ▪ Using Guidelines in Daily Practice ▪ Using Guidelines as a Supervisory Tool ▪ Using Guidelines in Substance Abuse Cases [focus on meth abuse]	DHS staff Supervisors DHS staff	1st Quarter	1st Quarter	1	.5 .5 .5
Meth Specialist Training	Specialists will be provided with Substance Abuse training in partnership with Iowa Department of Public Health on Substance Abuse to respond to Meth abuse effecting children in Iowa.	Meth Specialists	1st Quarter	1st Quarter	2	1
Domestic Violence Issues and Safety of Children	Partner with the Attorney General's office and the Iowa Coalition Against Domestic Violence to train DHS front-line workers on Domestic Violence issues impacting the safety of children.	DHS staff	4th Quarter	4th Quarter	TBD*	TBD*
One Family One Plan	Skills for developing case plan with families involved with multiple agencies. Review protocol and policy changes. CW redesign training for DHS staff on case flow & document changes.	DHS staff JCS staff Providers	5th Quarter	5th Quarter	TBD*	2

Preparing Youth for Successful Transition to Self-Sufficiency	Contract with Iowa Foster and Adoptive to provide training for foster and adoptive parents, group home staff, and caseworkers. Training focuses on effective methods for preparing and assisting older adolescents in foster care for successful transition to self-sufficiency.	Foster and Adoptive Parents Providers DHS staff	3rd Quarter	3rd Quarter	TBD*	1

FUTURE ADVANCED TRAINING

Course Number and Title	**Brief Course Syllabus**	**Training for Whom**	**Quarter Curriculum Completed**	**Target Quarter of Initial Course Offer**	**Times Offered**	**Duration in Days**
Functional Assessment Training	The functional assessment of the family includes existing assessments, both informal and formal, and contains the current strengths, needs and risks of the child and family. The assessment will identify the critical underlying issues that must be resolved for the child to live safely inside his/her family independent of outside supervision.	DHS Staff	4th Quarter	5th Quarter	TBD*	TBD*

Course Number and Title	**Brief Course Syllabus**	**Training for Whom**	**Quarter Curriculum Completed**	**Target Quarter of Initial Course Offer**	**Times Offered**	**Duration in Days**
Kinship/Relative Placement	To be developed	DHS staff JCS staff	5th Quarter	5th Quarter	TBD*	1

* TBD = To be determined. ** Web based training accessible to all DHS employees. All Child Protection web-based Training is accessible to DHS employees, providers, court staff, and the public.

National Resource Centers

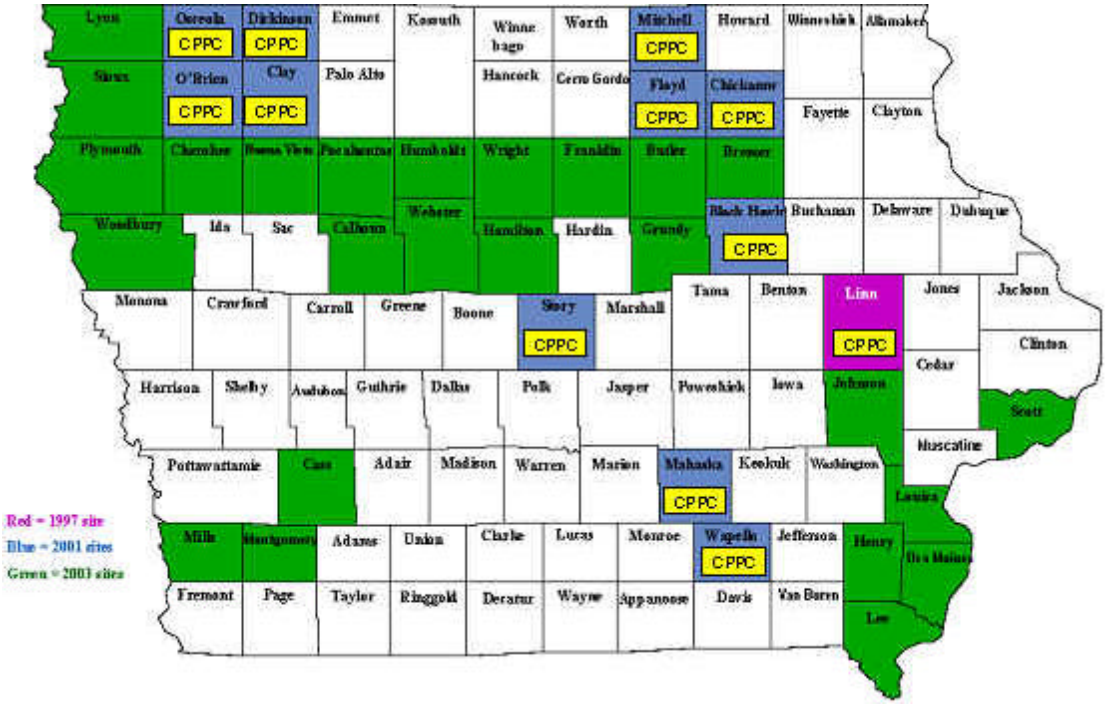
The IDHS will continue to utilize technical assistance/training offered through the National Resource Centers over the next five years to strengthen overall training via curriculum consultation and training.

See chart below for suggested utilization.

National Resource Center	Training Needs
National Center on Substance Abuse and Child Welfare http://www.ncsacw.samhsa.gov/	o Substance abuse [Meth] cross training o Drug and HIV affected infants
National Child Welfare Resource Center for Family-Centered Practice http://www.cwresource.org/	o Individualized functional Assessment skills o Strength base and achieving permanency o Facilitation o Family/group conferencing o Supervisors - coaching o Case Consultation o Re-entry o Family centered practice
National Child Welfare Resource Center on Legal and Judicial Issues http://www.abanet.org/child/rclji/aboutus.html	o ASFA o Attorney/judge training o Non-adversarial case resolution/mediation o Permanency o Model court orders

National Resource Center	Training Needs
National Resource Center on Child Maltreatment http://gowi.org/nrccm	o Functional and safety assessment tools
National Resource Center for Foster Care and Permanency Planning http://guthrie.hunter.cuny.edu/socwork/nrcfcpp	o Stability of placement & re-entry o Concurrent planning & permanency planning o Reasonable Efforts o Timely Adoption
National Child Welfare Resource Center on Legal and Judicial Issues www.aganet.org/child	o Stability of placement & re-entry o Concurrent planning & permanency planning o Reasonable Efforts o Timely Adoption

Community Partnerships for Protecting Children



Community Partnerships for Protecting Children (CPPC) [http://www.dhs.state.ia.us/ cppc/index.htm] provide community based links between child welfare and other systems such as domestic violence, substance abuse, public health, schools, and housin g. The goal will be to have CPPC statewide by July 1, 2007. CPPC has four key strategies to support linkages at the family level, neighborhood, and the community level:

1. *An individualized course of action is implemented for all children and families who are identified by the community members as being at substantial risk of child abuse and neglect.* In Iowa, this approach is referred to as Family Team Decision-Making. If communities are to work together to reduce the incidence of child abuse and neglect, no one response can serve each and every family's needs. In Community Partnership sites, a family team meeting is convened with families, neighbors, and local service providers that result in tailor-made plans designed to support the family and ensure the safety and well-being of the children in that family. These plans identify the specific activities to be carried out by parents, friends, extended families, and other formal and informal supports. Action plans build on the

strengths of families - as opposed to focusing on their weaknesses - and adapt to cultural and racial norms that vary from family to family.

2. *Each partnership organizes a network of neighborhood and community supports.* Each partnership creates a network of agencies, neighborhood groups and families to support the overall mission of the community child protection. Core members of networks include: schools, faith institutions, mental health professionals and healthcare providers, substance abuse and domestic violence programs, police, child care providers, parents groups, and of course, the public Child Protective Services (CPS) agency. Networks develop community "hubs" – places that provide the base of operations for partnership-related activities in the area. CPS staff who are linked with these hubs are easily accessible to families, work closely with other service providers, and learn more about the unique characteristics of the community in which they work.
3. *The child protection service (CPS) agency begins to adopt new policies, practice, roles and responsibilities.* In order to take a leadership role in the partnership, DHS needs to change the way we responds to reports of maltreatment, while still fulfilling our legal mandate to protect children from abuse and neglect. This process means teaching staff different skills for working with families in the system. If the child's immediate safety needs are met, but the family is still in need of help, then the worker connects parents to the services and resources they may need by first conducting a thorough assessment. DHS is also expected to act as " safety consultants" to other members of the partnership network – assisting teachers, pediatricians, family support workers and residents in determining what they can contribute to child safety in the community, and how to effectively intervene when a child is at risk of harm.
4. *Each partnership establishes a local decision-making body that reviews the effectiveness of community child protection and engages community members to participate in and support the initiative.* Each site forms a decision-making group to create the structure for the local partnership. This group takes responsibility for setting the ongoing direction of the partnership and leads efforts to reach out to neighborhood residents, parents, local faith institutions, and schools and to inform the broader public about the purposes and benefits of community child protection. In addition, this group takes primary responsibility for self-evaluation.

The following training and supports are available as requested by individual sites for implementing CPPCs including:

- Financial Support
- Training and TA
- Developing Local Facilitators and Trainers
- Community Presentation
- Domestic Violence Consultation

Community Partnership for Protecting Children (CPPC) Task Group

ID #	Task #	Task Name	Duration	Start	Finish	Responsible	Linkage
1	1	Project Management & Reporting					
2	1.1	Work Plan			5/04	Sandy Lint	5.3
3	1.2	Meeting Summaries for IT		2/13/04	9/30/04	Sandy Lint	
4	2	Establish Charter					
5	2.1	Establish work group		2/13/04	4/08/04	Sandy Lint	
6	2.2	Finalize charter			7/01/04	IT / Sandy Lint	5.3
7	2.3	Finalize work plan		2/13/04	6/15/04	CPEC-Task Group/IT	5.3
8	3	Review & Analysis					
9	3.1	Reviewed existing CPPC work plan		5/01/04	5/15/04	Sandy Lint/ IT/ SAMs/ CPEC-Task Group	
10	3.2	Reviewed FTM standards		4/15/04	5/15/04	CPEC-Task Group	
11	3.3	Reviewed history of CPPC pilots		4/15/04	5/15/04	CPEC-Task Group	
12	3.4	Reviewed CPPC reports & implementation		6/01/04	7/01/04	Sandy Lint / CPEC-Task Group	
13	3.5	Reviewed funding streams		4/15/04	7/01/04	Sandy Lint	5.4
14	4	Develop Recommendations					
15	4.1	Combine Community Partnership Executive Committee w/ redesign CPPC task group		3/15/04	1/15/04	Sandy Lint	5.3
16	4.2	CPPC rollout determine by SAMs' service area plans		4/28/04	5/12/04	Wendy Rickman / Vern Armstrong	5.1
17	4.3	New CPPC sites added after service area plans are developed		5/27/04	6/15/04	Sandy Lint / CPEC-Task Group / IT	5.1

18	4.4	Develop protocol for CPPC decision-making		6/01/04	7/15/04	Sandy Lint / CPEC-Task Group / IT	5.5
19	4.5	Funding recommendations		5/26/04	7/01/04	Sandy Lint / CPEC-Task Group	5.1, 5.2, 5.3
20	5	Implementation					
21	5.1	Expansion to new sites					
22	5.1.1	Presentation & materials for SAMs		6/15/04	7/30/04	Sandy Lint	
23	5.1.2	SAMs' develop CPPC rollout plans for service area		8/01/04	10/01/04	SAMs/Sandy Lint	5.2
(continued)		Community Partnership for Protecting Children (CPPC) Task Group					
ID #	Task #	Task Name	Duration	Start	Finish	Responsible	Linkage
24	5.1.3	SAMs' submit rollout plans to task group			10/01/04	SAMs	5.3.2
25	5.1.4	CPPC task group reviews CPPC rollout plans and makes recommendations		10/02/04	11/02/04	CPEC/CPPC task group	5.3.2
26	5.1.5	SAMs notify new CPPC sites		11/15/04	12/15/04	SAMs	5.3.1
27	5.1.6	New CPPC sites CPPC develop implementation plans		2/01/05	9/30/05	New CPPC sites / Sandy Lint	5.3.1
28	5.2	Education, Training & Technical Assistance					
29	5.2.1	*New sites orientation*		1/15/05	3/15/05	Sandy Lint / PCAI	5.1
30	5.2.1a	➢ New site orientation		2/15/05	4/15/05	Sandy Lint / PCAI	5.1
31	5.2.1b	➢ Disseminate materials, tracking and evaluation tools		2/15/05	4/15/05	Sandy Lint / PCAI	5.1
32	5.2.1c	➢ Coordinate peer support		2/15/05	4/15/05	Sandy Lint / PCAI	5.1
33	5.2.2	*Community Family Team Meeting (FTM)*					Training

		Training					committee
34	5.2.2a	➢ Develop contract with Child Welfare Group		9/01/04	9/30/04	Sandy Lint	
35	5.2.2b	➢ Develop CPPC sites' training contact list		9/01/04	9/30/04	Sandy Lint	
36	5.2.2c	➢ Transition coordination to ISU contract		9/01/04	9/30/04	Sandy Lint / Margie Poorman	
37	5.2.2d	➢ Schedule training		10/01/04	11/01/04	Sandy Lint, SAMs, Mary Jo Beclman	5.1
38	5.2.2e	➢ Implement community FTM training		On-going	On-going	Sandy Lint	
39	5.2.3	*Community FTM Train-the-Trainers Program*					
40	5.2.3a	➢ Develop Train-the-trainers curriculum		1/01/04	4/01/04	Sandy Lint / Child Welfare Group	
41	5.2.3b	➢ Implement train-the-trainer curriculum/workshop		1/01/04	4/01/04	Sandy Lint / Child Welfare Group	
42	5.2.3c	➢ Develop criteria/approval process for trainers		4/01/04	7/01/04	CPEC-Task Group /Training Committee	
(continued)		Community Partnership for Protecting Children (CPPC) Task Group					
ID #	Task #	Task Name	Duration	Start	Finish	Responsible	Linkage
43	5.2.3d	➢ Mentoring & coaching for trainers		3/01/04	9/030/04	Sandy Lint / Child Welfare Group	
44	5.2.3e	➢ Develop mechanism for reimbursement		3/01/04	5/01/04	Sandy Lint/ PCAI	
45	5.2.3f	➢ Evaluate trainers & implement		3/01/04	9/30/04	Child Welfare Group /	5.3.2

		approval process				CPEC-Redesign	
46	5.2.4	Train presenters for CPPC 101					
47	5.2.4a	➢ Revise curriculum		6/01/04	7/15/04	Sandy Lint	
48	5.2.4b	➢ Reserve location and dates			5/15/04	PCAI	
49	5.2.4c	➢ CPPC sites identify participants		5/15/04	7/01/04	CPPC sites / PCAI	
50	5.2.4d	➢ Register participants		5/15/04	7/01/04	CPPC sites / PCAI	
51	5.2.4e	➢ Order materials and assemble manuals		6/01/04	7/15/04	Sandy Lint / PCAI	
52	5.2.4f	➢ Train presenters		7/22/04	7/23/04	PCAI	
53	5.02.5	*Community Networking Workshop*					
54	5.2.5a	➢ Curriculum development		1/15/04	6/01/04	Sandy Lint/PCAI	
55	5.2.5b	➢ Feedback from CPAC		6/09/04	6/09/04	CPAC / PCAI	
56	5.2.5c	➢ Pilot workshop		8/01/04	8/30/04	CPAC / PCAI	
57	5.2.5d	➢ Networking workshop available to sites		9/01/04	9/30/05	PCAI	
58	5.2.6	*Annual CPPC Conference*					
59	5.2.6a	➢ Feedback from CPEC/CPAC		6/09/04	9/30/04	CPEC/CPAC/PCAI	
60	5.2.6b	➢ Reserve location and set dates		7/15/04	7/30/04	PCAI	
61	5.2.6c	➢ Coordinate presenters/registration/ logistics/materials		6/09/04	11/15/04	PCAI	
62	5.2.6d	➢ CPPC Conference			11/??/04	PCAI	
63	5.2.7	*Presentations to Targeted Stakeholders*					
64	5.2.7a	➢ Identify targeted groups			On-going	Sandy Lint	
65	5.2.7b	➢ Coordinate logistics			On-going	Sandy Lint	
66	5.2.7c	➢ Presentations			On-going	Sandy Lint	

(continued) Community Partnership for Protecting Children (CPPC) Task Group

ID #	Task #	Task Name	Duration	Start	Finish	Responsible	Linkage
67	5.2.8	*Peer Support Network*					
68	5.2.8a	➢ Update & maintain peer support contact list & post to website		1/01/04	3/01/04	Sandy Lint	
69	5.2.8b	➢ Develop and maintain peer support procedures		1/01/04	3/01/04	Sandy Lint	
70	5.2.9	*Domestic Violence (DV) Education*					
71		➢ Develop contract with ICADV for case consultation and training		9/01/04	9/30/05	Sandy Lint / ICADV	
72		➢ Develop procedures and coordinate DV case consultation		1/01/04	3/30/04	Sandy Lint / ICADV	
73		➢ Coordinate DV training		1/01/04	6/20/04	Sandy Lint / ICADV / Margie Poorman	
74	5.3	CPPC Committees					
75	5.3.1	*Community Partnership Advisory Committee (CPAC)*					
76	5.3.1a	➢ Regional CPAC meets 4 times per year			On-going		
77	5.3.1b	➢ Regional CPAC identified agenda topics & partners			On-going		
78	5.3.1c	➢ Partner attendance and agenda items coordinated			On-going		
79	5.3.1d	➢ Statewide CPAC meets 2 per year			On-going		

80	5.3.1e	➢ ransition regional CPAC meetings to service area meeting			7/01/05	SAMs / CPEC	
81	5.3.2	*Community Partnership Executive Committee (CPEC)*					1.1, 2.2
82	5.3.2a	➢ Combine CPEC with redesign committee for 6 months to focus on redesign		4/01/04	9/30/04	CPEC-task group	
83	5.3.2b	➢ Meet every 2 weeks for 6 months		4/01/04	9/30/04	CPEC-task group	
84	5.3.2c	➢ Recommendations for rollout		4/01/04	5/15/04	CPEC-task group	
(continued) Community Partnership for Protecting Children (CPPC) Task Group							
ID #	Task #	Task Name	Duration	Start	Finish	Responsible	Linkage
85	5.3.2d	➢ Recommendations for training			On-going	CPEC-task group	Training committee
86	5.3.2e	➢ Recommendations for policy and practice			On-going	CPEC-task group	Other committees
87	5.4	Funding to Support CPPC					
88	5.4.1	Local and state coordination		4/01/04	7/01/04	DHS administration	
89	5.4.2	Family Team Meetings		4/01/04	7/01/04	DHS administration	Other committees
90	5.4.3	Community/Neighborhood Networking		4/01/04	7/01/04	DHS administration	
91	5.5	Communication and Public Relations					
92	5.5.1	Develop internal/external communication plan		6/15/04	9/30/04	Sandy Lint	5.1.2, 5.3.2, 4.4
93	5.5.2	Maintain website			On-going	Sandy Lint	

94	5.5.3	Update and print CPPC brochures and other materials for dissemination			On-going	Sandy Lint	
95	6	Assessment / Impact on Outcomes					
96	6.1	Quality Service Reviews (QSR)					
97	6.1.1	Schedule & coordinate QSR for new CPPC sites		7/1/04	6/30/05	Jane Kieler, Sandy Lint	5.1.2
98	6.1.2	Conduct QSR for new CPPC sites		7/1/04	6/30/05	Jane Kieler, Sandy Lint/CPPC Sites	5.1.2
99	6.1.3	QSR results presented to CPPC local shared decision-making committee		7/1/04	6/30/05	Jane Kieler, Sandy Lint	
100	6.1.4	Shared decision-making committee develops plan base on QSR results		7/1/04	6/30/05	CPPC Sites	5.1.6
101	6.2	Tracking & Evaluating					
102	6.2.1	CPPC sites develop tracking of inputs, outputs, indicators and outcomes		1/15/04	9/30/04	CPPC Sites	
103	6.2.1	Develop statewide data collection for implementation		1/15/04	9/30/04	Sandy Lint	

PARTICIPANTS IN THE PROGRAM IMPROVEMENT PLAN PROCESS

Administrative Leadership and Oversight

Kevin Concannon, Director
Iowa Department of Human Services
.

Mary Nelson, Division Administrator
Division of Behavioral, Developmental and Protective Services
Iowa Department of Human Services

David Boyd, State Court Administrator
Judicial Branch

Bill Gardam, Division Administrator
Division of Results Based Accountability
Iowa Department of Human Services

Krystine L. Lange, CFSR State Lead
Behavioral, Developmental, and Protective Services
Iowa Department of Human Services

Sally Titus Cunningham, Deputy Director
Field Operations
Iowa Department of Human Services

Jim Krogman, Manager
Field Operations Support Unit
Iowa Department of Human Services

Ken Riedel, Service Area Manager
Field Operations
Iowa Department of Human Services

Roger Munns, Communications Officer
Iowa Department of Human Services

CFSR PIP Oversight

Co-Chair	**Co-Chair**	
Cheryl Zach, FOSU Iowa DHS	Krystine L. Lange, BDPS Iowa DHS	Margie Poorman, Training Officer, Iowa DHS
Charlcie Carey, BDPS Iowa DHS	Gail Barber, Director Court Improvement Project	Jeff Terrell, RBA Iowa DHS
Ken Riedel, Ames Service Area Administrator Iowa DHS	Steve Smith, Chief, 1st Judicial District Juvenile Court Services	Alpha Goombi, former ICWA specialist for the Ponca Tribe of Nebraska
Jane Kieler, BDPS Iowa DHS	Barry Bennett, BDPS Iowa DHS	Jim Chesnik, BDPS Iowa DHS

Ann Harmann, Coalition for Children's and Family Services	Dave Stout, Des Moines Child and Adolescent Guidance Center	Jim Daumueller, FOSU Iowa DHS
Mike Mitchell, Four Oaks Cedar Rapids, Iowa	Peg DeArmond, Quakerdale New Providence, Iowa	Sandy Lint, BDPS Iowa DHS
Jeff Regula, PhD., BDPS Iowa DHS	Rosemary Norlin, BDPS Iowa DHS	

Attachment II
PIP Participants

CFSR PROGRAM IMPROVEMENT PLAN STRUCTURE PROPOSAL

ADMIN TEAM AGREEMENT
[BETWEEN PARTNER DEPARTMENTS]
FACILITATED BY DIVISION ADMINSTRATORS

CFSR Oversight Committee Responsibilities
1. Coordinate Information Flow Between Teams
2. Provide Administrative Updates of Progress
3. Faciliatate and Coordinate Technical Assistance
4. Assist with or Facilitate Systems Issues Decision Making
5. Plan coordination and integration within 4B & existing costructs and strategic planning
6. Reports to the DHS Administrative Review Team
Members Recommended: CIP, JCS, DE, DPH, DHS-RBA,BDSP[lead], FOSU, one member of each analysis team, legislator, SAM.
Co-Leads: Cheryl Zach & Krys Lange

Analysis Team 1
Outcome S1: Children are, first and foremost, protected from abuse and neglect
Assigned : 1. Recurrence Maltreatment, timeliness of investigations, risk of harm
Service Area: Dubuque, Lead Susan Davison

Analysis Team 2
Outcome S1: Children are, first and foremost, protected from abuse and neglect, Outcome P1: Children have permanency and stability in their living situation
Assigned: 2. Abuse in Foster Care, 3. Foster Care Re-entries
Service Area: Davenport, Lead Gary Hoxmeier

Analysis Team 3
Outcome P1: Children have permanency and stability in their living situation;
Assigned: 4. Permanency Goal for Child,
5. Permanency goal of other permanent planned 14. Mental Health Needs; Length of time to permanency and adoption
Service Area: Ames Service Area, Lead Roxanne Thompson

Analysis Team 4
Outcome P2: The continuity of family relationships and connections is preserved for children
Service Area: Council Bluffs, Lead Jack Slausen
Assigned:
8. Foster Child visiting family members, 9. Relative placement 10. Preserving connections; relationship of child in care with parent

Analysis Team 5
Outcome WB1: Families have enhanced capacity to provide for their children's needs
Service Area: Waterloo, Lead Jan Pratt
Assigned: 10. Child & family involvement in case planning, 11. Worker visits with child, 12. Worker visits with parent; Assessment of family, foster family and child's needs

Analysis Team 6
Item 29: Case Review, Foster Parent Notification and Opportunity to be Heard
Lead: Gail Barber, Court Improvement Project

Analysis Team 7
Item 31: Qualtity Assurance, Quality Assurance System that evaluates the quality of services, assesses the service delivery system, provides relevent reports, and evaluates PIP measures
Lead: Krys Lange

Analysis Team 8
Item 36: Agency Responsiveness to the Community, ICWA Issues
Lead: Barry Bennett

Analysis Team 9
Item 31: Qualtity Assurance, Quality Assurance System that evaluates the quality of services, assesses the service delivery system, provides relevent reports, and evaluates PIP measures
Lead: Krys Lange

Analysis Team 9
Systemic Factor: Training
Lead: Margie Poorman; Wendy Rickman

Analysis Team 10
Systemic Factor: Service Array
Lead: Jane Kieler

Analysis Team 11
Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment, and Retention
Lead: Ken Riedel & Jim Daumueler

COMMITTEES WORK DRAFTS

FINAL REPORT RECIEVED & PUBLISHED

1. SAMS REVIEW COMMITTEE DRAFTS

2. OVERSIGHT COMMITTEE COMPILES FINAL REPORT REQUIREMENTS AND COMMITTEE DRAFTS

3. ESTABLISH ADMINISTRATIVE PARTNERSHIP TEAM

4. ADMINISTRATIVE REVIEW [MARY NELSON COORDINATES]

5. PUBLISH DRAFT CHILD WELFARE PARTNERSHIP GROUP REVIEW AND 45 DAY DRAFT TO FEDERAL PARTNERS

6. REVISIONS BASED ON FEDERAL REVIEW AND COMMENTS

7. 90 DAYS FINAL REPORT TO FEDERAL PARTNERS

Provider Strategies

Court Strategies

JCS Strategies

RESOURCE AVAILABILITY
National Resource Centers: Family Centered Practice, Legal and Judicial Issues, Foster Care and Permanency Planning, Information and Technology, Organizational Improvement, Special Needs Adoptions, Community-Based Family Resource and Support Programs, Substance Abuse, ICWA
State Data Support: State Data Technical Assistance
DHS Program Managers: Policy & Practice Technical Assistance
Other Arranged by Request

Iowa Department of Human Services
Appendix VI

Analysis Team 1
Recurrence of Maltreatment, Timelines of Investigations

Chair
Sue Davison, Social Work Supervisor III
Dubuque Service Area

Brent Andresen, Budget Analyst III
Iowa Department of Human Services

Tom Hoelscher – Juvenile Court Officer IV
1st Judicial District

Debby Huisinga, Social Work Supervisor II
Iowa Department of Human Services

Gary Lippe, Service Area Manager
Dubuque Service Area

Vickie Miene, Area Director
Lutheran Services in Iowa

Angela Petsche, Community Liaison
Iowa Department of Human Services

Kathy Ripple, Visiting Nurse Association
Finley Hospital

Karen Tjossem, Social Work Supervisor
Iowa Department of Human Services

Julie Woodyard , Director of Programming
Hillcrest Family Services

Cheryl Zach, FOSU
Iowa Department of Human Services

Nancy Zacher –Fett, Chair of Social Work Department, Loras College

Analysis Team 2
Permanency

Co-Chair
Liz Homrighausen, Social Work Supervisor III
Davenport Service Area

Co-Chair
Cherry McLimans, Executive Officer II
Davenport Service Area

Gail Barber, Director
Court Improvement Project

Jim Chesnik, BDPS
Iowa Department of Human Services

Pat Hendrickson, Chief Juvenile Court Officer 7th Judicial District

Gary Hoxmeier, Social Work Supervisor II
Iowa Department of Human Services

Karon Lewis, Social Work Supervisor II
Iowa Department of Human Services

Lorrie Miller, Administrative Assistant II
Iowa Department of Human Services

Wendy Rickman, Service Are Manager,
Davenport Service Area

Kristine Royster-Teitle, Social Worker II
Iowa Department of Human Services

Judy Silverman, Foster Parent Liaison

Darold VanZele, Management Analyst III

Iowa Department of Human Services

Michael Wilcox, Social Worker VI
Department of Inspections and Appeals

Analysis Team 3
Permanency Goal of APPLA; Mental Health, Length of Time to Permanency

Chair
Roxanne Thompson, Social Work Supervisor III
Ames Service Area

Jaili Cunningham, Management Analyst III
Iowa Department of Human Services

Audrey Dunn, FOSU
Iowa Department of Human Services

Jane Kieler, BDPS
Iowa Department of Human Services

Susan Klaessy, Assistant County Attorney
Marshall County

Doug Koons, Social Work Supervisor
Iowa Department of Human Services

Brenda McClure, Social Work Supervisor
Iowa Department of Human Services

Deb Obrien,
Assault Care Center

Ruth Phillips
Lutheran Services of Iowa

Kristi Schrad, Social Work Supervisor
Iowa Department of Human Services

Lynhon Stout, Executive Director
Iowa Foster & Adoptive Parent Association

Dawn Turner Social Worker II
Iowa Department of Human Services

Patricia Veldhuizen, Social Worker II
Iowa Department of Human Services

Vicki Vermie,
Iowa Foundation for Medical Care

Analysis Team 4
Maintaining Connections

Co-Chair
Jack Slauson, Social Work Supervisor III
Council Bluffs Service Area

Co-Chair
Carol Gutchewsky, Community Liaison,
Council Bluffs Service Area

Mark Barker

Sue Bergamo

Children's Square

Charlcie Carey, BDPS
Iowa Department of Human Services

Mark Eveloff, Juvenile Court Judge,
4th Judicial District

Carol Johnson
Loess Hills AEA 13

Marci Prier, County Attorney
Mills County

Kim Veydt
Parent

Foster Parent

Erin Dickerson, Social Worker II
Iowa Department of Human Services

Gary Giese, Social Work Supervisor
Iowa Department of Human Services

Lloyd Marsh, Management Analyst III
Iowa Department of Human Services

Lynhon Stout, Executive Director,
Iowa Foster & Adoptive Parent Association

Bernita Wagoner
Equilibriums Counseling

Analysis Team 5

Family Involvement in Case Planning, Worker Visits with Child, Assessment

Chair
Jan Pratt, Social Work Supervisor III
Waterloo Service Area

Donna Dietzenback, Social Worker II
Iowa Department of Human Services

Kim Gapinski, Social Worker II
Iowa Department of Human Services

Karla Hatfield, Social Worker III
Iowa Department of Human Services

Melissa Lammers, Social Worker II
Iowa Department of Human Services

Cassie McAllister, Social Work Supervisor
Iowa Department of Human Services

Dawn Moore, Social Worker II

Dave Carlson
Juvenile Court Officer

Oscar Fewins, Social Work Supervisor
Iowa Department of Human Services

Allen Grooters, Community Liaison,
Iowa Department of Human Services

Pam Houdek
Consumer

Janet Lyone, Decat Coordinator
Iowa Department of Human Services

Vivian Meyers-Betts
Legal Services Corp.

Brian Niessen

Iowa Department of Human Services

Vicki Pilcher, Management Analyst III
Iowa Department of Human Services

Darci Schmiedel, Social Worker II
Iowa Department of Human Services

Steve Smith, Chief Juvenile Court Officer 1st Judicial District

Krystine Lange, BDPS
Iowa Department of Human Services

Four Oaks

Sue Pitts-Fischer
Lutheran Services, Inc.

Diana Seedorf
Foster Parent Liaison

Vera Wallican, Social Worker II
Iowa Department of Human Services

Analysis Team 6
Case Review, Foster Parent Notification

Chair
Gail Barber, Director
Iowa Court Improvement Project

Jerry Foxhoven, State Foster Care Review Board/Child Advocacy Board

Krys Lange, BDPS
Iowa Department of Human Services

William Owens, Associate Juvenile Judge 8th Judicial District

Lynhon Stout, Executive Director
Iowa Foster & Adoptive Parent Association

Beth Baldwin, District Court Administrator
5th Judicial District

Cheryl Whitney, Social Work Supervisor III
Iowa Department of Human Services

David Larson, District Associate Judge
3rd Judicial District

Sherry Sharp, Clerk of Court
Warren County

Analysis Team 7

Quality Assurance

Chair
Krys Lange, BDPS
Iowa Department of Human Services

Mary Ellison, Social Work Supervisor III
Des Moines Service Area

Ann Harrmann,

Gail Barber, Director
Court Improvement Project

Jerry Foxhoven
State Foster Care Review Board/Child Advocacy Board

Jane Kieler, BDPS

Iowa Coalition for Family and Children's Services

Jeff Regula, 4-E Policy Specialist
Iowa Department of Human Services

Lisa Taylor, Management Analyst III
Iowa Department of Human Services

Iowa Department of Human Services

Kenneth Riedel, Service Area Manager
Ames Service Area

Jeffrey Terrell, RBA
Iowa Department of Human Services

Cheryl Zach, FOSU
Iowa Department of Human Services

Analysis Team 8
Agency Responsiveness to the Community

Chair
Barry Bennett, BDPS
Iowa Department of Human Services

Tamara Beall-Thomas, Director
Meskwaki Family Services- Sac and Fox Tribe

Jim Chesnik, BDPS
Iowa Department of Human Services

Cathy Gray, Social Work Supervisor
Iowa Department of Human Services

Sandy Jacobsma, Social Worker II
Iowa Department of Human Services

Marla Treiber
Court Appointed Special Advocate

Judy Vonnahme, Social Worker IV
Iowa Department of Human Services

Martin Appelt
Juvenile Court Officer

Connie Bear King,
Community Initiative for Native Children and Families and Native American Education Program

Alpha Goombi, former ICWA specialist for the Ponca Tribe of Nebraska

Celeste Honomichl, ICWA Specialist
Winnebago Tribe of Nebraska

Judge Brian Michaelson, Juvenile Court Judge 3rd Judicial District

Wendy Sheetz, Social Worker VI
Iowa Department of Human Services

Analysis Team 9
Training

Co-Chair
Wendy Rickman, Service Area Manager
Davenport Service Area

Co-Chair
Margie Poorman, Training Officer,
Iowa Department of Human Services

Mary Jo Beckman, Training Liaison
Iowa State University

Lori Brenno, Training Coordinator,
Iowa Foster & Adoptive Parent Association

Lori Mozena, Contractor - Achievements

Krys Lange, Program Manager
Iowa Department of Human Services

Lynhon Stout, Executive Director
Iowa Foster & Adoptive Parent Association

Cheryl Zach, FOSU
Iowa Department of Human Services

Analysis Team 10
Service Array

Chair
Jane Kieler, BDPS
Iowa Department of Human Services

Jeff Anderson, RBA
Iowa Department of Human Services

G. Dean Austin, Division of Substance Abuse Department of Public Health

Barry Bennett, BDPS
Iowa Department of Human Services

Joan Discher, CEO
Magellan Behavioral Services

Becky Flores, BDPS
Iowa Department of Human Services

Beth Frizsell,
NRC for Organizational Improvement

Gloria Gray, President,
Children & Families of Iowa

Carol Gutchewsky, Community Liaison
Iowa Department of Human Services

Jane Hartmann, President,
Lutheran Services of Iowa

Joanne Hinricks,
Department of Public Health

Gary Lippe, Service Area Administrator
Dubuque Service Area

Mary Mohrhauser, BDPS
Iowa Department of Human Services

Dave Stout, Executive Director,
Des Moines Child & Adolescent Guidance Center

Lynhon Stout, Executive Director,
Iowa Foster & Adoptive Parent Association

Cheryl Zach, BDPS
Iowa Department of Human Services

Analysis Team 11

Foster & Adoptive Parent Licensing

Chair
Ken Riedel, Service Area Manager
Ames Service Area

Yvonne Burrell, Social Worker II
Iowa Department of Human Services

Roberta Harris. FOSU
Iowa Department of Human Services

Terri Johanson, Manager
Youth and Shelter Services

Margie Poorman, Training Officer
Iowa Department of Human Services

Mary Jo Beckman, Training Liaison
Iowa State University

Charlcie Carey, BDPS
Iowa Department of Human Services

Ruthanne Jared,
Children and Families of Iowa

Sharon Koenigsfeld, Trainer
Iowa State University

Lynhon Stout, Executive Director
Iowa Foster & Adoptive Parent Association

Analysis Team 12

Adoption

Chair
Charlcie Carey, BDPS
Iowa Department of Human Services

Ann Coe,
Tanager Place

Roberta Harris, FOSU
Iowa Department of Human Services

Pat Penning, Service Area Manager
Sioux City Service Area

Jeannie Robertson, Social Work Supervisor II
Iowa Department of Human Services

Donna Watts, Social Worker II
Iowa Department of Human Services

Nora Bergen Social Work Supervisor II
Iowa Department of Human Services

Mary Ellison, Social Work Supervisor III
Des Moines Service Area

Terri McCoy
Four Oaks

Janelle Pratt
Department of Corrections

Lynhon Stout, Executive Director,
Iowa Foster & Adoptive Parent Association

We would like to thank the following National Resource Center folks for their assistance in completing evaluations, facilitating meetings, and helping design strategies for our program improvement plan:

Beth Frizell
National Resource Center for
Organizational Improvement

Andrea Khoury, National Child Welfare
Resource Center on Legal and Judicial
Issues

Peter Watson
National Resource Center for
Organizational Improvement

Children's Bureau
Child and Family Services Reviews
IV. Program Improvement Plan Matrix (PIP Matrix)

State: Iowa

State contact and telephone: Krystine L. Lange, 515-281-6215

ACF contact and telephone: Susan Bradfield, 816-426-2261

Date and quarter submitted: June 22, 2004

ACF Regional Office:

___ Region I ___ Region IV X Region VII ___ Region X

___ Region II ___ Region V ___ Region VIII

___ Region III ___ Region VI ___ Region IX

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Outcome S1: Children are, first and foremost, protected from abuse and neglect [Wendy Rickman, Service Area Manager; Vern Armstrong, Bureau of Protective Services]		X	Baseline: 82:9% Goal: 87.9% of all cases reviewed will demonstrate that children are, first and foremost, protected from abuse and neglect. Midterm Goal: 85.4%	See Action Steps: Item 1.	STAR (Statewide Tracking and Reporting) administrative data	See Benchmarks: 1.1.1 – 1.3.1.	Projected: 1st Quarter	Projected: 8th Quarter Actual:
Item 1: Timeliness of initiating investigations of reports of child maltreatment [Wendy Rickman, Service Area Manager; Mary Nelson, Bureau of Protective Services]		X	Baseline: 73% Goal: 83% of all cases will be initiated within timeframes. Midterm Goal: 78%	1.1 Establish performance standards and indicators for timeliness of investigations.	STAR administrative data	1.1.1. Conduct phone conference training for protective service workers and supervisors on timeliness requirements [See Training Plan in the PIP Narrative Appendix]	Projected: 1st Quarter Actual:	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
				1.2. Complete Child Welfare Information System [CWIS] changes to capture timelines of initiating reports with data entered into STAR and supervisory oversight and signoff.	Quarterly Report of Benchmark completion	1.2.1. Completing CWIS programming. 1.2.2. Conduct statewide phone conference training for child protective service workers and supervisors on data element use and begin data entry [See Training Plan in the PIP Narrative Appendix].	Projected: 1st Quarter Actual:	
				1.3 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	STAR Administrative Data Quarterly Report of Benchmark completion	1.3.1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Projected: 4th Quarter Actual:	
Item 2: Repeat maltreatment [Wendy Rickman, Service Area Manager; Vern Armstrong, Bureau of Protective Services]		X	Baseline: 11.4% Goal: 10.5 % or fewer children will have recurrence of maltreatment. Midterm Goal: 10.95%	See Action Steps: Item 2 below.	STAR Administrative Data Quarterly Report of Benchmark completion QSR Qualitative Data	See Benchmarks: 2.1.1 – 2.9.7	Projected: 8th Quarter Actual:	Projected: 8th Quarter Actual:
Recurrence of Maltreatment (Statewide data indicator relating to Item 2)		X	Baseline: 11.4%	2.1 Implement a functional assessment of the family statewide that includes existing assessments, both informal and	STAR Administrative Data	2.1.1 Review existing assessment tools and functional assessment protocols and identify gaps/needs and utilize National	Projected: 3rd Quarter	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
[Wendy Rickman, Service Area Manager; Vern Armstrong, Bureau of Protective Services]			Goal: 10.5 % or fewer children will have recurrence of maltreatment. Midterm Goal: 10.95%	formal, and contains the current strengths, needs and risks of the child and family. The assessment will identify the critical underlying issues that must be resolved for the child to live safely inside his/her family independent of outside supervision.	Quarterly Report of Benchmark completion QSR Qualitative Data	Resource Center on Child Maltreatment and Family Centered Services to explore potential functional assessment tools and or modifications to our tools. 2.1.2 Develop and provide training on new or revised tools and processes incorporating assessment changes into new worker training. [See Training Plan in the PIP Narrative Appendix] 2.1.3 Service Area Supervisors will assure the Functional Assessment is implemented and used.	4th Quarter 6th Quarter Actual:	
[Vern Armstrong, Bureau of Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]				2.2 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	STAR Administrative Data Quarterly Report of Benchmark completion	2.2.1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Projected: 4th Quarter Actual:	
[Wendy Rickman, Service Area Manager; Vern Armstrong, Bureau of Protective Services]				2.3 Expand Community Partnerships for the Protection of Children [CPPC] to an additional 30 counties in Iowa [see narrative] and continue steps necessary for expansion statewide.	The number of counties who have fully implemented Community Partnerships for Protection of	PHASE I 2.3.1. Provide materials to Service Areas related to CPPC core strategies, implementation strategies and lessons learned,	Projected: 1st Quarter	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
					Children strategies will be counted and reported quarterly.	and available resources. 2.3.2. Service Areas develop and submit plans for CPPC roll-out and identify technical assistance needs 2.3.3. Sites selected for next phases of roll-out 2.3.4. Local Community Partnership identifies steering committees and establishes timelines for implementation of Community Partnerships within their own community. 2.3.5. Conduct Quality Service Reviews [QSR] in counties initiating Community Partnerships that have not already had QSR to identify the strengths and needs. 2.3.6. New site orientation completed including CPPC 101 training. 2.3.7. Provide technical assistance and other support to new site(s). [See CPPC in the PIP Narrative Appendix] 2.3.8. Update and maintain peer support contact list on website 2.3.9. Develop curriculum for community networking	1st Quarter 1st Quarter 2nd Quarter 2nd Quarter 3rd Quarter 3rd Quarter 3rd Quarter 3rd Quarter	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						workshop		
						2.3.10. Develop contract for DV case consultation and training	5th Quarter	
						PHASE II		
						2.3.11. Identify next counties for expansion.	5th Quarter	
						2.3.12. Service Areas develop and submit plans for CPPC roll-out and identify technical assistance needs	5th Quarter	
						2.3.13. Sites selected for next phases of roll-out	6th Quarter	
						2.3.14. Local Community Partnership identifies steering committees and establishes timelines for implementation of Community Partnerships within their own community.	6th Quarter	
						2.3.15. Conduct Quality Service Reviews [QSR] in counties initiating Community Partnerships that have not already had QSR to identify the strengths and needs.	7th Quarter	
						2.3.16. New site orientation completed including CPPC 101 training.	8th Quarter	
						2.3.17. Provide technical assistance and support to new sites	8th Quarter	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						[See CPPC in the PIP Narrative Appendix] 2.3.18 Identify next counties for expansion.	8th Quarter	
[Wendy Rickman, Service Area Manager; Vern Armstrong, Bureau of Protective Services]				2.4 Provide Casey Guidelines for Need-Based Service Planning in Child Welfare to supervisory staff with training [Casey Outcomes and Decision-Making Project and American Humane].	Quarterly Training Report	2.4.1. Plan training content with American Humane and purchase 600 manuals for distribution. 2.4.2. Distribute Tough Problems, Tough Choices: Guidelines for Needs-Based Service Planning in Child Welfare to: ▪ Social Work Administrators ▪ Social Work Supervisors ▪ Each DHS Office 2.4.3. Post the Guidelines on the intranet, available electronically to all staff. 2.4.4. Provide statewide ICN [interactive video conferencing] and CIDS [phone conferencing] training by the authors to staff regarding: ▪ Using Guidelines in Daily Practice ▪ Using Guidelines as a Supervisory Tool ▪ Using Guidelines in Substance Abuse Cases [focus on meth	Projected: 1st Quarter 1st Quarter 1st Quarter 1st Quarter	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						abuse] [See Training Plan in the PIP Narrative Appendix]	Actual:	
[Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]			Conduct Family Team Meetings in 80% of families in the identified target population.	2.5 Promote and implement Family Team Decision Making [FTDM] statewide.	FACS administrative data [% of cases in which Family Team Meetings are held} Quarterly Report of Benchmark Completion.Completion.	2.5.1 Conduct a survey of social workers that have successfully implemented family team decision making to determine current system strengths and needs for implementation. 2.5.2 Identify target population for implementation. 2.5.3 Set clear expectations for practice through "Practice Standards for Family Team Decision Making;" adopted for implementation. 2.5.4 Establish a mechanism to list approved facilitators and approved training curriculum. 2.5.5 Develop a Guide for Successful FTDM Practice that can be used to evaluate FTDM. 2.5.6 Develop training curriculum. 2.5.7 Provide training statewide. [See Training Plan in the PIP Narrative Appendix] 2.5.8 Incorporate training curriculum in core training and new-worker training. 2.5.9 Provide Coaching and Mentoring in FTDM for supervisors. 2.5.10 Provide ICN Practice Seminars	Projected: 1st Quarter 1st Quarter 1st Quarter 1st Quarter 3rd Quarter 3rd Quarter 4th Quarter 4th Quarter 4th Quarter 4th Quarter	Projected: 8th Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						using interactive video for practice consultation [monthly during initial implementation 8/1/04 to 01/01/05]. 2.5.11 Provide consultation for implementation as requested.	Ongoing 8th Quarter	
[Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]				2.6 Establish expertise in substance abuse to respond to Meth abuse effecting children in Iowa.	Quarterly Report of Benchmark completion.	2.6.1 Establish specialized substance abuse positions, Meth Specialists, for each judicial district to provide direct service in reduced caseloads, consultation, and training to front-line workers. 2.6.2 Specialists will be provided with training in partnership with Iowa Department of Public Health. [See Training Plan in the PIP Narrative Appendix] 2.6.3 Specialist will provide training individualized for their service areas in Meth abuse.	Projected: 1st Quarter 1st Quarter Ongoing 8th Quarter	Projected: 8th Quarter
[Wendy Rickman, Service Area Manager; Mary Nelson, Division of Behavioral, Developmental, and Protective Services]				2.7 Implement a DV/CPS initiative.	Quarterly Report of Benchmark completion.	2.7.1 Partner with the Attorney General's office and the Iowa Coalition Against Domestic Violence to develop and distribute electronically to DHS staff a Community Partnerships for Protection of Children Handbook: "Guide for Domestic Violence in Child Welfare." 2.7.2 Train DHS staff in domestic violence issues affecting children	Projected: 3rd Quarter 4th Quarter	Projected: 8th Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						using the "Guide for Domestic Violence in Child Welfare." 2.7.3 Initiate 12 pilot sites for family violence response teams in partnership with the Attorney General's Office.	6th Quarter Actual:	
[Gary Lippe, Service Area Manager; Mary Nelson, Division of Developmental and Protective Services]				2.9 Implement Contracting-4-Results for Child Welfare/Juvenile Justice populations.	Quarterly Report of Benchmark completion	2.9.1 Determine which existing contracts and services will apply to contracting for results 2.9.2 Finalize initial set of outcome based performance measures for each core child welfare service (i.e. family centered services, family foster care, group care, shelter care, independent living and adoption) 2.9.3 Finalize contract language, including performance measures 2.9.4 Provider Manual developed as applicable 2.9.5 Signatures obtained on amended contracts 2.9.6 Providers begin submitting performance data 2.9.7 DHS begins reporting provider performance	Projected: 2nd Quarter 2nd Quarter 3rd Quarter 3rd Quarter 4th Quarter 5th Quarter 6th Quarter Actual:	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Incidence of Child Abuse and/or Neglect in Foster Cares (Statewide data indicator relating to Item 2)	X						Projected: Actual:	Projected: Actual:
Outcome S2: Children are safely maintained in their homes when-ever possible and appropriate	X						Projected: Actual:	Projected: Actual:
Item 3: Services to family to protect child(ren) in home and prevent removal	X						Projected: Actual:	Projected: Actual:
Item 4: Risk of harm to child(ren)	X						Projected: Actual:	Projected: Actual:
Outcome P1: Children have permanency and stability in their living situation [Ken Riedel, Service Area Manager; Mary Nelson, Division of Behavioral, Developmental, and Protective Services]		X	Align standards around best practice and to encourage and reward practice that leads to better outcomes. Baseline: 50% Goal: 55% Midterm Goal 52.5%	See Action Steps: Item 5 – 10.	FACS administrative data [% of cases in which appropriate permanency goal is established in a timely manner, and % of cases in which a child has a stable placement]	See Benchmarks: 5.1.1. – 10.4.3.	Projected: 8th Quarter Actual:	Projected: 8th Quarter Actual:
Item 5: Foster care re-entries		X	Baseline: 60%	5.1 Develop Policy and practice that promotes discharge planning from	QSR Qualitative Data	5.1.1 Develop and implement trial home visit policy and protocol	Projected: 1st Quarter	Projected: 8th Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
[Wendy Rickman, Service Area Manager; Vern Armstrong, Bureau of Protective Services]			Goal: 65% of children who enter foster care do not have a prior placement within 12 months of placement. Midterm Goal: 62.5%	placement to return home.	FACS administrative data [% of entries into care that are re-entries within 12 months of previous episode] Quarterly Report of Benchmark completion	directed at discharge planning for children leaving foster care to return home. 5.1.2 Revise the Case Plan to include discharge-planning prior to return home and to identify services that will continue after the child returns home. 5.1.3 Utilize National Resource Center for Foster Care and Permanency for technical assistance including curriculum on practice strategies to prevent reentry of children into foster care. 5.1.4 Training committee reviews curriculum. 5.1.5 Incorporate curriculum into training for new-workers and on-going core training. [See Training Plan in the PIP Narrative Appendix]	1st Quarter 4th Quarter 5th Quarter 5th Quarter Actual:	Actual:
[Mary Nelson, Division of Behavioral, Developmental, and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]				5.2 Establish a performance standard and indicator for results for foster care re-entries	Quarterly Report of Benchmark completion	5.2.1 Develop model of practice including performance standards, establish indicators, and expectation for service areas. 5.2.2 Electronically communicate to all staff performance standards, indicators, and expectations.	Projected: 1st Quarter 2ndst Quarter Actual:	Projected: Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
[Vern Armstrong, Bureau of Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]				5.3 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	FACS administrative data [% of entries into care that are re-entries within 12 months of previous episode]	5.3.1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Projected: 4th Quarter	
[Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]				5.4 Implement a functional assessment of the family statewide that includes existing assessments, both informal and formal, and contains the current strengths, needs and risks of the child and family. The assessment will identify the critical underlying issues that must be resolved for the child to live safely inside his/her family independent of outside supervision.	Administrative Data Quarterly Report of Benchmark completion QSR Qualitative Data	5.4.1 Review existing assessment tools and functional assessment protocols and identify gaps/needs and utilize National Resource Center on Child Maltreatment and Family Centered Services to explore potential functional assessment tools and or modifications to our tools. 5.4.2 Develop and provide training on new or revised tools and processes incorporating assessment changes into new worker training. 5.4.3 Service Area Supervisors will assure the Functional Assessment is implemented and used.	Projected: 3rd Quarter 4th Quarter 6th Quarter	Projected: 8th Quarter Actual:
[Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]				5.5 Develop and implement "one family – one plan."	Quarterly Report of Benchmark completion	5.5.1 Complete Memorandums of agreement with child welfare partners, i.e. education, substance abuse, domestic violence, mental health, corrections. 5.5.2 Develop and implement policy and protocol for "one family – one plan".	Projected: 4th Quarter 4th Quarter	Projected: 8th Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						5.5.3 Revise the Case Plan if indicated during protocol development. 5.5.4 Develop curriculum on "one family – one plan." 5.5.5 Training committee reviews curriculum. 5.5.6 Incorporate curriculum into training for new-workers and on-going core training. 5.5.7. Service Area Supervisors will assure "one family – one plan" is implemented and used.	4th Quarter 5th Quarter 5th Quarter 6th Quarter 6th Quarter	
[Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]			Conduct Family Team Meetings in 80% of families in the identified target population.	5.6 Promote and implement Family Team Decision Making [FTDM] statewide.	FACS administrative data [% of cases in which Family Team Meetings are held} Quarterly Report of Benchmark Completion.	5.6.1 Conduct a survey of social workers that have successfully implemented family team decision making to determine current system strengths and needs for implementation. 5.6.2 Identify target population for implementation. 5.6.3 Set clear expectations for practice through "Practice Standards for Family Team Decision Making;" adopted for implementation. 5.6.4 Establish a mechanism to list approved facilitators and approved	Projected: 1st Quarter 1st Quarter 1st Quarter 1st Quarter	Projected: 8th Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						training curriculum. 5.6.5 Develop a Guide for Successful FTDM Practice that can be used to evaluate FTDM. 5.6.6 Develop training curriculum. 5.6.7 Provide training statewide. [See Training Plan in the PIP Narrative Appendix] 5.6.8 Incorporate training curriculum in core training and new-worker training. 5.6.9 Provide Coaching and Mentoring in FTDM for supervisors. 5.6.10 Provide ICN Practice Seminars using interactive video for practice consultation [monthly during initial implementation 8/1/04 to 01/01/05]. 5.6.11 Provide consultation for implementation as requested.	3rd Quarter 3rd Quarter 4th Quarter 4th Quarter 4th Quarter 4th Quarter Ongoing 8th Quarter	
[Gary Lippe, Service Area Manager; Mary Nelson, Division of Developmental and Protective Services]				5.7 Implement Contracting-4-Results for Child Welfare/Juvenile Justice populations.	Quarterly Report of Benchmark completion	5.7.1 Determine which existing contracts and services will apply to contracting for results 5.7.2 Finalize initial set of outcome based performance measures for each core child welfare service (i.e. family centered services,	Projected: 2nd Quarter 2nd Quarter	Projected: Actual:

Program Improvement Implementation									
1			2	3	4	5		6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal		Dates of Achievement	
								Benchmark	Goal
	A	NA							
							family foster care, group care, shelter care, independent living and adoption)		
						5.7.3	Finalize contract language, including performance measures	3rd Quarter	
						5.7.4	Provider Manual developed as applicable	3rd Quarter	
						5.7.5	Signatures obtained on amended contracts	4th Quarter	
						5.7.6	Providers begin submitting performance data	5th Quarter	
						5.7.7	DHS begins reporting provider performance	6th Quarter Actual:	
Foster Care Re-entries (Statewide foster care re-entries data indicator) [Mary Nelson, Division of Behavioral, Developmental, and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]			Baseline: 27.7% Goal: 26.35% Midterm Goal: 27.0%	5.8. Establish a performance standard and indicator for results for foster care re-entries.	FACS administrative data [% of entries into care that are re-entries within 12 months of previous episode] QSR Qualitative Data	5.8.1	Develop model of practice including performance standards, establish indicators, and expectation for service areas	Projected: 1st Quarter	Projected: 8th Quarter
						5.8.2	Electronically communicate to all staff performance standards, indicators, and expectations.	2nd Quarter Actual:	Actual:
[Vern Armstrong, Bureau of Protective Services; Bill Gardam, Results Based Accountability; Marc Baty,				5.9 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	FACS administrative data [% of entries into care that are re-	5.9.1	Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make	Projected: 4th Quarter	Projected: 8th Quarter

Program Improvement Implementation									
1			2	3	4	5		6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal		Dates of Achievement	
								Benchmark	Goal
	A	NA							
Service Area Manager]					entries within 12 months of previous episode]		progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Actual:	Actual:
Item 6: Stability of foster care placement [Mary Nelson, Division of Behavioral, Developmental, and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]		X	Baseline: 82% Goal: 87% of cases where the child experienced no placement change or the placement change is in the child's best interest Midterm Goal: 84.5%	6.1 Establish a performance standard and indicator for stability of foster care placement.	FACS administrative data [% children experiencing no more than 2 placements in the first 12 months in foster care] QSR Qualitative Data Telephone survey/inquiry	6.1.1 6.1.2	Develop model of practice including performance standards, establish indicators, and expectation for service areas Electronically communicate to all staff performance standards, indicators, and expectations.	Projected: 1st Quarter 2nd Quarter Actual:	Projected: 8th Quarter Actual:
[Vern Armstrong, Bureau of Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]				6.2 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	FACS administrative data [% children experiencing no more than 2 placements in the first 12 months in foster care]	6.2.1	Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Projected: 4th Quarter Actual:	Projected: 8th Quarter Actual:
[Tom Bouska, Service Area				6.3 Implement "Partnering for Safety	Quarterly Training	6.3.1	Implement PS-MAPP training	Projected: 6th Quarter	Projected: 8th Quarter

Program Improvement Implementation									
1			2	3	4	5		6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal		Dates of Achievement	
								Benchmark	Goal
	A	NA							
Administrator; Vern Armstrong, Bureau of Protective Services]				and Permanency – Model Approach to Partnerships in Parenting" [PS-MAPP]	Report		for all new foster parents and add to existing foster parents approved training. [See Training Plan in the PIP Narrative Appendix]	Actual:	Actual:
Item 6: Stability of foster care placement [Tom Bouska, Service Area Administrator; Vern Armstrong, Bureau of Protective Services]		X	Baseline: 82% Goal: 87% of cases where the child experienced no placement change or the placement change is in the child's best interest Midterm Goal: 84.5%	6.4 Develop and implement diligent recruitment plans to assure adequate numbers of foster and adoptive homes to meet the needs of Iowa children. There will be a focus in this recruitment effort on identifying needs for foster homes representing the ethnic and racial diversity of the identified service area.	QSR Qualitative Data Iowa Foster and Adoptive Parent Association monthly reports aggregated Iowa Foster and adoptive Parent Association monthly activity reports	6.4.1 6.4.2 ▪ Targeted recruitment based on the needs assessment ▪ Focus on specific minority communities for recruitment ▪ Work with communities of Faith for targeted recruitment ▪ Training assess the needs of teens, skills needed to work with teens, and development of recruitment strategies for families to foster and adopt teens 6.4.3	Complete a service area needs assessment targeted at number and types of homes and current availability. Develop a diligent statewide recruitment plan with TA from AdoptUSKids that includes: Each Service Area will establish a team that includes private agency staff, foster parents liaisons, foster and adoptive parents and community leaders	Projected: 1st Quarter 2nd Quarter 2nd Quarter	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						to complete a needs assessment.		
						6.4.4 The team will define the need for foster homes and develop specific recruitment strategies for their areas.	3rd Quarter	
						6.4.5 Goals established at the AdoptUSKids recruitment summit will be incorporated in the area recruitment plans	3rd Quarter	
						6.4.6 Develop performance based contracted target goals with Iowa Foster and Adoptive Parent Association for recruitment requirements that will address needs of service areas as assessed	4th Quarter	
						6.4.7 Develop a means for service areas to communicate with Iowa Foster and Adoptive Parent Association regarding unmet needs.	4th Quarter	
						6.4.8 Develop reporting process to report to Iowa Foster and Adoptive Parent Association when new foster parents get their first placement.	4th Quarter	
						6.4.9 IFAPA will contact and support foster parents: ▪ Provide welcome packet to newly licensed foster parents	4th Quarter Actual:	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						▪ Conduct state wide support groups ▪ Maintain a toll free information and referral line ▪ Provide liaisons to support foster parents ▪ Promote peer support though a volunteer program		
[Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]			Conduct Family Team Meetings in 80% of families in the identified target population.	6.5 Promote and implement Family Team Decision Making [FTDM] statewide.	FACS administrative data [% of cases in which Family Team Meetings are held} Quarterly Report of Benchmark Completion.	6.5.1 Conduct a survey of social workers that have successfully implemented family team decision making to determine current system strengths and needs for implementation. 6.5.2 Identify target population for implementation. 6.5.3 Set clear expectations for practice through "Practice Standards for Family Team Decision Making;" adopted for implementation. 6.5.4 Establish a mechanism to list approved facilitators and approved training curriculum. 6.5.5 Develop a Guide for Successful FTDM Practice that can be used to evaluate FTDM. 6.5.6 Develop training curriculum. 6.5.7 Provide training statewide. [See Training Plan in the PIP Narrative Appendix]	Projected: 1st Quarter 1st Quarter 1st Quarter 1st Quarter 3rd Quarter 3rd Quarter 4th Quarter	Projected: 8th Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						6.5.8 Incorporate training curriculum in core training and new-worker training. 6.5.9 Provide Coaching and Mentoring in FTDM for supervisors. 6.5.10 Provide ICN Practice Seminars using interactive video for practice consultation [monthly during initial implementation 8/1/04 to 01/01/05]. 6.5.11 Provide consultation for implementation as requested.	4th Quarter 4th Quarter 4th Quarter Ongoing 8th Quarter	
Stability of Foster Care Placement (Statewide data indicator relating to Item 6)	X							
Item 7: Permanency goal for child [Mary Nelson, Division of Behavioral, Developmental, and Protective Services; ; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]		X	Baseline: 75% Goal: 80% of applicable cases have an appropriate permanency goal that is achieved timely Midterm Goal: 77.5%	7.1 Establish a performance standard and indicator for identifying an appropriate, timely permanency goal.	FACS administrative data [% in which permanency goal is established in a timely manner] QSR Qualitative Data [appropriateness] Supervisory QA moment [appropriateness]	7.1.1 Develop model of practice including performance standards, establish indicators, and expectation for service areas 7.1.2 Electronically communicate to all staff performance standards, indicators, and expectations.	Projected: 1st Quarter 2nd Quarter Actual:	Projected: 8th Quarter Actual:
[Vern Armstrong, Bureau of Protective Services; Bill				7.2 Conduct quarterly review of performance and initiate corrective	FACS administrative data	7.2.1 Service Area Managers will monitor and review performance	Projected: 4th Quarter	Projected: 8th Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Gardam, Results Based Accountability; Marc Baty, Service Area Manager]				action to address non-compliance.	[% in which permanency goal is established in a timely manner]	standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Actual:	Actual:
[Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]			Conduct Family Team Meetings in 80% of families in the identified target population.	7.3 Promote and implement Family Team Decision Making [FTDM] statewide.	FACS administrative data [% of cases in which Family Team Meetings are held} Quarterly Report of Benchmark Completion.	7.3.1 Conduct a survey of social workers that have successfully implemented family team decision making to determine current system strengths and needs for implementation. 7.3.2 Identify target population for implementation. 7.3.3 Set clear expectations for practice through "Practice Standards for Family Team Decision Making;" adopted for implementation. 7.3.4 Establish a mechanism to list approved facilitators and approved training curriculum. 7.3.5 Develop a Guide for Successful FTDM Practice that can be used to evaluate FTDM. 7.3.6 Develop training curriculum. . [See Training Plan in the PIP Narrative Appendix] 7.3.7 Provide training statewide. 7.3.8 Incorporate training curriculum in core training and new-worker training.	Projected: 1st Quarter 1st Quarter 1st Quarter 1st Quarter 3rd Quarter 3rd Quarter 4th Quarter 4th Quarter	Projected: 8th Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						7.3.9 Provide Coaching and Mentoring in FTDM for supervisors. 7.3.10 Provide ICN Practice Seminars using interactive video for practice consultation [monthly during initial implementation 8/1/04 to 01/01/05]. 7.3.11 Provide consultation for implementation as requested.	4th Quarter 4th Quarter Ongoing 8th Quarter	
[Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]				7.4 Promote and implement permanency policy and training.	Quarterly Report of Benchmark Completion.	7.4.1 Assess current policy and curriculum for permanency. 7.4.2 Develop and implement policy and protocol for permanency. 7.4.3 Develop curriculum on permanency that includes concurrent planning, permanency planning, reasonable efforts to achieve the permanency goal, timely adoption, through use of the National Resource Center for Foster Care and Permanency Planning and for Legal and Judicial 7.4.4 Training committee reviews curriculum. 7.4.5 Incorporate curriculum into training for new-workers and on-going core training. 7.4.6 Service Area Supervisors will assure the permanency policy is	Projected: 4th Quarter 5th Quarter 5th Quarter 6th Quarter 6th Quarter 6th Quarter	Projected: 8th Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						implemented.		
Item 8: Reunification, guardianship, or permanent placement with relatives	X						Projected: Actual:	Projected: Actual:
Length of Time to Achieve Permanency Goal of Reunification (Statewide data indicator relating to Item 8)	X						Projected: Actual:	Projected: Actual:
Item 9: Adoption [Mary Nelson, Division of Behavioral, Developmental, and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]		X	Baseline: 55% Goal: 60% achieved finalized adoption within 24 months of placement in foster care Midterm: 57.5%	9.1 Establish a performance standard and indicator for achieving finalized adoption within 24 months of placement in foster care	QSR Qualitative Data FACS administrative data [% of adoption cases where adoption was achieved within 24 months of placement in foster care] Supervisory QA moment	9.1.1 Develop model of practice including performance standards, establish indicators, and expectation for service areas 9.1.2 Electronically communicate to all staff performance standards, indicators, and expectations.	Projected: 1st Quarter 2nd Quarter Actual:	Projected: 8th Quarter Actual:
[Vern Armstrong, Bureau of Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]				9.2 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	FACS administrative data [% of adoption cases where adoption was	9.2.1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal.	Projected: 4th Quarter	Projected: 8th Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
					achieved within 24 months of placement in foster care]	Service Area monitoring and planning for corrective action will involve front line supervisors.	Actual:	Actual:
[Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]				9.3 Promote and implement permanency policy and training.	Quarterly Report of Benchmark Completion.	9.3.1 Assess current policy and curriculum for permanency. 9.3.2 Develop and implement policy and protocol for permanency. 9.3.3 Develop curriculum on permanency that includes concurrent planning, permanency planning, reasonable efforts to achieve the permanency goal, timely adoption, through use of the National Resource Center for Foster Care and Permanency Planning and for Legal and Judicial 9.3.4 Training committee reviews curriculum. 9.3.5 Incorporate curriculum into training for new-workers and on-going core training. . [See Training Plan in the PIP Narrative Appendix] 9.3.6 Service Area Supervisors will assure the permanency policy is implemented.	Projected: 4th Quarter 5th Quarter 5th Quarter 6th Quarter 6th Quarter 6th Quarter	Projected: 8th Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Length of Time to Achieve Permanency Goal of Adoption (Statewide data indicator relating to Item 9)	X						Projected: Actual:	Projected: Actual:
Item 10: Permanency goal of other planned permanent living arrangement [Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]		X	Baseline: 80% Goal: 85% of children who have other planned permanent living arrangements will receive appropriate services to maintain placement stability. Midterm Goal: 82.5%	10.1 Review all children age 17 for potential eligibility for SSA and SSI to ensure they are receiving the supports they need to maintain placement stability.	QSR Qualitative Data Supervisory QA moment	10.1.1 Implement initial review [550 current cases] of all children in foster care age 17 or older to determine potential for SSA and SSI. 10.1.2 Establish monthly ongoing desk review of children 17 or older to determine potential SSA and SSI 10.1.3 Expand Benefit Team Service contract to include a review of children for possible SSI and SSA benefits.	Projected: 1st Quarter 1st Quarter 1st Quarter Actual:	Projected: 8th Quarter Actual:
[Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]				10.2 Implementing training based on the Ansell Casey Life Skills Assessment	IFAPA monthly activity report	10.2.1 Contract with Iowa Foster and Adoptive to provide training for foster and adoptive parents, group home staff, and caseworkers. Training focuses on effective methods for preparing and assisting older adolescents in foster care for successful transition to self-sufficiency. 10.2.2 Promote life skill development through a “hands-on” approach	Projected: 3rd Quarter 3rd Quarter	Projected: 8th Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						by providing training to caregivers based in Ansell Casey Life Assessment Tool – 16 Teaching Life Skills training sessions, each 6 hours in length.		
[Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]				10.3 Develop and implement educational/training voucher program per federal legislation.	QSR Qualitative Data	10.3.1 Partner with Workforce Development, College Aid Commission and Iowa Aftercare Network to design the program: ▪ Design an application for educational and training vouchers ▪ Distribute statewide: DHS, Schools, IFAPA, IWD, Providers etc. ▪ Hire Coordinator for the program ▪ Implement funding 10.3.2 Expand college scholarships to children ageing out of foster care through Iowa Student Aid via the voucher program. 10.3.3 Utilize vouchers to assist children who are aging out of foster care achieve educational training goals to assist with attending and approved education and training progam	Projected: 2nd Quarter 3rd Quarter 4th Quarter	Projected: 8th Quarter
[Ken Riedel, Service Area				10.4 Establish transition teams in each	QSR Qualitative	10.4.1 Promulgate Iowa Administrative	Projected:	Projected:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Manager; Vern Armstrong, Bureau of Protective Services]				service area to review transition plans to assure they are adequate to meet the needs of the youth, and approve transition plans for all foster children, age 16 or older, in care.	Data Supervisory QA moment	Code that defines and structures transition teams. 10.4.2 Establish transition teams and provide training. . [See Training Plan in the PIP Narrative Appendix] 10.4.3 Implement team reviews.	1st Quarter 3rd Quarter 4th Quarter	8th Quarter
Outcome P2: The continuity of family relationships and connections is preserved for children [Pat Penning, Service Area Manager; Vern Armstrong, Bureau of Protective Services]		X	Baseline: 82.1% Goal: 87.1 % of children have continuity of family relationships preserved. Midterm: 84.6%	See Action Steps: Item 14.1 – 14.6	FACS Administrative Data QSR Qualitative Data Supervisory QA moment	See Benchmarks 14.1.1 – 14.6.3	Projected: Actual:	Projected: 8th Quarter Actual:
Item 11: Proximity of foster care placement	X						Projected: Actual:	Projected: Actual:
Item 12: Placement with siblings	X						Projected: Actual:	Projected: Actual:
Item 13: Visiting with parents and siblings in foster care	X							
Item 14: Preserving connections		X	Baseline 79% Goal: 84% of	14.1 Establish a performance standard and indicator for preserving connections [applies to all children	QSR Qualitative Data	14.1.1 Develop model of practice including performance standards, establish indicators, and	Projected: 1st Quarter	Projected: 8th Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
[Mary Nelson, Division of Behavioral, Developmental, and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]			children will have primary connections preserved with extended family, or school and community, or religious and ethnic/racial heritage. Midterm Goal: 81.5%	in foster care].	Telephone survey/inquiry [% of cases in which diligent efforts to preserve the child's connections]	expectation for service areas 14.1.2 Electronically communicate to all staff performance standards, indicators, and expectations.	2nd Quarter Actual:	Actual:
[Vern Armstrong, Bureau of Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]				14.2 Conduct quarterly review of performance and initiate corrective action to address non-compliance [applies to all children in foster care].	Telephone Survey Data [% of cases in which diligent efforts to preserve the child's connections]	14.2.1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Projected: 4th Quarter Actual:	Projected: 8th Quarter Actual:
[Pat Penning; Service Area Manager; Mary Nelson, Division of Behavioral, Developmental, and Protective Services]				14.3 Respond to the over representation of minority children in the foster care system by launching a demonstration project to preserve connections and maintain minority children of color in their homes.	Quarterly Report of Benchmark Completion.	14.3.1 Launch minority children demonstration project in Des Moines and Sioux City.	Projected: 1st Quarter Actual:	Projected: 8th Quarter Actual:
[Pat Penning; Service Area Manager; Mary Nelson, Division of Behavioral,				14.4 DHS will partner with Iowa and bordering state Tribes to implement IA-ICWA.	Quarterly Report of Benchmark Completion.	14.4.1 Provide training on IA-ICWA to DHS staff, attorneys, and judges [See Training Plan in the PIP	Projected: 1st Quarter	Projected: 8th Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Developmental, and Protective Services]						Narrative Appendix]. 14.4.2 Issue a manual letter [policy] on IA-ICWA and share with staff 14.4.3 Issue RFP for ICWA consultation for State and Service Areas 14.4.4 Complete initial ICWA review 14.4.5 Revise manual to reflect IA-ICWA and lessons learned from the compliance review	1st Quarter 1st Quarter 2nd Quarter 4th Quarter Actual:	Actual:
[Pat Penning; Service Area Manager; Mary Nelson, Division of Behavioral, Developmental, and Protective Services]				14.5 Establish Tribal agreements to preserve connections of Native American children.	Quarterly Report of Benchmark Completion.	14.5.1 Meet with at least one tribe to discuss tribal-state agreements 14.5.2 Complete at least one Memorandum of Understanding or Tribal Agreement	Projected: 4th Quarter 5th Quarter Actual:	Projected: 8th Quarter Actual:
[Pat Penning; Service Area Manager; Mary Nelson, Division of Behavioral, Developmental, and Protective Services]				14.6 DHS will contract with the University of Iowa, Disproportionate Minority Resource Center for technical assistance to children of color demonstration project sites and statewide.	Quarterly Report of Benchmark Completion.	14.6.1 Identify the amount and source of funding for contract with Disproportionate Minority Resource Center 14.6.2 Finalize scope of work and results measures 14.6.3 Negotiate contract.	Projected: 1st Quarter 1st Quarter 2nd Quarter Actual:	Projected: 8th Quarter Actual:
Item 15: Relative placement		X	Baseline: 77% Goal: 82% of all foster care cases	15.1 Establish a performance standard and indicator for relative placements.	FACS administrative data [% of relative	15.1.1 Develop model of practice including performance standards, establish indicators, and	Projected: 1st Quarter	Projected: 8th Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
[Mary Nelson, Division of Behavioral, Developmental, and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]			will make diligent efforts to locate and assess both maternal and paternal relatives as a potential placement source.		placements] QSR Qualitative Data Supervisory QA moment [diligent search]	expectation for service areas 15.1.2 Electronically communicate to all staff performance standards, indicators, and expectations	2nd Quarter Actual:	Actual:
[Vern Armstrong, Bureau of Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]				15.2 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	FACS administrative data [% of relative placements]	15.2.1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Projected: 4th Quarter Actual:	Projected: 8th Quarter Actual:
[Vern Armstrong, Bureau of Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]				15.3 Initiate an information system change to automate tracking relative cases.	Quarterly Report of Benchmark Completion.	15.3.1 Submit a service request for FACS system change to track relative placement 15.3.2 Complete programming to report and monitor performance quarterly and report compliance to service areas.	Projected: 1st Quarter 4th Quarter Actual:	Projected: 8th Quarter Actual:
[Pat Penning, Service Area Manager; Vern Armstrong, Bureau of Protective Services]				15.4 Establish "kinship care" policy, monitor compliance with diligent search procedures.	Quarterly Report of Benchmark Completion.	15.4.1 Develop and publish "kinship care" guide that includes: ▪ Criteria and procedures for diligent search for maternal and paternal relatives ▪ Assessment of relative for placement	Projected: 5th Quarter Actual:	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
[Pat Penning, Service Area Manager; Vern Armstrong, Bureau of Protective Services]				15.5 Provide "kinship care" training.	Quarterly Report of Benchmark Completion.	15.5.1 Develop "kinship care" training curriculum with technical assistance of the National Resource Center for Foster Care and Permanency 15.5.2 Provide training to DHS, juvenile court officers, and providers [See Training Plan in the PIP Narrative Appendix]	Projected: 5th Quarter 6th Quarter Actual:	Projected: 8th Quarter Actual:
Item 16: Relationship of child in care with parents [Mary Nelson, Division of Behavioral, Developmental, and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]		X	Baseline: 79% Goal: 84% of children in care have diligent efforts to support or maintain the bond between children in foster care with their mothers and fathers Midterm: 81.5%	16.1 Establish a performance standard and indicator for promoting parent child relationships by facilitating and encouraging visitation, involving parents in child's medical care, involving parents in child's recreational and school activities, or though family counseling.	QSR Qualitative Data Telephone survey/inquiry	16.1.1 Develop model of practice including performance standards, establish indicators, and expectation for service areas 16.1.2 Electronically communicate to all staff performance standards, indicators, and expectations.	Projected: 1st Quarter 2nd Quarter Actual:	Projected: 8th Quarter Actual:
[Vern Armstrong, Bureau of Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]				16.2 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	Telephone survey data [% of children in care have diligent efforts to support or maintain the bond between children in foster care with	16.2.1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line	Projected: 4th Quarter Actual:	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
					their mothers and fathers	supervisors.		
[Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]			Conduct Family Team Meetings in 80% of families in the identified target population.	16.3 Promote and implement Family Team Decision Making [FTDM] statewide.	FACS administrative data [% of cases in which Family Team Meetings are held} Quarterly Report of Benchmark Completion.	16.3.1 Conduct a survey of social workers that have successfully implemented family team decision making to determine current system strengths and needs for implementation. 16.3.2 Identify target population for implementation. 16.3.3 Set clear expectations for practice through "Practice Standards for Family Team Decision Making;" adopted for implementation. 16.3.4 Establish a mechanism to list approved facilitators and approved training curriculum. 16.3.5 Develop a Guide for Successful FTDM Practice that can be used to evaluate FTDM. 16.3.6 Develop training curriculum. 16.3.7 Provide training statewide. [See Training Plan in the PIP Narrative Appendix] 16.3.8 Incorporate training curriculum in core training and new-worker training. 16.3.9 Provide Coaching and Mentoring in FTDM for supervisors.	Projected: 1st Quarter 1st Quarter 1st Quarter 1st Quarter 3rd Quarter 3rd Quarter 4th Quarter 4th Quarter 4th Quarter	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						16.3.10 Provide ICN Practice Seminars using interactive video for practice consultation [monthly during initial implementation 8/1/04 to 01/01/05]. 16.3.11 Provide consultation for implementation as requested.	4th Quarter Ongoing 8th Quarter	
				16.4 Develop and distribute a guide for DHS and provider staff that includes suggestions on specific activities that they or the foster care provider can do to encourage a positive relationship between the child in care and the child's parents.	Quarterly Report of Benchmark completion.	16.4.1 Develop a Guide for DHS staff. 16.4.2 Distribute the Guide electronically.	Projected: 4th Quarter 5th Quarter	
				16.5 Add a performance measure to our provider contracts related to supporting contacts between the child an significant adults (including parents) during the time services are provided.	Quarterly Report of Benchmark completion	16.5.1 Determine which existing contracts and services will apply to contracting for results 16.5.2 Finalize contract language, including performance measures 2.9.8 Provider Manual revised as applicable 2.9.9 Signatures obtained on amended contracts 2.9.10 Providers begin submitting performance data 2.9.11 DHS begins reporting provider performance	Projected: 2nd Quarter 2nd Quarter 2nd Quarter 3rd Quarter 4th Quarter 6th Quarter Actual:	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Outcome WB1: Families have enhanced capacity to provide for their children's needs		X	Baseline 24% Goal: 29% of families have enhanced capacity to provide for their children's needs Midterm Goal: 26.5%	See Action Steps: Item 17 – Item 20	FACS administrative data QSR Qualitative Data Supervisory QA moment Parent and Child Survey	See Benchmarks: 17.1.1 – 20.3.7	Projected: 8th Quarter Actual:	Projected: 8th Quarter Actual:
Item 17: Needs and services of child, parents, foster parents [Mary Nelson, Division of Behavioral, Developmental, and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]		X	Baseline: 72% Goal: 77% of the needs of children, parents, and foster parents will be adequately assessed and the identified service needs met. Midterm Goal: 74.5%	17.1 Establish a performance standard and indicator for needs and services of child, parents, and foster parents.	QSR Qualitative Data Supervisory QA moment Parent Survey	17.1.1 Develop model of practice including performance standards, establish indicators, and expectation for service areas 17.1.2 Electronically communicate to all staff performance standards, indicators, and expectations.	Projected: 1st Quarter 2nd Quarter Actual:	Projected: 8th Quarter Actual:
				17.2 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	QSR, Supervisory, and parent survey data [% of the needs of children, parents, and foster parents will be adequately assessed and the identified service needs met]	17.2.1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Projected: 4th Quarter Actual:	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
[Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]			Conduct Family Team Meetings in 80% of families in the identified target population.	17.3 Promote and implement Family Team Decision Making [FTDM] statewide.	FACS administrative data [% of cases in which Family Team Meetings are held} Quarterly Report of Benchmark Completion.	17.3.1 Conduct a survey of social workers that have successfully implemented family team decision making to determine current system strengths and needs for implementation. 17.3.2 Identify target population for implementation. 17.3.3 Set clear expectations for practice through "Practice Standards for Family Team Decision Making;" adopted for implementation. 17.3.4 Establish a mechanism to list approved facilitators and approved training curriculum. 17.3.5 Develop a Guide for Successful FTDM Practice that can be used to evaluate FTDM. 17.3.6 Develop training curriculum. 17.3.7 Provide training statewide. [See Training Plan in the PIP Narrative Appendix] 17.3.8 Incorporate training curriculum in core training and new-worker training. 17.3.9 Provide Coaching and Mentoring in FTDM for supervisors. 17.3.10 Provide ICN Practice Seminars using interactive video for practice consultation [monthly during initial implementation 8/1/04 to 01/01/05].	Projected: 1st Quarter 1st Quarter 1st Quarter 1st Quarter 3rd Quarter 3rd Quarter 4th Quarter 4th Quarter 4th Quarter 4th Quarter	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						17.3.11 Provide consultation for implementation as requested.	Ongoing 8th Quarter	
[Wendy Rickman, Service Area Manager; Vern Armstrong, Bureau of Protective Services]		X		17.4 Implement a functional assessment of the family statewide that includes existing assessments, both informal and formal, and contains the current strengths, needs and risks of the child and family. The assessment will identify the critical underlying issues that must be resolved for the child to live safely inside his/her family independent of outside supervision.	Administrative Data Quarterly Report of Benchmark completion QSR Qualitative Data Supervisory QA moment	17.4.1 Review existing assessment tools and functional assessment protocols and identify gaps/needs and utilize National Resource Center on Child Maltreatment and Family Centered Services to explore potential functional assessment tools and or modifications to our tools. 17.4.2 Develop and provide training on new or revised tools and processes incorporating assessment changes into new worker training. 17.4.3 Service Area Supervisors will assure the Functional Assessment is implemented and used.	Projected: 3rd Quarter 4th Quarter 6th Quarter Actual:	Projected: 8th Quarter Actual:
Item 18: Child and family involvement in case planning [Mary Nelson, Division of Behavioral, Developmental, and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]		X	Baseline: 66% Goal: 71% of parents (including pre-adoptive parents or permanent caregivers) and children (if age-appropriate are involved in the case planning (and if not,	18.1 Establish a performance standard and indicator for parent and child involvement in case planning that includes a parent or child actively participating in identifying the services and goals included in the case plan	FACS administrative data [% of cases with FTDM] QSR Qualitative Data Parent/Child survey	18.1.1 Develop model of practice including performance standards, establish indicators, and expectation for service areas 18.1.2 Electronically communicate to all staff performance standards, indicators, and expectations.	Projected: 1st Quarter 2nd Quarter Actual:	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
			their involvement is contrary to the child's best interest).					
				18.2 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	FACS administrative data [% of cases with FTDM]	18.2.1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Projected: 4th Quarter Actual:	Projected: 8th Quarter Actual:
[Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]			Conduct Family Team Meetings in 80% of families in the identified target population.	18.3 Promote and implement Family Team Decision Making [FTDM] statewide.	FACS administrative data [% of cases in which Family Team Meetings are held} Quarterly Report of Benchmark Completion.	18.3.1 Conduct a survey of social workers that have successfully implemented family team decision making to determine current system strengths and needs for implementation. 18.3.2 Identify target population for implementation. 18.3.3 Set clear expectations for practice through "Practice Standards for Family Team Decision Making;" adopted for implementation. 18.3.4 Establish a mechanism to list approved facilitators and approved training curriculum. 18.3.5 Develop a Guide for Successful	Projected: 1st Quarter 1st Quarter 1st Quarter 1st Quarter 3rd Quarter	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						FTDM Practice that can be used to evaluate FTDM. 18.3.6 Develop training curriculum. 18.3.7 Provide training statewide. [See Training Plan in the PIP Narrative Appendix] 18.3.8 Incorporate training curriculum in core training and new-worker training. 18.3.9 Provide Coaching and Mentoring in FTDM for supervisors. 18.3.10 Provide ICN Practice Seminars using interactive video for practice consultation [monthly during initial implementation 8/1/04 to 01/01/05]. 18.3.11 Provide consultation for implementation as requested.	3rd Quarter 4th Quarter 4th Quarter 4th Quarter 4th Quarter Ongoing 8th Quarter	
[Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]				18.4 Develop and implement "one family – one plan."	Quarterly Report of Benchmark completion	18.4.1 Complete Memorandums of agreement with child welfare partners, i.e. education, substance abuse, domestic violence, mental health, corrections. 18.4.2 Develop and implement policy and protocol for "one family – one plan". 18.4.3 Revise the Case Plan if indicated during protocol development. 18.4.4 Develop curriculum on "one family – one plan."	Projected: 4th Quarter 4th Quarter 4th Quarter 5th Quarter	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						18.4.5 Training committee reviews curriculum. 18.4.6 Incorporate curriculum into training for new-workers and on-going core training. . [See Training Plan in the PIP Narrative Appendix] 18.4.7 Service Area Supervisors will assure the "one family – one plan" is implemented and used.	5th Quarter 5th Quarter 6th Quarter Actual:	
Item 19: Worker visits with child [Evan Klenk, Service Area Manager; Vern Armstrong, Bureau of Protective Services]		X	Baseline 10% Goal: 25% of cases will have quality visits at least monthly with children Midterm: 17.5%	19.1 Establish a performance standard and indicator for worker visitation with the child.	FACS administrative data [frequency of visits] QSR Qualitative Data [quality] Child survey	19.1.1 Develop model of practice including performance standards, establish indicators, and expectation for service areas 19.1.2 Electronically communicate to all staff performance standards, indicators, and expectations.	Projected: 1st Quarter 2nd Quarter Actual:	Projected: 8th Quarter Actual:
				19.2 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	FACS administrative data [frequency of visits]	19.2.1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Projected: 4th Quarter Actual:	Projected: 8th Quarter Actual:
[Tom Bouska Service Area Manager; Vern Armstrong,				19.3 Reduce case mangers administrative workload in order to	FACS administrative data	19.3.1 Contract with the Center for Support of Families to help us	Projected: 1st Quarter	Projected: 8th Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Bureau of Protective Services]				re-invest freed up time into face-to-face contact with children and families – thus improving engagement and frequency of worker visits with children and parents	[frequency of visits]	review the case flow from child abuse referral to case closure. 19.3.2 Identify opportunities to eliminate and/or streamline administrative tasks and to ensure that we are documenting the right information at the right time in order to inform worker decision-making. 19.3.3 Review and approve recommended changes in case flow and documentation requirements. 19.3.4 Revise policy and/or procedures to to be consistent with changes. 19.3.5 Develop curriculum for CW Redesign Training for DHS staff on case flow and documentation changes. 19.3.6 Train staff. . [See Training Plan in the PIP Narrative Appendix] 19.3.7 Implement case flow and documentation requirement changes.	2nd Quarter 3rd Quarter 4th Quarter 4th Quarter 5th Quarter 5th Quarter Actual:	Actual:
Item 20: Worker visits with parents [Evan Klenk, Service Area Manager; Vern Armstrong, Bureau of Protective		X	Baseline 23% Goal: 30% of cases will have quality visits at least monthly with	20.1 Establish a performance standard and indicator for worker visitation with the parents	FACS administrative data [frequency of visits] QSR Qualitative Data [quality]	20.1.1 Develop model of practice including performance standards, establish indicators, and expectation for service areas 20.1.2 Electronically communicate to	Projected: 1st Quarter 2nd Quarter	Projected: 8th Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Services]			children Midterm: 26.5%		Parent survey	all staff performance standards, indicators, and expectations.	Actual:	Actual:
				20.2 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	FACS administrative data [frequency of visits]	20.2.1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Projected: 4th Quarter Actual:	Projected: 8th Quarter Actual:
[Tom Bouska Service Area Manager; Vern Armstrong, Bureau of Protective Services]				20.3 Reduce case mangers administrative workload in order to re-invest freed up time into face-to-face contact with children and families – thus improving engagement and frequency of worker visits with children and parents	FACS administrative data [frequency of visits]	20.3.1 Contract with the Center for Support of Families to help us review the case flow from child abuse referral to case closure. 20.3.2 Identify opportunities to eliminate and/or streamline administrative tasks and to ensure that we are documenting the right information at the right time in order to inform worker decision-making. 20.3.3 Review and approve recommended changes in case flow and documentation requirements. 20.3.4 Revise policy and/or procedures to be consistent with changes.	Projected: 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter 4th Quarter	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						20.3.5 Develop curriculum for CW Redesign Training for DHS staff on case flow and documentation changes. 20.3.6 Train staff. . [See Training Plan in the PIP Narrative Appendix] 20.3.7 Implement case flow and documentation requirement changes.	5th Quarter 5th Quarter Actual:	
Outcome WB2: Children receive appropriate services to meet their educational needs	X						Projected: Actual:	Projected: Actual:
Item 21: Educational needs of the child	X						Projected: Actual:	Projected: Actual:
Outcome WB3: Children receive adequate services to meet their physical and mental health needs [Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]		X	Baseline: 78.7% Goal 83.7% of children in foster care will receive adequate services to meet their physical and mental health needs. Midterm: 81.2%	WB3.1: Establish a performance standard and indicator for the cases in which both physical and mental health needs (including substance abuse) are appropriately assessed (annual physical exam and regular EPSDT screenings) and service provided to meet needs.	QSR Qualitative Data [quality] Supervisory QA moment	WB3.1.1 Develop model of practice including performance standards, establish indicators, and expectation for service areas WB3.1.2 Electronically communicate to all staff performance standards, indicators, and expectations.	Projected: 1st Quarter 2nd Quarter Actual:	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
				WB3.2: Conduct quarterly review of performance and initiate corrective action to address non-compliance.	Administrative data [% of children in foster care will receive adequate services to meet their physical and mental health needs.]	WB3.2 1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Projected: 4th Quarter Actual:	Projected: 8th Quarter Actual:
Item 22: Physical health of the child	X		Baseline: 89% [Strength] % of cases in which children have access to health care through Medicaid, HAWK-I, or private insurance	22.1 Increase access to health care through Medicaid, HAWK-I or private insurance	QSR Qualitative Data Supervisory QA moment	22.1.1 Workgroup formed 22.1.2 Strategies developed with time frames 22.1.3 Begin statewide implementation	Projected: 2nd Quarter 3rd Quarter 4th Quarter Actual:	Projected: 8th Quarter Actual:
Item 23: Mental health of the child [Pat Penning, Service Area Manager; Vern Armstrong, Bureau of Protective Services]	X		Baseline: 86% [Strength]	[See WB3.1 – WB3.2]	[See WB3.1 – WB3.2]	[See WB3.1.1 – WB3.2.1]	Projected: Actual:	Projected: Actual:
				23.1 Strengthen expectations within Iowa Plan contract to improve assessment of mental health issues	Performance data within Iowa Plan	23.1.1 Include expectations in RFP for Iowa Plan	Projected: 2nd Quarter	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
				and access to mental health services for children in child welfare and juvenile justice systems.		23.1.2 Include expectations in contract negotiations 23.1.3 Implement Iowa Plan changes to better address mental health needs of children in foster care	3rd Quarter 4th Quarter Actual:	
				23.2 Negotiate state level Memorandum of Agreement with the Department of Education and Department of Public Health to address service needs [i.e. education, mental health, substance abuse, medical, public and private service providers, etc.]	Quarterly Report of Benchmark completion	23.2.1 Develop list of issues/scope for Memorandum of Agreements. 23.2.2 Negotiate initial draft. 23.2.3 Finalize signatures.	Projected: 1st Quarter 2nd Quarter 3rd Quarter	
Systemic Factor 1: Statewide Information System	X						Projected: Actual:	Projected: Actual:
Item 24: State is operating a Statewide information system that, at a minimum, can readily identify the status, demo-graphic characteristics, location, and goals for the placement of every child who is (or within the immediately	X						Projected: Actual:	Projected: Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
preceding 12 months, has been) in foster care								
Systemic Factor 2: Case Review System [Ken Riedel, Service Area Manager, Vern Armstrong, Bureau of Protective Services]		X	Provide a process that ensures that each child has a written case plan to be developed jointly with the child's parents. Provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing	See Action Steps: Items 25 and 29	QSR Qualitative Data	See Benchmarks 25.1 – 25.2.3.	Projected: Actual:	Projected: 8th Quarter Actual:
Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions [Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]		X	Conduct Family Team Meetings in 80% of families in the identified target population.	25.1 Promote and implement Family Team Decision Making [FTDM] statewide.	FACS administrative data [% of cases in which Family Team Meetings are held} Quarterly Report of Benchmark Completion.	25.1.1 Conduct a survey of social workers that have successfully implemented family team decision making to determine current system strengths and needs for implementation. 25.1.2 Identify target population for implementation. 25.1.3 Set clear expectations for practice through "Practice Standards for Family Team Decision Making;" adopted for implementation.	Projected: 1st Quarter 1st Quarter 1st Quarter	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						25.1.4 Establish a mechanism to list approved facilitators and approved training curriculum. 25.1.5 Develop a Guide for Successful FTDM Practice that can be used to evaluate FTDM. 25.1.6 Develop training curriculum. 25.1.7 Provide training statewide. [See Training Plan in the PIP Narrative Appendix] 25.1.8 Incorporate training curriculum in core training and new-worker training. 25.1.9 Provide Coaching and Mentoring in FTDM for supervisors. 25.1.10 Provide ICN Practice Seminars using interactive video for practice consultation [monthly during initial implementation 8/1/04 to 01/01/05]. 25.1.11 Provide consultation for implementation as requested.	1st Quarter 3rd Quarter 3rd Quarter 4th Quarter 4th Quarter 4th Quarter 4th Quarter Ongoing 8th Quarter	
				25.2 Develop and implement "one family – one plan."	Quarterly Report of Benchmark completion	25.2.1 Complete Memorandums of agreement with child welfare partners, i.e. education, substance abuse, domestic violence, mental health, corrections. 25.2.2 Develop and implement policy and protocol for "one family – one plan". 25.2.3 Revise the Case Plan if indicated	Projected: 4th Quarter 4th Quarter	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						during protocol development. 25.2.4 Develop curriculum on "one family – one plan." 25.2.5 Training committee reviews curriculum. 25.2.6 Incorporate curriculum into training for new-workers and on-going core training. . [See Training Plan in the PIP Narrative Appendix] 25.2.7 Service Area Supervisors will assure the "one family – one plan" is implemented and used.	4th Quarter 5th Quarter 5th Quarter 5th Quarter 6th Quarter	
Item 26: Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review	X						Projected: Actual:	Projected: Actual:
Item 27: Provides a process that ensures that each child in foster care under the super-vision of the State has a permanency hearing in a qualified court or admin-istrative body no later than 12 months from the date the	X						Projected: Actual:	Projected: Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
child entered foster care and no less frequently than every 12 months thereafter								
Item 28: Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act	X						Projected: Actual:	Projected: Actual:
Item 29: Provides a process for foster parents, preadoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child [Ken Riedel, Service Area Manager, Vern Armstrong, Bureau of Protective Services]		X	Provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing	29.1 Inform foster parents and pre-adoptive parents, and relative caregivers that they are to be notified and given the opportunity to be heard in any review or hearing.	Quarterly Report of Benchmark Completion	29.1.1 Court Improvement Project, DHS, Iowa Foster and Adoptive Parent Association, and the Child Advocacy Board will partner to develop a "Guide to Juvenile Court for Foster Parents" that includes their right to participate and be heard in reviews and hearings. 29.1.2 DHS will contract with Iowa Foster and Adoptive Parent Association to provide training for foster and pre-adoptive parents 29.1.3 DHS will provide caseworker training. . [See Training Plan in the PIP Narrative Appendix]	Projected: 1st Quarter 2nd Quarter 4th Quarter Actual:	Projected: Actual:
Systemic Factor 3: Quality Assurance System		X	Develop and operate an	See Action Steps 31.1 through 31.4	Quarterly Report of Benchmark	See Benchmarks 31.1.1 through 31.4.1	Projected:	Projected: 8th Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
[Mary Nelson, Division of Behavioral, Developmental and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]			identifiable quality assurance system statewide, evaluate the quality of services, identify strengths and needs of the service delivery system, provide relevant reports, and evaluate improvement measures implemented.		completion		Actual:	Actual:
Item 30: The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children	X							
Item 31: The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, pro-		X	Develop and operate an identifiable quality assurance system statewide, evaluate the quality of services, identify strengths and needs of the service delivery system, provide relevant	31.1 DHS will establish a model of practice, performance standards and indicators that include: ▪ Timeliness of investigations ▪ Repeat maltreatment ▪ Foster care re-entries ▪ Stability of foster care ▪ Timely and appropriate	Quarterly Report of Benchmark completion	31.1.1 Establish model of practice, including performance standard, indicators, and expectation for service areas 31.1.2 Adopt and publish written outcome measures and performance indicators 31.1.3 Electronically communicate to all staff performance standards, indicators, and expectations.	Projected: 1st Quarter 1st Quarter 1st Quarter	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
vides relevant reports, and evaluates program improve-ment measures implemented [Mary Nelson, Division of Behavioral, Developmental and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]			reports, and evaluate improvement measures implemented.	permanency goal ▪ Timely adoption ▪ Preserving connections ▪ Relative placement ▪ Relationship of child in care with parents ▪ Needs and services of child, parents, foster parents ▪ Worker visits with child and parents ▪ Children receive adequate health and mental health assessment and services		31.1.4 Complete request for programming for STAR and FACS for quarterly reports 31.1.5 Develop protocols and formats for sampling and data reports for: ▪ STAR administrative data ▪ FACS administrative data ▪ QSR Qualitative Data ▪ Telephone survey/inquiry ▪ Child and Parent Survey ▪ Supervisory QA moment 31.1.6 Complete programming for initial reports 31.1.7 Issue Data Reports 31.1.8 Complete programming for second round of reports 31.1.9 Issue 2nd round of reports	1st Quarter 2nd Quarter 3rd Quarter 4th Quarter 5th Quarter 6th Quarter Actual:	
[Mary Nelson, Division of Behavioral, Developmental and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]				31.2 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	STAR administrative data FACS administrative data QSR Qualitative	31.3 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for	Projected: 4th Quarter Actual:	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
					Data Telephone survey/inquiry Child and Parent Survey Supervisory QA moments	corrective action will involve front line supervisors.		
[Mary Nelson, Division of Behavioral, Developmental and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]				31.3 DHS will establish an agency-wide quality assurance system, into which the child welfare quality assurance activities can be incorporated	Quarterly Report of Benchmark completion	31.3.1 State level Quality Assurance Team is established 31.3.2 Child Welfare Quality Assurance Plan proposal will be presented for approval 31.3.3 Service Area QA teams are established 31.3.4 Child Welfare QA activities will be initiated and reports issued ▪ Administrative data reports will be issued ▪ 5 QSR reviews will be conducted per year; each site will select 8 – 10 cases. The QSR review tool will be reviewed and revised to be consistent with the DFSR requirements. ▪ Telephone surveys/inquiries will include at least 100 inquiries per year ▪ Parent and child surveys will be	Projected: 1st Quarter 2nd Quarter 2nd Quarter 4th Quarter	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						issued for at least 100 families per year ▪ Supervisory QA moments will be incorporated into the case flow process for all cases 31.3.5 State and Service Area Quality Assurance committees are selected and meet quarterly to review data reports and performance	4th Quarter Actual:	
				31.4 Quality Assurance activities will be coordinated and shared with CW Partners including providers, judges, CIP, JCS, Child Protection Council, etc.	Quarterly Report of Benchmark completion	31.4.1 Child Welfare QA activities reports will be issued to CW Partners	Projected: 6th Quarter	
Systemic Factor 4: Training [Jim Daumueler, Field Operations Support Unit; Wendy Rickman, Service Area Manager]		X	The state will operate a staff development and training program that supports the goals and objective in the CFSP, addressed services provided under title IV-B&E, provides initial training for all staff who deliver these services, and	See Action Steps: Item 32 & 33	Quarterly Report of Benchmark completion	See Benchmarks: 32.1.1 – 33.1.3	Projected: Actual:	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
			provides for ongoing training for staff that addresses the skill and knowledge base needed to carry out their duties					
Item 32: The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services [Jim Daumueler, Field Operations Support Unit; Wendy Rickman, Service Area Manager]		X		32.1 Enhance availability of initial training offerings through long distance learning, by utilizing a combination of web-based training, directed OJT training blended with skill based classroom time, and ICN trainings.	Training Reports Quarterly	32.1.1 Each new employee will receive a copy of "New Services Worker Notebook Guide" that includes training modules for classes and on the job training for new employees to equip them with the tools and skill needed to complete their job. 32.1.2 Monthly notice is provided regarding schedule for new worker training, new web-based training, and ICN trainings – long distance learning options will enhance the availability of training 32.1.3 Employees will be scheduled for new service worker training 32.1.4 All modules will be reviewed and revised to incorporate PIP related changes. [See Training Plan in the PIP Narrative Appendix]	Projected: 1st Quarter Ongoing 1st Quarter Ongoing 1st Quarter Ongoing 4th Quarter Actual:	Projected: 8th Quarter Actual:
[Jim Daumueler, Field Operations Support Unit;				32.2 Supervisors will receive training on how to coach and mentor staff	Training Reports Quarterly	32.2.1 Training will be held on clinical supervision to utilize team	Projected: 6th Quarter	Projected: 8th Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Wendy Rickman, Service Area Manager]				in family team meeting facilitation.		building that mentors and retains staff as part of the U of Iowa grant with yearly reports and evaluation. 32.2.2 Coaching and mentoring training will be incorporated into ongoing supervisor training	6th Quarter	
[Jim Daumueler, Field Operations Support Unit; Wendy Rickman, Service Area Manager]				32.3 University of Iowa will work with the department to develop core supervisory training.	Training Reports Quarterly	32.3.1 Convene statewide advisory group 32.3.2 Conduct statewide worker assessment 32.3.3 Develop supervisor competencies 32.3.4 Develop training curriculum for Supervisors 32.3.5 Field-test and revise curriculum 32.3.6 Implement supervisor curriculum statewide, one service area at a time	Projected: 1st Quarter 2nd Quarter 2nd Quarter 4th quarter 5th Quarter 7th Quarter	
Item 33: The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP [Jim Daumueler, Field		X		33.1 National Resource Center training will be fully utilized to enhance ongoing training for workers [See Training Plan in the PIP Narrative Appendix].	Training Reports Quarterly	[See Training Plan in the PIP Narrative Appendix for National Resource Center training areas and specific training plan]. 33.1.1 Convene statewide advisory group 33.1.2 Conduct statewide worker assessment 33.1.3 Develop competencies	Projected: Ongoing to 8th Quarter	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Operations Support Unit; Wendy Rickman, Service Area Manager]						33.1.4 Develop training curriculum 33.1.5 Training reviewed and approved by statewide advisory group 33.1.6 Field-test and revise curriculum 33.1.7 Implement curriculum statewide, one service area at a time	Actual:	
Item 34: The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children	X						Projected: Actual:	Projected: Actual:
Systemic Factor 5: Service Array [Sally Titus-Cunningham, Deputy Director; Mary Nelson, Division of Behavioral, Developmental and Protective Services]		X	A service array that assesses the strengths and needs of children and families and determines other service needs, addresses the needs of families in addition to	See Action Steps: Item 35.1 – 37.2	Quarterly Report of Benchmark completion	See Benchmarks: Item 35.1.1 – 37.2.11	Projected: Actual:	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
			individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and helps children in foster and adoptive placements achieve permanency.					
Item 35: The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency [Sally Titus-Cunningham, Deputy Director; Mary Nelson, Division of Behavioral, Developmental		X		35.1 Expand Community Partnerships for the Protection of Children [CPPC] to an additional 30 counties in Iowa [see narrative] and continue steps necessary for expansion statewide.	The number of counties who have fully implemented Community Partnerships for Protection of Children strategies will be counted and reported quarterly.	PHASE I 35.1.1 Provide materials to Service Areas related to CPPC core strategies, implementation strategies and lessons learned, and available resources. 35.1.2 Service Areas develop and submit plans for CPPC roll-out and identify technical assistance needs 35.1.3 Sites selected for next phases of roll-out 35.1.4 Local Community Partnership identifies steering committees and establishes timelines for implementation of Community Partnerships within their own community.	Projected: 1st Quarter 1st Quarter 1st Quarter 2nd Quarter	Projected: 8th Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
and Protective Services]						35.1.5 Conduct Quality Service Reviews [QSR] in counties initiating Community Partnerships that have not already had QSR to identify the strengths and needs. 35.1.6 New site orientation completed including CPPC 101 training. 35.1.7 Provide technical assistance and other support to new site(s). [See CPPC in the PIP Narrative Appendix] 35.1.8 Update and maintain peer support contact list on website 35.1.9 Develop curriculum for community networking workshop 35.1.10 Develop contract for DV case consultation and training PHASE II 35.1.11 Identify next counties for expansion. 35.1.12 Service Areas develop and submit plans for CPPC roll-out and identify technical assistance needs 35.1.13 Sites selected for next phases of roll-out	2nd Quarter 3rd Quarter 3rd Quarter 3rd Quarter 3rd Quarter 5th Quarter 5th Quarter 5th Quarter 6th Quarter	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						35.1.14 Local Community Partnership identifies steering committees and establishes timelines for implementation of Community Partnerships within their own community. 35.1.15 Conduct Quality Service Reviews [QSR] in counties initiating Community Partnerships that have not already had QSR to identify the strengths and needs. 35.1.16 ew site orientation completed including CPPC 101 training. 35.1.17 Provide technical assistance and support to new sites [See CPPC in the PIP Narrative Appendix] 35.1.18 Identify next counties for expansion.	6th Quarter 7th Quarter 8th Quarter 8th Quarter 8th Quarter	
				35.2 Negotiate state level Memorandum of Agreement with the Department of Education and Department of Public Health to address service needs [i.e. education, mental health, substance abuse, medical, public and private service providers, etc.]	Quarterly Report of Benchmark completion	35.2.1 Develop list of issues/scope for Memorandum of Agreements. 35.2.2 Negotiate initial draft. 35.2.3 Finalize signatures.	Projected: 1st Quarter 2nd Quarter 3rd Quarter	Projected: 8th Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
				35.3 Improve outcomes got children of color in the foster care system by launching a demonstration project to preserve connections and maintain children of color in their homes.	Quarterly Report of Benchmark Completion.	35.3.1 Launch children of color demonstration project in Des Moines and Sioux City.	Projected: 1st Quarter Actual:	Projected: 8th Quarter Actual:
				35.4 DHS will contract with the University of Iowa, Disproportionate Minority Resource Center for technical assistance to children of color demonstration project sites and statewide.	Quarterly Report of Benchmark Completion.	35.4.1 Identify the amount and source of funding for contract with Disproportionate Minority Resource Center 35.4.2 Finalize scope of work and results measures 35.4.3 Negotiate contract.	Projected: 2nd Quarter 2nd Quarter 3rd Quarter Actual:	Projected: 8th Quarter Actual:
				35.5 Launch "Community Care" initiative.	Quarterly Report of Benchmark Completion.	35.5.1 Define population for Community Care initiative 35.5.2 Determine scope of services and purchasing method, as well as rules, and manual needed for implementing Community Care initiative. 35.5.3 Issue guidelines (scope of services and purchasing method) 35.5.4 Contracted services begin.	Projected: 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter	Projected: 8th Quarter Actual:
Item 36: The services in item 35 are accessible to families and children in all political		X		36.1 Expand Community Partnerships for the Protection of Children [CPPC] to an additional 30 counties in Iowa [see narrative] and continue	The number of counties who have fully implemented Community	PHASE I 36.1.1 Provide materials to Service Areas related to CPPC core	Projected: 1st Quarter	Projected: 8th Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
jurisdictions covered in the State's CFSP [Sally Titus-Cunningham, Deputy Director; Mary Nelson, Division of Behavioral, Developmental and Protective Services]				steps necessary for expansion statewide.	Partnerships for Protection of Children strategies will be counted and reported quarterly.	strategies, implementation strategies and lessons learned, and available resources. 36.1.2 Service Areas develop and submit plans for CPPC roll-out and identify technical assistance needs 36.1.3 Sites selected for next phases of roll-out 36.1.4 Local Community Partnership identifies steering committees and establishes timelines for implementation of Community Partnerships within their own community. 36.1.5 Conduct Quality Service Reviews [QSR] in counties initiating Community Partnerships that have not already had QSR to identify the strengths and needs. 36.1.6 New site orientation completed including CPPC 101 training. 36.1.7 Provide technical assistance and other support to new site(s). [See CPPC in the PIP Narrative Appendix] 36.1.8 Update and maintain peer support contact list on website	1st Quarter 1st Quarter 2nd Quarter 2nd Quarter 3rd Quarter 3rd Quarter 3rd Quarter	Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						36.1.9 Develop curriculum for community networking workshop	3rd Quarter	
						36.1.10 Develop contract for DV case consultation and training	5th Quarter	
						PHASE II		
						36.1.11 Identify next counties for expansion.	5th Quarter	
						36.1.12 Service Areas develop and submit plans for CPPC roll-out and identify technical assistance needs	5th Quarter	
						36.1.13 Sites selected for next phases of roll-out	6th Quarter	
						36.1.14 Local Community Partnership identifies steering committees and establishes timelines for implementation of Community Partnerships within their own community.	6th Quarter	
						36.1.15 Conduct Quality Service Reviews [QSR] in counties initiating Community Partnerships that have not already had QSR to identify the strengths and needs.	7th Quarter	
						35.5.5 New site orientation completed including CPPC 101 training.	8th Quarter	
						35.5.6 Provide technical assistance and	8th Quarter	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						support to new sites [See CPPC in the PIP Narrative Appendix] 35.5.7 Identify next counties for expansion.	8th Quarter	
				36.2 Negotiate state level Memorandum of Agreement with the Department of Education and Department of Public Health to address service needs [i.e. education, mental health, substance abuse, medical, public and private service providers, etc.]	Quarterly Report of Benchmark completion	36.2.1 Develop list of issues/scope for Memorandum of Agreements. 36.2.2 Negotiate initial draft. 36.2.3 Finalize signatures.	Projected: 1st Quarter 2nd Quarter 3rd Quarter Actual:	Projected: 8th Quarter
				36.3 Develop a summary of the CFSR finding related to Service Array to share with Decat Boards [community funding boards.]	Quarterly Report of Benchmark completion	36.3.1 Draft a CFSR Service Array summary for approval. 36.3.2 Distribute electronically to SAMS 36.3.3 SAMS will share the Service Array CFSR Summary with DeCat Boards in their service area	Projected: 1st Quarter 2nd Quarter 3rd Quarter Actual:	Projected: 8th Quarter Actual:
Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency [Sally Titus-Cunningham,		X		37.1 Increase wraparound and flexible funds to provide individualized services to children and families.		37.1.1 Draft rules and negotiate contracts for Family Centered Flexible services 37.1.2 Develop manual. 37.1.3 Rules and manual effective	Projected; 2nd Quarter 3rd Quarter 4th Quarter	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Deputy Director; Mary Nelson, Division of Behavioral, Developmental and Protective Services]								
[Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]		X	Conduct Family Team Meetings in 80% of families in the identified target population.	37.2 Promote and implement Family Team Decision Making [FTDM] statewide.	FACS administrative data [% of cases in which Family Team Meetings are held} Quarterly Report of Benchmark Completion.	37.2.1 Conduct a survey of social workers that have successfully implemented family team decision making to determine current system strengths and needs for implementation. 37.2.2 Identify target population for implementation. 37.2.3 Set clear expectations for practice through "Practice Standards for Family Team Decision Making;" adopted for implementation. 37.2.4 Establish a mechanism to list approved facilitators and approved training curriculum. 37.2.5 Develop a Guide for Successful FTDM Practice that can be used to evaluate FTDM. 37.2.6 Develop training curriculum. 37.2.7 Provide training statewide. [See Training Plan in the PIP Narrative Appendix] 37.2.8 Incorporate training curriculum in core training and new-worker training. 37.2.9 Provide Coaching and Mentoring in FTDM for supervisors. 37.2.10 Provide ICN Practice Seminars	Projected: 1st Quarter 1st Quarter 1st Quarter 1st Quarter 3rd Quarter 3rd Quarter 4th Quarter 4th Quarter 4th Quarter 4th Quarter	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						using interactive video for practice consultation [monthly during initial implementation 8/1/04 to 01/01/05]. 37.2.11 Provide consultation for implementation as requested.	Ongoing 8th Quarter	
Systemic Factor 6: Agency Responsiveness to the Community	X						Projected: Actual:	Projected: Actual:
Item 38: In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP	X						Projected: Actual:	Projected: Actual:
Item 39: The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP	X						Projected: Actual:	Projected: Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Item 40: The State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population	X						Projected: Actual:	Projected: Actual:
Systemic Factor 7: Foster and Adoptive Parent Licensing, Recruitment, and Retention	X						Projected: Actual:	Projected: Actual:
Item 41: The State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards	X						Projected: Actual:	Projected: Actual:
Item 42: The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds	X						Projected: Actual:	Projected: Actual:
Item 43: The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has	X						Projected: Actual:	Projected: Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children								
Item 44: The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed		X		44.1 Develop and implement diligent recruitment plans to assure adequate numbers of foster and adoptive homes to meet the needs of Iowa children. There will be a focus in this recruitment effort on identifying needs for foster homes representing the ethnic and racial diversity of the identified service area.	QSR Qualitative Data Iowa Foster and Adoptive Parent Association monthly reports aggregated Iowa Foster and adoptive Parent Association monthly activity reports	44.1.1 Complete a service area needs assessment targeted at number and types of homes and current availability. 44.1.2 Develop a diligent statewide recruitment plan with TA from AdoptUSKids that includes: ▪ Targeted recruitment based on the needs assessment ▪ Focus on specific minority communities for recruitment ▪ Work with communities of Faith for targeted recruitment 44.1.3 Provide training to DHS workers to assess the needs of teens, skills needed to work with teens, and development of recruitment strategies for families to adopt teens. 44.1.4 Each Service Area will establish a team that includes private agency staff, foster parents liaisons, foster and adoptive	Projected: 1st Quarter 2nd Quarter 2nd Quarter 3rd Quarter	Projected: 8th Quarter Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						parents and community leaders to complete a needs assessment.		
						44.1.5 The team will define the need for foster homes and develop specific recruitment strategies for their areas.	3rd Quarter	
						44.1.6 Goals established at the AdoptUSKids recruitment summit will be incorporated in the area recruitment plans	4th Quarter	
						44.1.7 Develop performance based contracted target goals with Iowa Foster and Adoptive Parent Association for recruitment requirements that will address needs of service areas as assessed	4th Quarter	
						44.1.8 Develop a means for service areas to communicate with Iowa Foster and Adoptive Parent Association regarding unmet needs.	4th Quarter	
						44.1.9 Develop reporting process to report to Iowa Foster and Adoptive Parent Association when new foster parents get their first placement.	4th Quarter Actual:	
Item 45: The State has in place a	X						Projected:	Projected:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children							Actual:	Actual:

PIP Matrix Narrative Reporting Form
I. Summarize the reasons why benchmarks and/or goals were not achieved as projected:
II. Provide a description of, and schedule for, the actions that the State will take during the next PIP quarter to meet these projected benchmarks and/or goals:
III. Other Comments:

Attachment B
Children's Bureau
Child and Family Services Reviews
PIP Quarterly Report Tracking Log
For Use By the

ACF Regional Office Staff

	PIP Quarterly Reports Date Received (enter date)
1	
2	
3	
4	
5	
6	
7	
8	