

Iowa Department of Human Services



Iowa Child and Family Services Review
Statewide Assessment

February 15, 2018

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SECTION I. GENERAL INFORMATION

Name of State Agency: Iowa Department of Human Services (DHS)

CFSR Review Period

CFSR Sample Period: April 1, 2017 – September 30, 2017

Period of AFCARS Data: April 1, 2014 – March 31, 2017

Period of NCANDS Data: October 1, 2014 – September 30, 2016

Case Review Period Under Review (PUR): April 1, 2017 – September 30, 2018

State Agency Contact Person for the Statewide Assessment

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Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

Name	Organization	Role
Patricia Barto	Department of Human Services (DHS)	Child Protection Council (CJA/CAPTA Coordinator)
Alison Boughn	Mercy Child Advocacy Center, Sioux City	Child Protection Council (Mental Health Professional)
Regina Butteris, MD	St. Luke's Child Protection Center, Cedar Rapids	Child Protection Council (Vice Chair 2017)(Health Professional)
Elizabeth Cox	Prevent Child Abuse Iowa	Child Protection Council (Child Advocate)
Trisha Gowin	DHS	Child Protection Council Project Reviewer (Service Supervisor)

Name	Organization	Role
James Hennessey	Iowa Department of Inspections and Appeals	Child Protection Council (Chair 2017)(Court Appointed Special Advocate)
Jason Hugi	Mason City Police Department	Child Protection Council (Law Enforcement)
Cheryll Jones, ARNP, CPNP	Ottumwa Regional Center Child Health Speciality Clinic, Ottumwa	Child Protection Council (Individual with Experience Working with Children with Disabilities)
Penny Reimer	Cooper, Goedicke, Reimer & Reese, P.C.	Child Protection Council (Defense Attorney)
Jana Rhoads	DHS	Child Protection Council Project Reviewer (DHS Child Protection Training)
Roxanne Riesberg	DHS	Child Protection Council Project Reviewer (DHS Child Protection Policy)
Lesley Rynell	Juvenile Law Center	Child Protection Council (Defense Attorney)
Barbara Small, RN	Mercy Child Protection Center, Sioux City	Child Protection Council (Health Professional)
Mary Timko	Associate Judge, Third Judicial District, Buena Vista County	Child Protection Council (Civil Court Judge)
Susan Godwin	DHS	CFSR Case Reviews Co-Lead (Quality Improvement Coordinator (QIC))
Michelle Gonzalez	DHS	CFSR Case Reviews Co-Lead (QIC)
Mary Jo Rehm	DHS	CFSR Case Reviewer (Social Work Supervisor)
Melissa Franks	DHS	CFSR Case Reviewer (QIC)
Andrea Hickman	DHS	CFSR Case Reviewer (Social Work Supervisor)
Jennifer McMurrin	DHS	CFSR Case Reviewer (QIC)
Laurie Ludman	DHS	CFSR Case Reviewer (Social Work Supervisor)
Christine Ferris	DHS	CFSR Case Reviewer (QIC)
David Rippey	DHS	CFSR Case Reviewer (Social Work Supervisor)
John Burke	DHS	CFSR Case Reviewer (QIC)
Jessica O'Brien	DHS	CFSR Case Reviewer (Social Work Supervisor)
Ann Hogle	DHS	CFSR Case Reviewer (QIC)
Kevin Wright	DHS	Provided data for Outcomes and Case Review Systemic Factor (Management Analyst 3)

Name	Organization	Role
Lynda Miller	DHS	Provided case review samples (Management Analyst 3)
Jeff Terrell	DHS	Provided information and feedback on the Statewide Information System, Case Review System, and Quality Assurance System Systemic Factors (Quality Assurance Bureau Chief/Service Business Team (SBT) Member)
Michelle Tyrell	DHS	Provided information and feedback on the Staff Training Systemic Factor (Training Specialist)
Matt Haynes	DHS	Provided information and feedback on the Staff Training Systemic Factor (Training and Supports Bureau Chief/SBT Member)
Lori Lipscomb	DHS	Provided information and feedback on the Statewide Assessment (Centralized Service Area Manager/SBT Member)
Evan Klenk	DHS	Provided information and feedback on the Statewide Assessment (Northern Service Area Manager/SBT Member)
Janee Harvey	DHS	Provided information and feedback on the Statewide Assessment (Child Welfare and Community Services Bureau Chief/SBT Member)
Tracey Parker	DHS	Provided information and feedback on the following Systemic Factors: Staff and Provider Training; Service Array and Resource Development; and Foster and Adoptive Parent Licensing, Recruitment, and Retention (Family Foster Care and Adoption Program Manager)

Name	Organization	Role
Heather Davidson	DHS	Provided information and feedback on the following Systemic Factors: Staff and Provider Training; Service Array and Resource Development; and Foster and Adoptive Parent Licensing, Recruitment, and Retention (Case Management Program Manager)
Jim Chesnik	DHS	Provided information and feedback on the following Systemic Factors: Staff and Provider Training; Service Array and Resource Development; and Foster and Adoptive Parent Licensing, Recruitment, and Retention (CISR Program Manager)
Mindy Norwood	DHS	Provided information and feedback on the following Systemic Factors: Staff and Provider Training and Service Array and Resource Development (Family Centered Services Program Manager)
Doug Wolfe	DHS	Provided information and feedback on the Service Array and Resource Development Systemic Factor (Transitioning Youth Program Manager)
Sandy Lint	DHS	Provided information and feedback on the Service Array and Resource Development Systemic Factor (Community Services Program Manager)
Carol Gerleman	DHS	Provided information on the Foster and Adoptive Parent Licensing, Recruitment, and Retention Systemic Factor (
Lisa Bender	DHS	Provided information and feedback on the Service Array and Resource Development Systemic Factor (Prevention Program Manager)
Jesse Renny-Byfield	DHS	Provided data and analysis for Outcomes (Management Analyst 2)

Name	Organization	Role
Shuxin Cui	DHS	Provided data and analysis for Case Review System (Statistical Research Analyst 3)
Steve Campagna	DHS	Provided data and information for the Statewide Assessment (CWIS Bureau Chief/SBT Member)
Kara Lynn Regula	DHS	Provided information for the Statewide Assessment (CFSR Program Manager)

Reports		
Initial Targeted Child Welfare Review (dated December 22, 2017)	Child Welfare Policy and Practice Group (CWPPG)	Contracted by DHS to conduct a targeted review of Iowa's child welfare system, with focus on

Surveys		
2017 Foster Care Caregivers Survey (administered in 2018)	Surveys were anonymous; therefore, the names of the participants were not included.	The survey recipients were randomly chosen from a statewide list of foster care placements for FY 2016 and 2017.
2017 IA Child Welfare Stakeholders Survey (administered in 2018)	Surveys were anonymous; therefore, the names of the participants were not included.	Survey was distributed by DHS staff to their respective stakeholders, including contracted providers, advisory groups, etc., through email.
2017 IA Child Welfare Legal Community Survey (administered in 2018)	Surveys were anonymous; therefore, the names of the participants were not included.	DHS staff sent survey via email to Iowa Children's Justice (Iowa's Court Improvement Project) whose staff sent the survey out to their distribution lists of legal professionals, including judges, county attorneys, attorneys, etc.

SECTION II: SAFETY AND PERMANENCY DATA

State Data Profile

[State data profile deleted in its entirety.]

SECTION III: ASSESSMENT OF CHILD AND FAMILY OUTCOMES AND PERFORMANCE ON NATIONAL STANDARDS

Iowa utilized several sources of data or information for performance assessment. Required information for these sources of data is reflected in the table below.

Table 3: Performance Assessment Section Sources of Data and Required Elements			
Data Source	Data Collection Methods	Known Issues with Data Quality/Limitations	Data Time Period(s)
<p>Child Welfare Information System (CWIS) referred to as Joining Applications and Reports from Various Information Systems (JARVIS) comprises Family and Children's Services (FACS) and Statewide Tracking of Assessment Reports (STAR).</p> <p><i>For more information, please see Systemic Factor, Information System later in Section IV.</i></p>	<p>Child welfare staff enters case information into FACS and/or the Child Services or STAR Modules in JARVIS.</p>	<p>There are no known data quality/limitations other than those mentioned below for AFCARS.</p>	<p>As indicated in tables or charts</p>
<p>Adoption and Foster Care Analysis and Reporting System (AFCARS)</p>	<p>Utilizing Iowa's SACWIS, DHS provides AFCARS reporting to the federal Children's Bureau (CB) in accordance with federal requirements.</p>	<p>Iowa continues to collaborate with CB staff to address outstanding items in Iowa's AFCARS Program Improvement Plan (PIP).</p> <p>Data quality edits in AFCARS indicate no data quality issues that meet the penalty threshold of 10%.</p>	<p>As indicated in tables or charts</p>
<p>National Child and Neglect Data System (NCANDS), which includes Iowa's differential response</p>	<p>Utilizing Iowa's SACWIS, DHS provides NCANDS reporting to the federal CB in accordance with federal requirements.</p>	<p>Data quality edits in NCANDS indicate no data quality issues.</p>	<p>As indicated in tables or charts</p>
<p>Results Oriented Management (ROM)</p>	<p>Utilizing Iowa's SACWIS, ROM provides a variety of reports.</p>	<p>There are no known data quality/limitations.</p>	<p>As indicated in tables or charts</p>

Data Source	Data Collection Methods	Known Issues with Data Quality/Limitations	Data Time Period(s)
State CFSR Case Reviews completed in federal Online Monitoring System (OMS)	Reviewer pairs enter case review information, collected through the use of the federal Onsite Review Instrument (OSRI), into the federal Online Monitoring System (OMS), Iowa CQI.	Limitations of generalization are due to small number of cases read.	As indicated in tables or charts

Administrative Data

The administrative data represents data extracted from Iowa’s CWIS and performance reporting on federal measures through ROM, a performance management reporting system. Sources of the administrative data are listed with the relevant tables or charts. Data also includes quantitative data from Iowa’s case review process (described below) and other data sources as indicated.

Case Review Data

Reviewer pairs comprising one Quality Assurance and Improvement staff and one social work supervisor staff review approximately three cases per quarter per Service Area, conduct case related interviews, enter the case reviews into the federal OMS for quality assurance review, first and second level (if applicable), and case finalization.

Of note, in SFY 2016, cases reviewed by reviewer pairs were higher than those mentioned above as 150 cases were read in the SFY. Due to unsustainability of this number of case reviews with resources available, the DHS reduced the annual number of case reviews to 65 cases, mirroring the number of case reviews in the Child and Family Services Review (CFSR).

There are case review data for each CFSR item. However, there are a few things to consider when looking at the case review data:

- The CFSR process is much more than a judgement on the performance of state child welfare staff; it is an assessment of state systems (DHS services, contracted providers both formal and informal, Court systems, information system supports, training systems, and the management and coordination of all).
- The federal target for all CFSR outcomes is to be rated as substantially achieved. If Iowa’s CFSR outcomes are not substantially achieved, Iowa will be required to implement a Program Improvement Plan. If Iowa has a PIP, Iowa and the federal Children’s Bureau will work collaboratively together to establish improvement benchmarks similar to the process in previous CFSRs, utilizing an approved method for CFSR Round 3 to establish the benchmarks.
- The ultimate goal is continuous quality improvement through identifying opportunities, prioritizing and focusing on strategic improvements.

National Performance Indicators: The federal Children’s Bureau discovered issues with the syntax for the national safety and permanency performance indicators. Due to these issues, the Children’s Bureau advised states that the indicators are to be used for contextual information only for CFSR Round 3. Assessment of a state’s performance on the safety, permanency, and well-being outcomes will be determined by case reviews conducted during the state’s official CFSR onsite review (April through September 2018 for Iowa).

Information provided related to the national performance indicators came from Iowa’s State Data Profile, dated September 2017, referenced in Section II and provided as Attachment 2A in Section V, by the federal Children’s Bureau utilizing the new syntax for the measures. The syntax has not been released for states to utilize yet. When Iowa receives the updated syntax, we will be able to provide updated information utilizing Iowa’s child welfare information system and the Results Oriented Management (ROM) reporting system. There were no identified data quality or limitation issues identified for the State Data Profile.

Independent Review: The DHS hired the Child Welfare Policy and Practice Group (CWPPG) to conduct a broad review of Iowa’s child welfare system. CWPPG, a nonprofit technical assistance organization, has extensive experience in conducting evaluations in more than two dozen states. CWPPG focuses on system evaluation, crafting effective implementation strategies, and strengthening the quality of front-line practice through training and coaching. The CWPPG examined several areas of Iowa’s child welfare system functioning, identified system challenges, and identified recommendations for improvement. CWPPG’s report is in Section V, Attachment 3A. The purpose, methodology, and limitations of the review are on pages 4-5 of the report. Although the review focused on two of Iowa’s six Service Areas (Des Moines Service Area and Cedar Rapids Service Area), Iowa believes the information contained within can be generalized statewide.

Child Protection Council Project: The DHS requested the Child Protection Council’s (CPC) participation in a targeted case review of child protective assessments to examine safety and risk assessment, safety planning, provision of services to prevent removal, and appropriateness of service recommendations. Some CPC members volunteered to participate in the two day event, which occurred on November 14 and 15, 2017. CPC members who participated in the review included individuals representing the medical community, mental health, juvenile court, defense attorneys, child advocacy, court appointed special advocate (CASA), law enforcement, DHS, and an individual with experience working with children with disabilities.

- Sample Selection:
 - Proportionately, the population comprised the following:
 - 1046 / 8430 children with an initial maltreatment between August 2015 – July 2016 experienced repeat maltreatment between August 2016 – July 2017 = 12% of total; 20 cases * 12% = two cases
 - 376 / 10,138 children experienced maltreatment in foster care during August 2016 – July 2017 = 4%; 20 cases * 4% = one case

- To form a baseline understanding of different cycles of abuse in Iowa, Iowa conducted purposive sampling from Iowa's child welfare information system of data based on the proportions highlighted above, with
 - four cases with repeat maltreatment,
 - two cases of maltreatment in foster care, and
 - 14 cases with no repeat maltreatment and no maltreated in foster care completed in July 2017
- Iowa chose 20 cases as a qualitative approach to the review. This qualitative approach is buttressed by quantitative data, and if outcomes of either analysis does not match up significantly, Iowa knows going forward that our qualitative sampling method needs to shift from a Purposive Maximum Variation method to a Purposive Critical Case sample, or a Purposive Expert sample. All are still subjective, but focus differently based on how the model is "tested". Hence, Iowa began with a proportional sample, then could move to a focus on critical cases (high-profile, particular abuse category of interest, etc.), or to an "expert" chosen batch (meaning workers with keen insight would direct which cases to examine).
- To ensure a statewide examination of practice across the service areas, a randomized list developed by DHS QA staff was provided to DHS central policy staff, who then carefully selected cases based on geography in order to stratify the sample into representative cases. As Iowa's challenges are not homogeneous (i.e. rural versus urban, differing abuse categories present in different areas, more diverse populations in urban clusters), Iowa wanted to ensure that this was accounted for in the review process.
- Case Review Process:
 - Four small groups of 3-4 individuals in each group, 2-3 CPC members and one DHS staff, individually reviewed a case and then came together in their small groups to rate the case as a group utilizing a case review tool. The process repeated until the small groups had read and scored all five of their cases.
 - After the small groups had as a group rated all five cases, the small group discussed trends across the cases regarding strengths, opportunities for improvement, and recommendations for DHS to improve practice.
 - Small groups reported out to the larger group with a DHS staff typing up the strengths, opportunities for improvement, and recommendations across the four groups.
 - The group as a whole voted for their top five recommendations through a survey administered through Survey Monkey.
- Limitations of the Data:
 - The n is small, 20 cases, and not statistically significant.
 - The review is qualitative and therefore subjective based upon the professional expertise and/or experiences of the reviewers.
 - The review examined the assessment phase only of the life of the case.
- Iowa believes the project is representative of the state and results can be generalized to be reflective of overall statewide practice because DHS staff utilized their expertise at the case-selection process in order to develop a sample they felt would be generalizable to the state. This extra subjectivity was designed to

streamline the research process to accommodate limited time and resources while still providing a more nuanced look at the experiences of children in child welfare.

Youth and the Youth Policy Institute of Iowa (YPII): In July 2017, YPII recruited participants from Iowa's Foster Care Youth Councils, also known as Achieving Maximum Potential (AMP), and their own connections in the Des Moines area for a one-day event, which they called a Young Leaders Collaborative. Nine young people attended ranging in age from 18 to 22. All of the youth had been in foster care in their late teens and most had aged out. Three were from the Des Moines area; two were from Cedar Rapids; two were from Story City; and one each from Cedar Falls and Williamsburg.

The day was very interactive, facilitated by YPII staff and included a short discussion of advocacy, reviewing examples of advocacy documents from other states' foster care groups, identifying key issues, and a round-robin process working in small teams to brainstorm recommendations for solutions to identified problems in the system. These same youth developed and reviewed several iterations of the Advocacy Agenda (Section V, Attachment 3B) via email and phone conversations over the following weeks.

A limitation for this information is that it reflects discussions by a limited number of youth in foster care. However, Iowa believes the youth likely are representative of youth in foster care across the state and therefore, the information is generally reflective of youth's experiences and voices statewide because they had diverse experiences in the system, such as in types of placements, reasons for abuse, multiple placements, etc.

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- *For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).*
- *Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.*

Iowa Response:

SAFETY OUTCOME 1 - Children are, first and foremost, protected from abuse and neglect.

National Safety Performance Indicators:

Table 3A(1): Recurrence of Maltreatment	
National Performance	FFY 2015-2016*
9.5% or less	14.1%**
Source: State Data Profile provided by the federal Children's Bureau, dated September 2017 *Time period for data used **Risk standardized performance	

Recurrence of Maltreatment: National Performance - 9.5% or less

Of all children who were victims of a substantiated or indicated maltreatment report during a 12-month reporting period, what percent were victims of another substantiated or indicated maltreatment report within 12 months of their initial report?

Table 3A(2): Maltreatment in Foster Care	
National Performance	FFY 2015*
9.67 or less	19.77%**
Source: State Data Profile provided by the federal Children's Bureau, dated September 2017 *Time period for data used **Risk standardized performance	

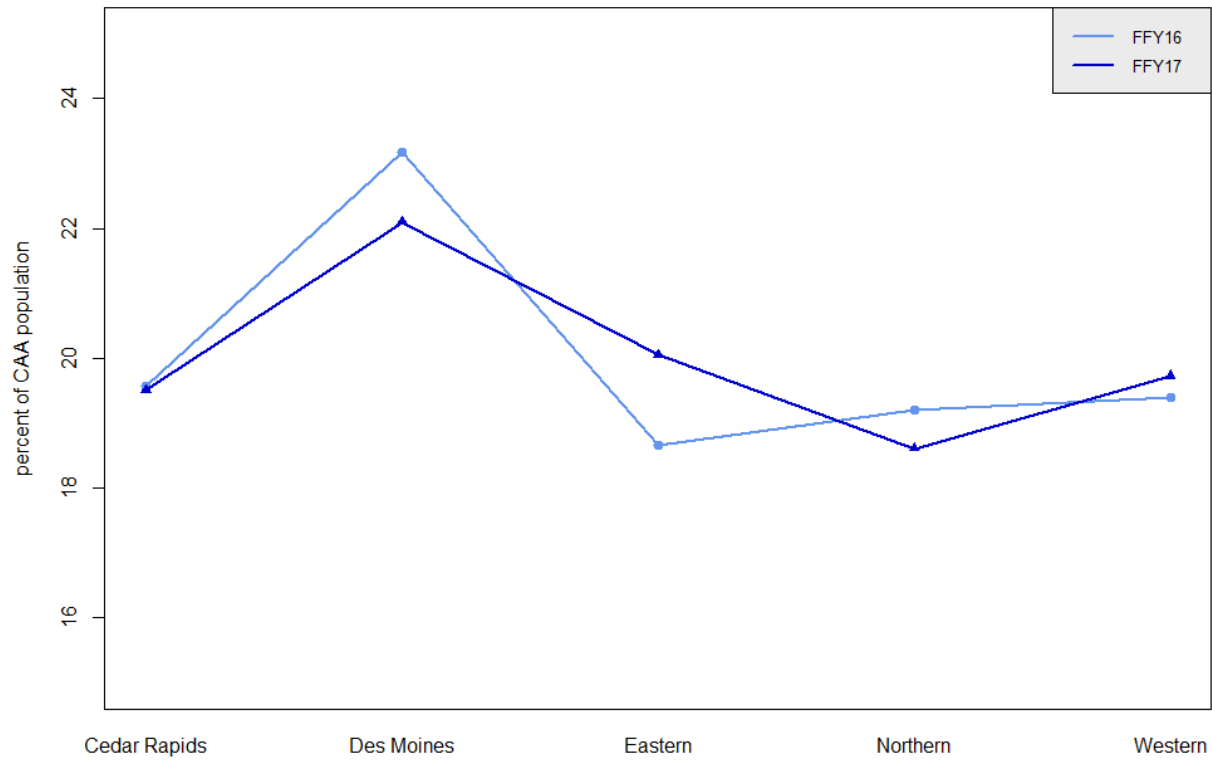
Maltreatment in Foster Care: National Performance – 9.67 or less victimizations per 100,000 days in foster care

Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?

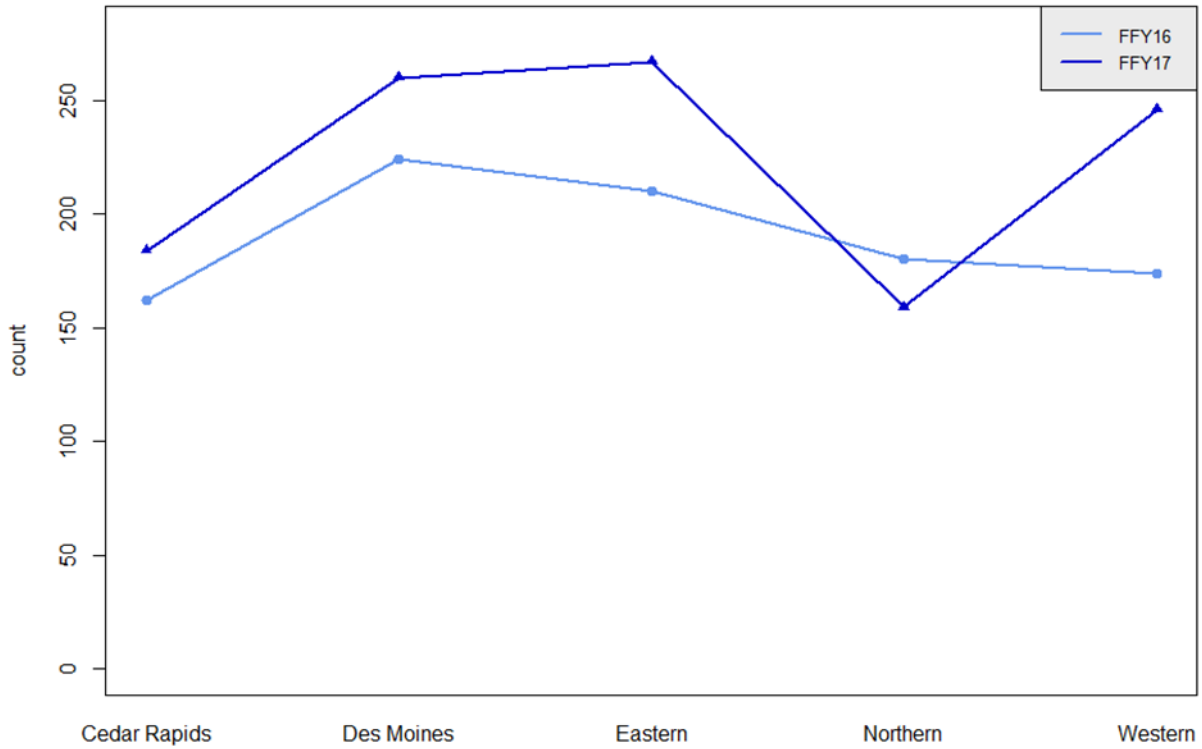
Additional Iowa Data Related to Recurrence of Maltreatment and Maltreatment in Foster Care

Recurrence of Maltreatment: The following data (Charts 3A(1) and 3A(2)) covers two federal fiscal years (FFY 2016 and 2017). DHS staff disaggregated Iowa's child welfare information system data to analyze each FFY separately. Below is a service area breakdown showing the percent and count of children who had a substantiated child abuse assessment (confirmed/founded) and a subsequent substantiated child abuse assessment (confirmed/founded) within 12 months. Charts utilize recurrence of maltreatment and reabuse interchangeably.

FFYs 16/17 Percent of CAA Population Experiencing Reabuse

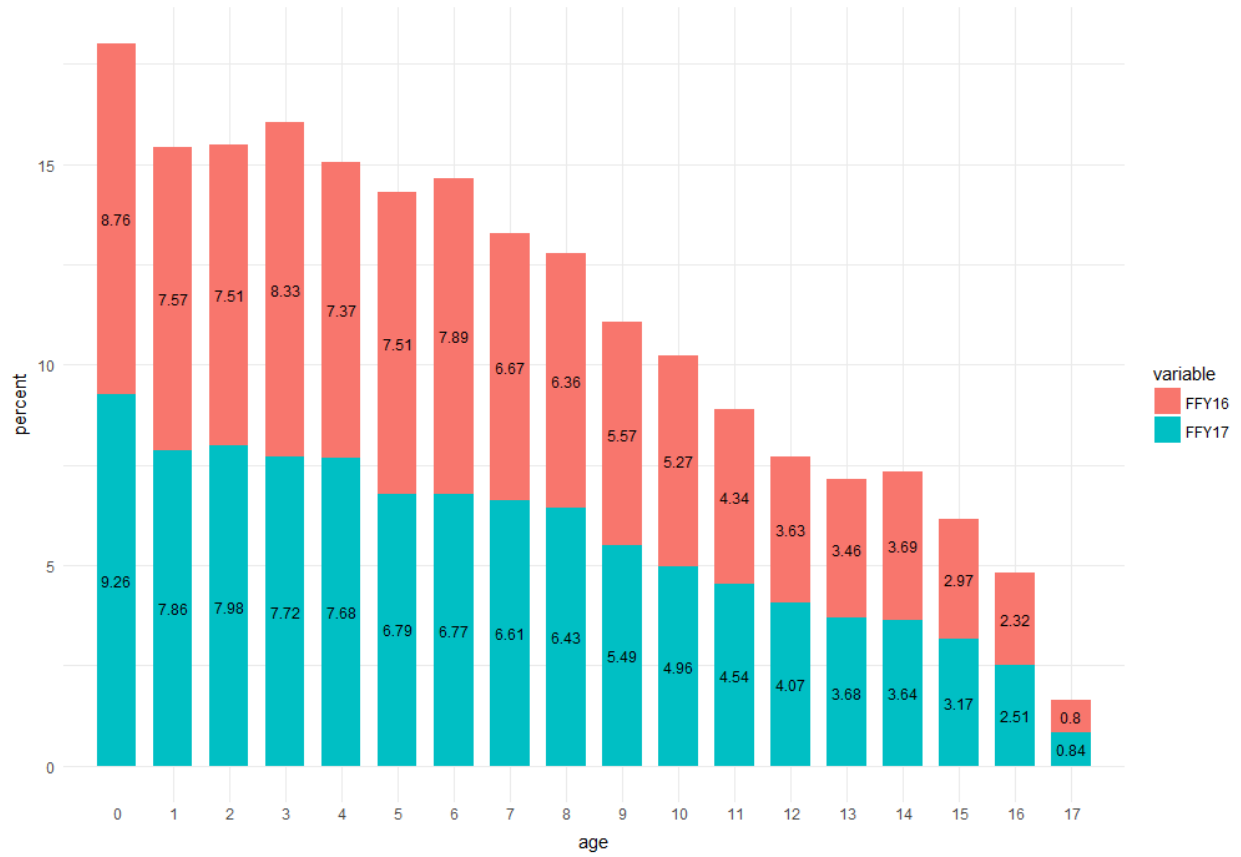


FFYs 16/17 Count of Population Experiencing Recurrence of Maltreatment



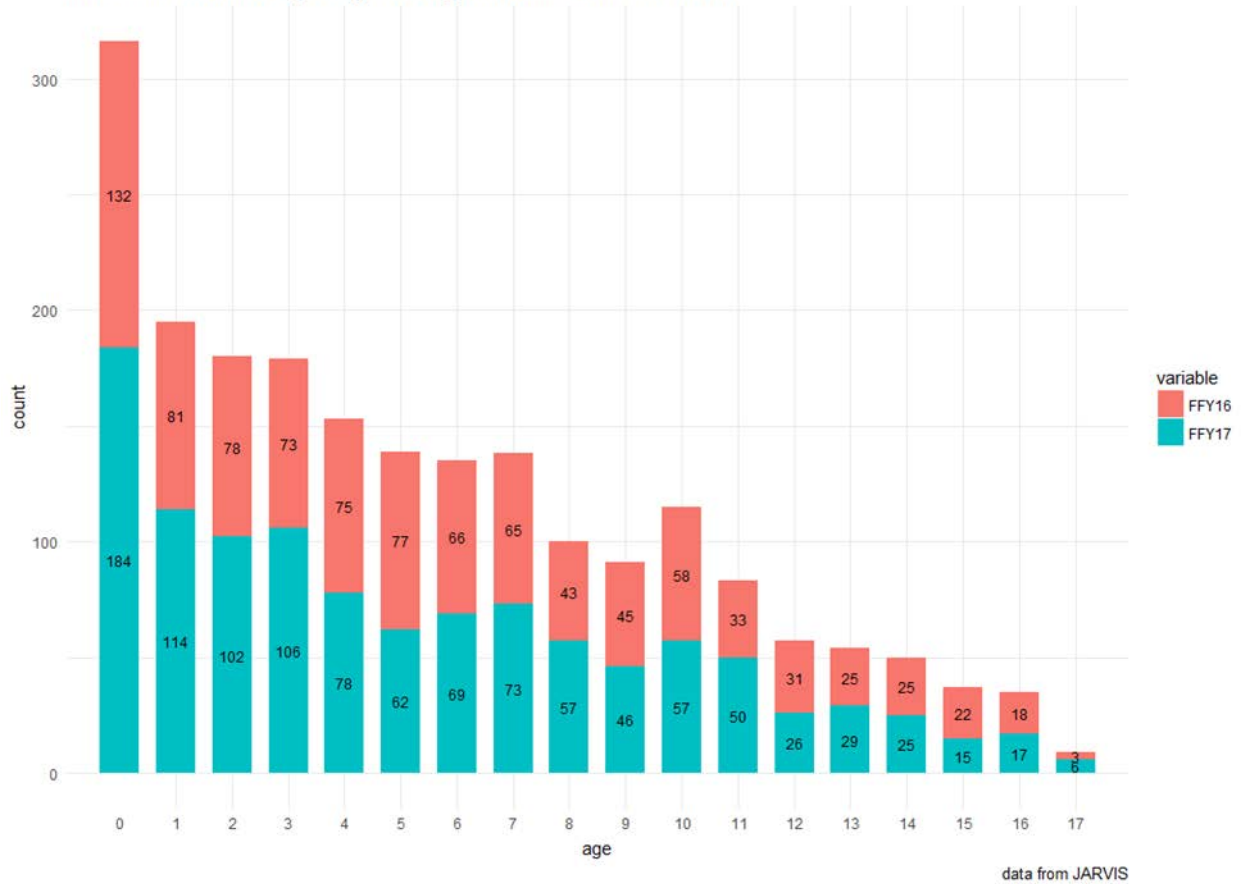
Generally those experiencing re-abuse were less than one year old (Charts 3A(3) and 3A(4)). Re-abuse rates did rise in FFY 2017, but this is likely explained by the practice change of opening additional assessments for additional allegations rather than adding to an existing investigation. Likewise, accepted intakes increased since October 2016.

FFYs 16/17 Distribution of Ages Reabused as a Percent of the Total Experiencing Abuse



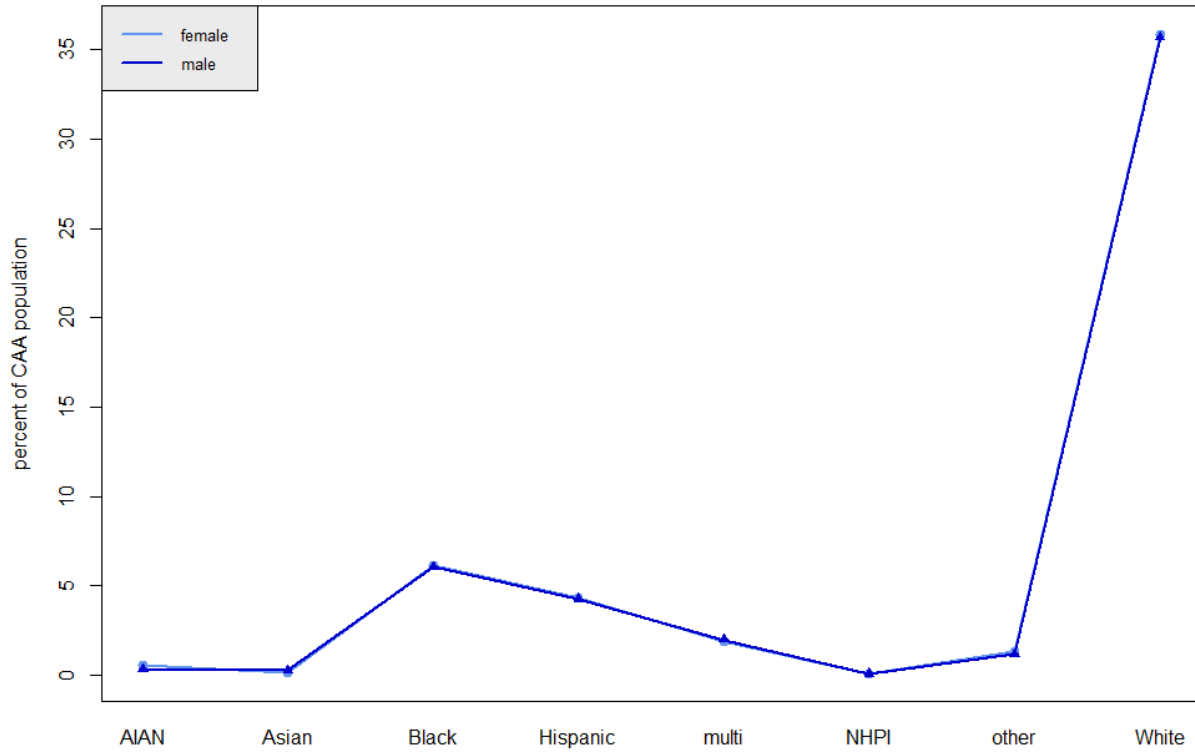
data from JARVIS

FFYs 16/17 Count of Ages Experiencing Recurrence of Maltreatment

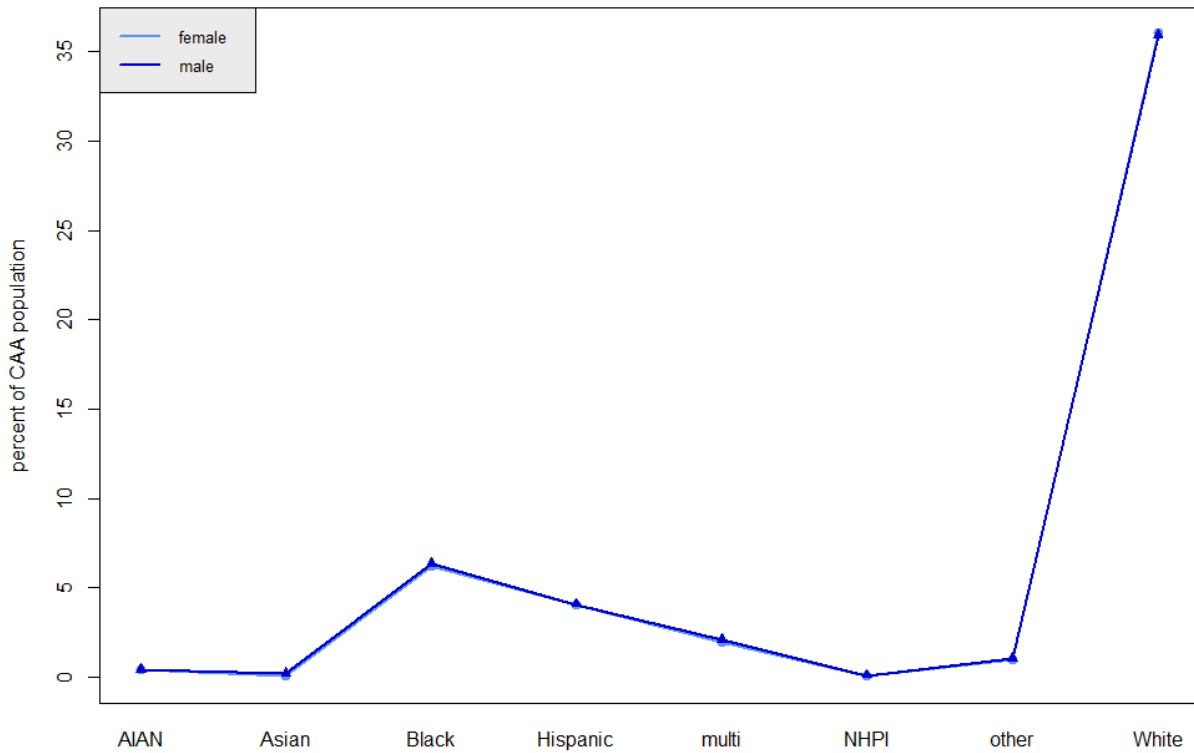


Males and females had nearly proportionately identical re-abuse rates (Charts 3A(5) and 3A(6)). Only two variables showed even slightly different trends between the overall child abuse assessment population and the re-abused population: the number of previous reports to DHS (Charts 3A(7) and 3A(8)) and the number of children in the household (Charts 3A(9) and 3A(10)).

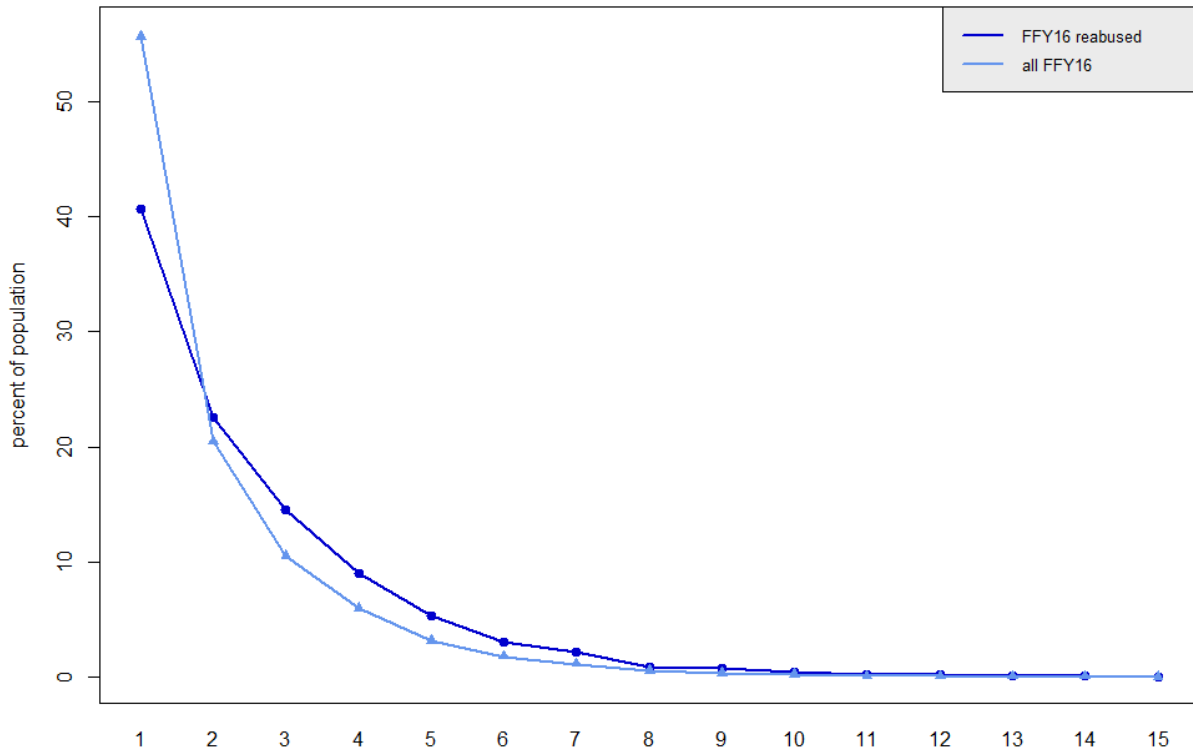
FFY16 CAA Population Reabused by Gender/Ethnicity



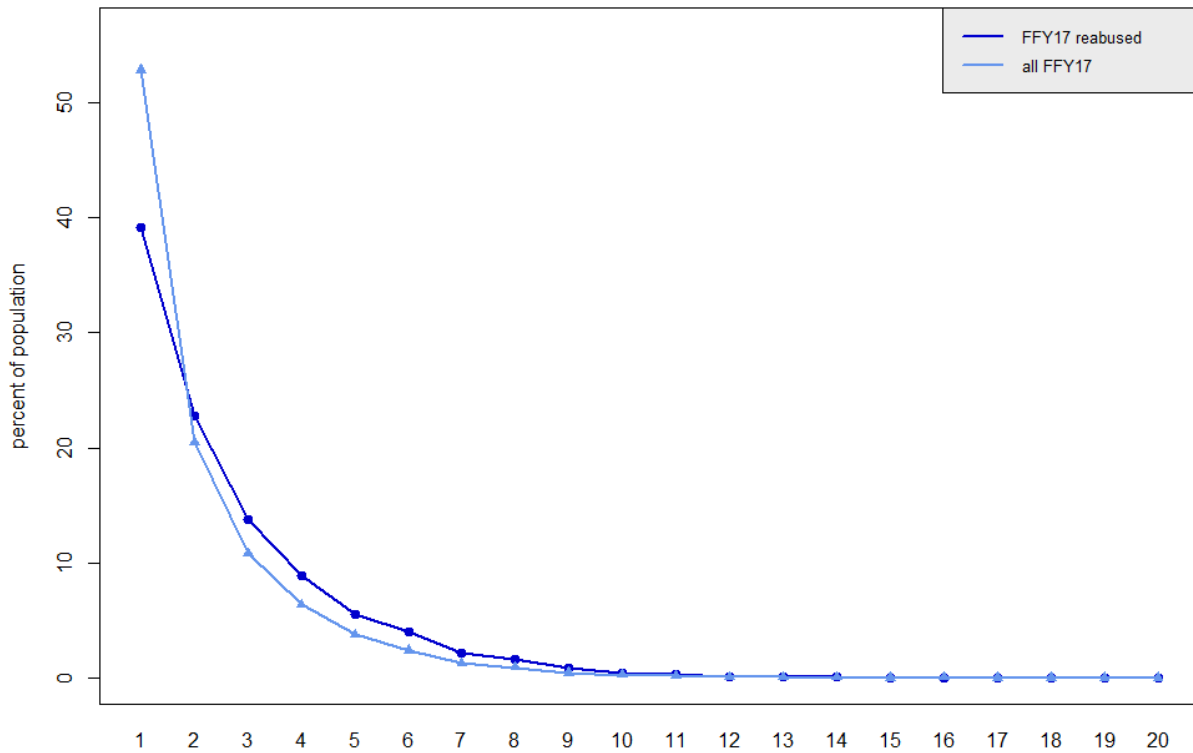
FFY17 CAA Population Reabused by Gender/Ethnicity



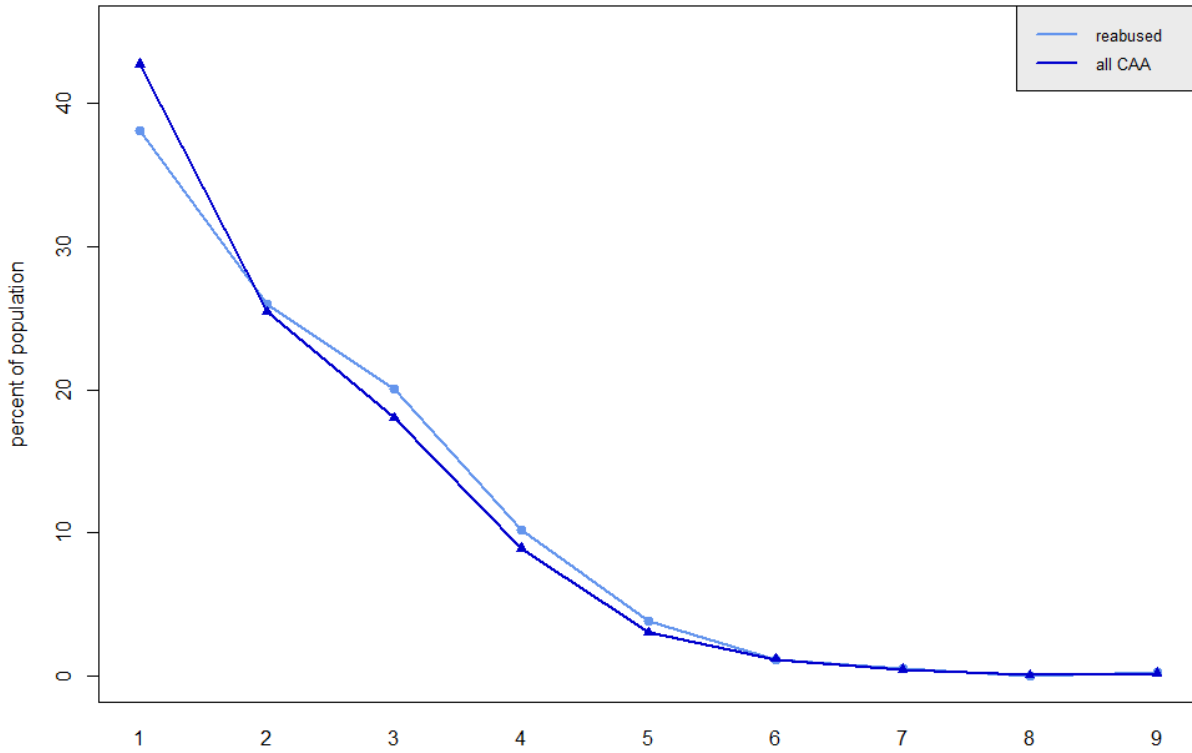
FFY16 Distribution of CAA and Reabuse Populations by Number of Prior Reports



FFY17 Distribution of CAA and Reabuse Populations by Number of Prior Reports



FFY16 Distribution of CAA and Reabuse Populations by Number of Children in Household



FFY17 Distribution of CAA and Reabuse Populations by Number of Children in Household

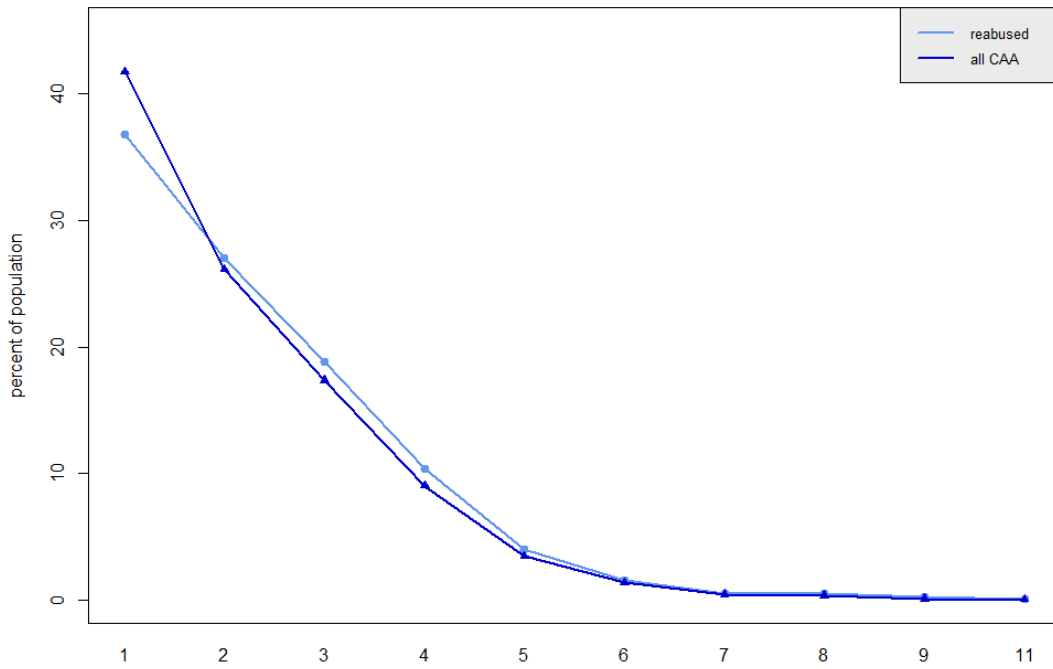
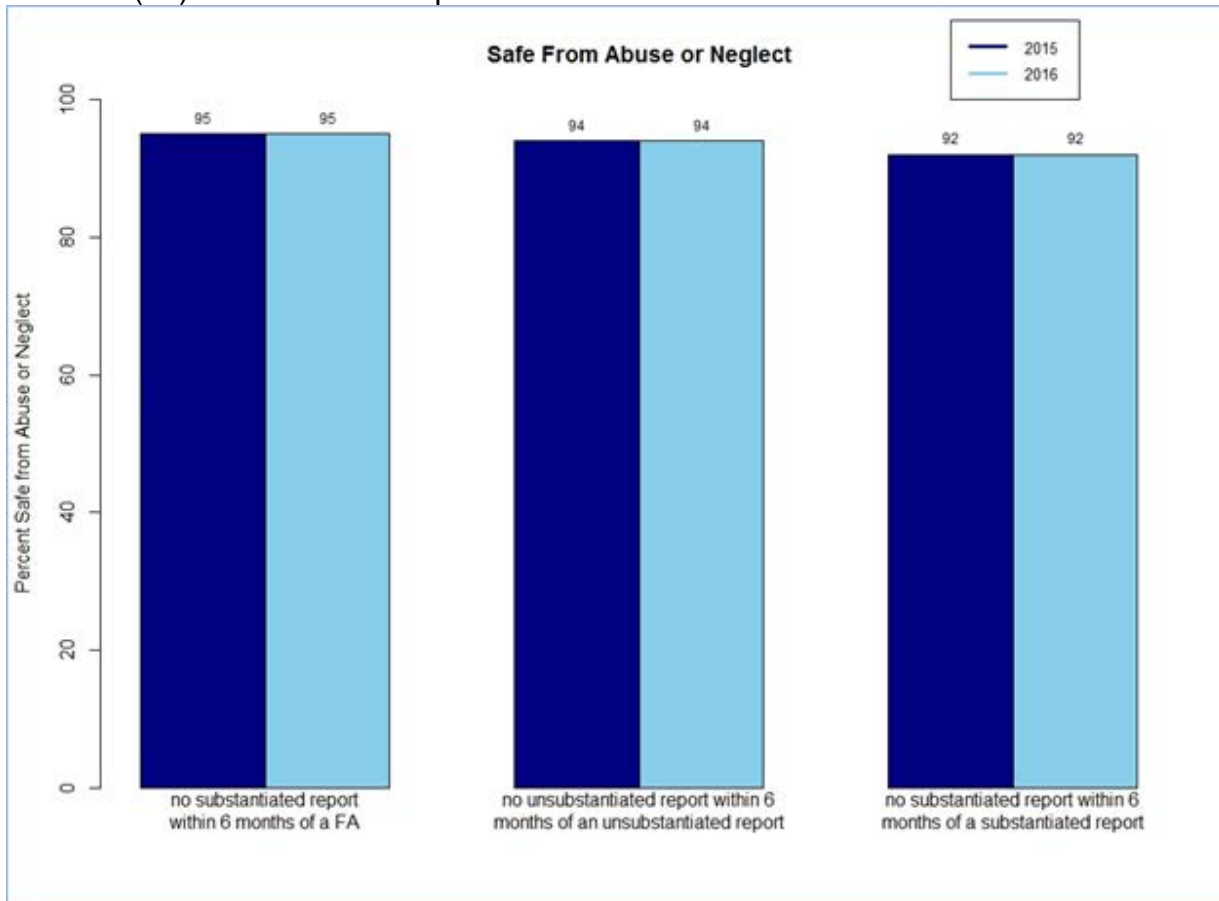


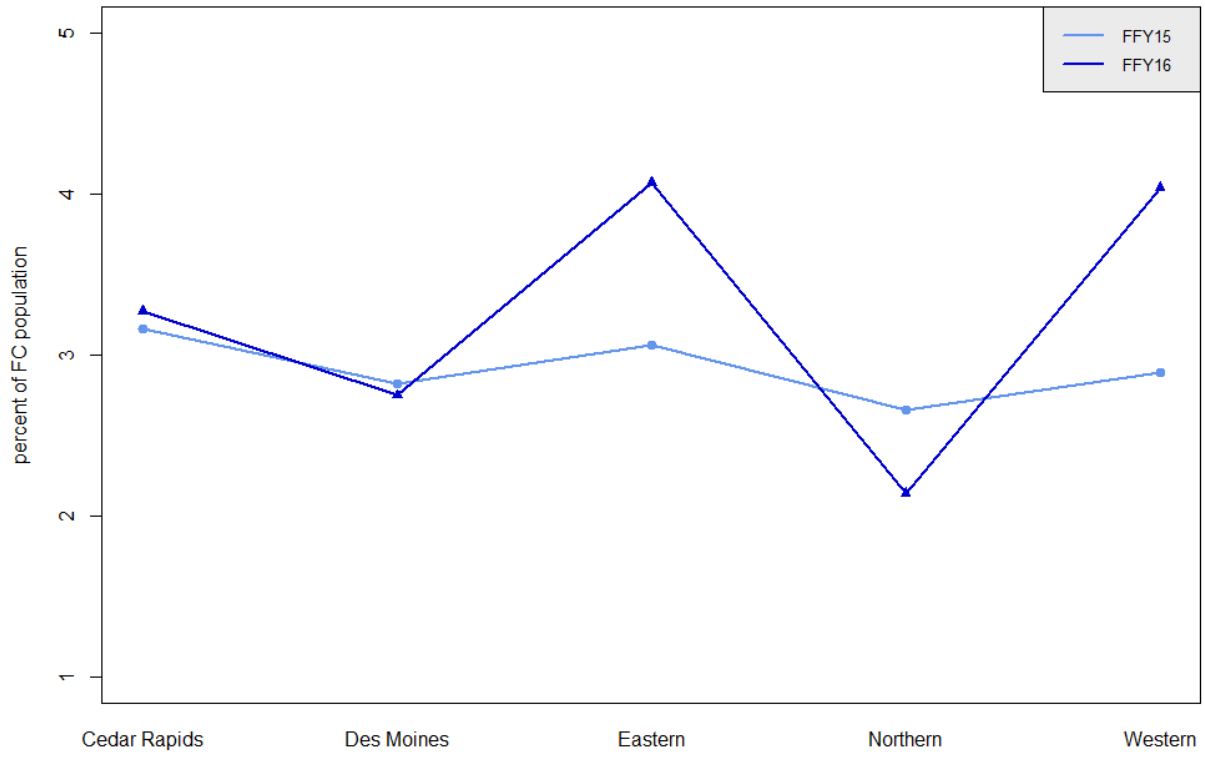
Chart 3A(11): Differential Response and Recurrence of Maltreatment



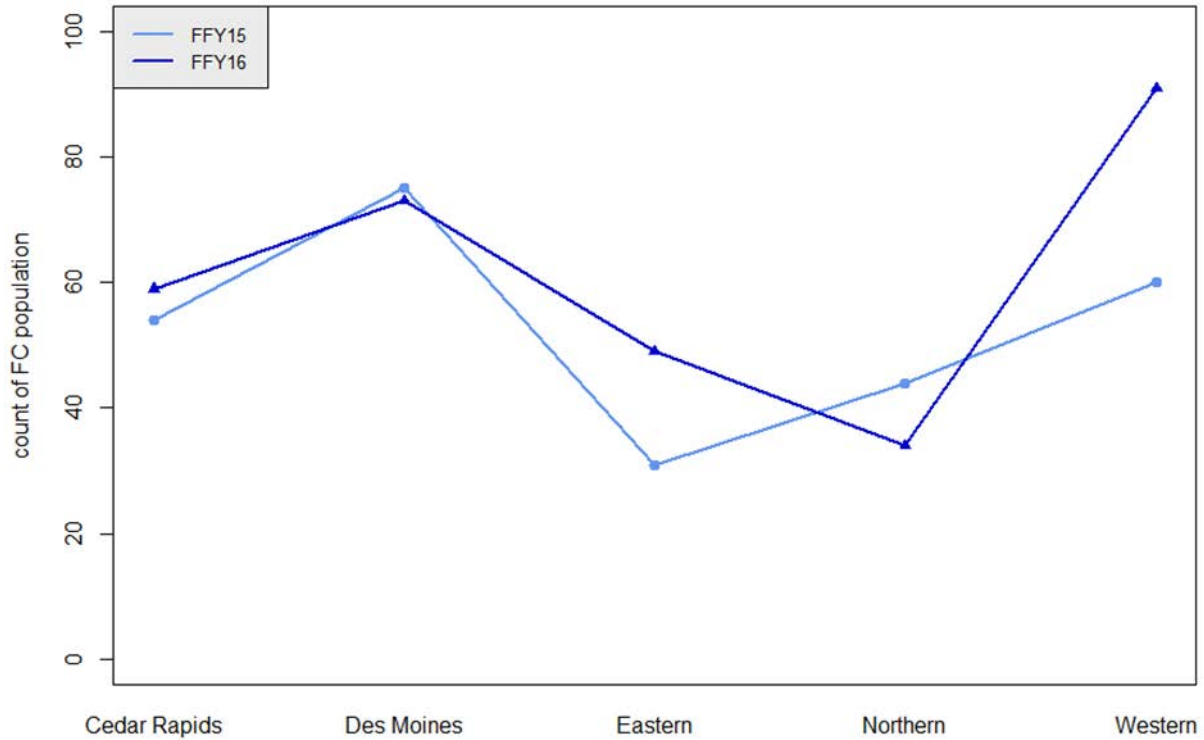
Source: Differential Response System Overview, Calendar Year 2016, available at http://dhs.iowa.gov/sites/default/files/CY_16_DR_RPT.pdf.

Maltreatment in Foster Care: The following data covers two years. DHS staff disaggregated Iowa's child welfare information system data to analyze each FFY separately. Below is a service area breakdown showing the percent and count of children in foster care who experience abuse of the entire foster care population (Charts 3A(12) and 3A(13)). FFY 2016 showed some changes with the Eastern and Western Iowa Service Areas showing an increase in the percent of its population experiencing abuse in care, while the Northern Service Area showed a decrease.

FFYs 15 & 16 Percent of FC Population Experiencing Maltreatment

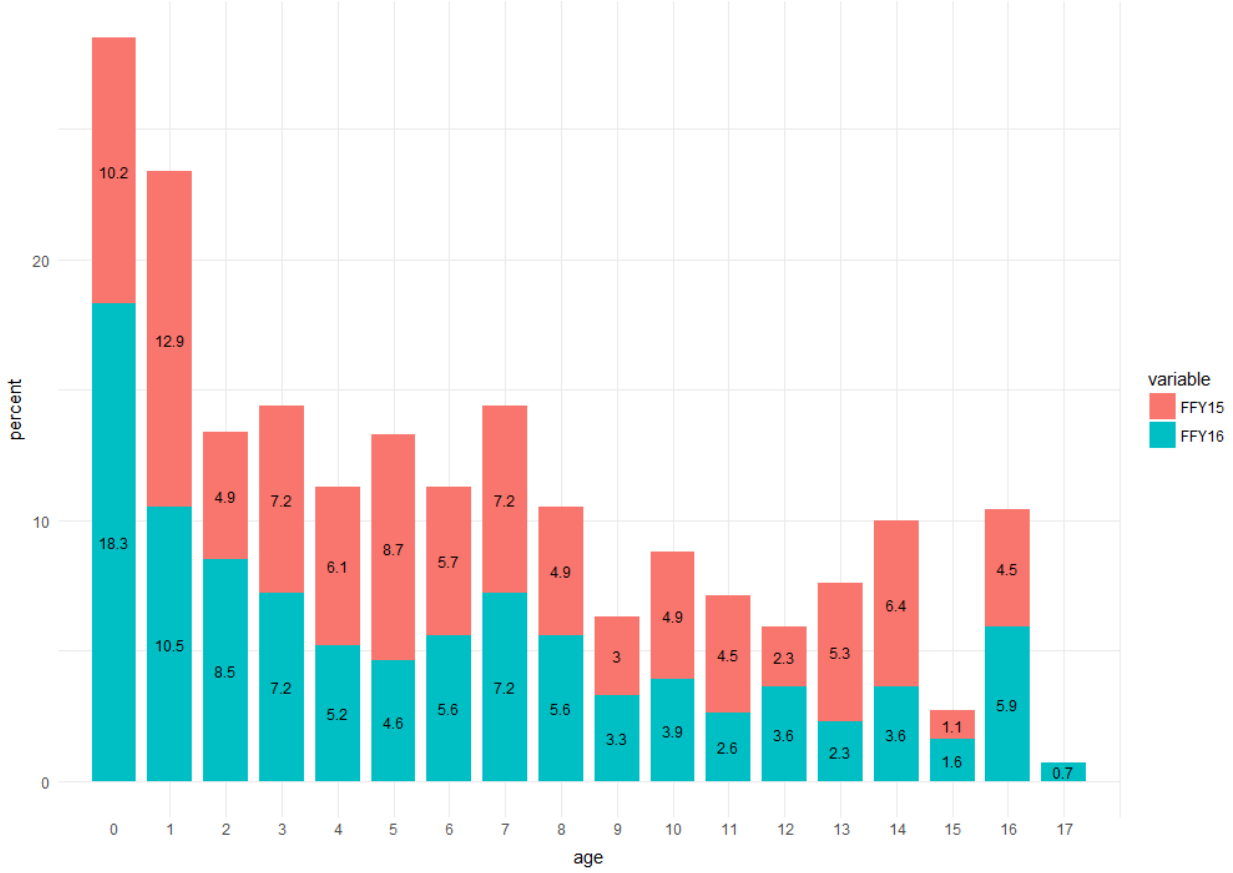


FFYs 15 & 16 Count of FC Population Experiencing Maltreatment

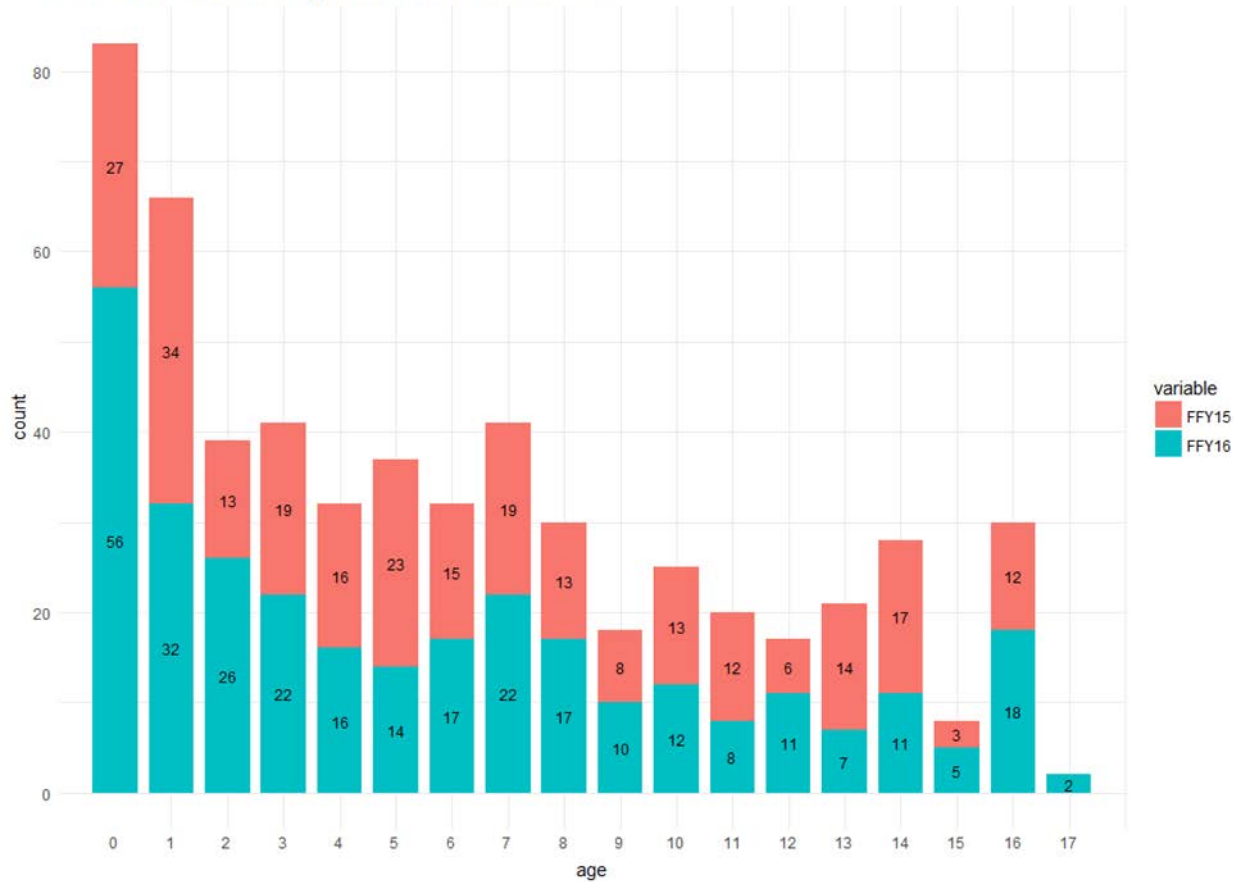


Generally those experiencing abuse in foster care were infants, and both the count of children and the percent of population increased in FFY 2016 for children under the age of three (see Charts 3A(14) and 3A(15) below). Nearly 20% of those abused in foster care were less than one year old, and 45% were three or younger in the same year. DHS staff pulled 10 cases at random and found the perpetrator was the parent in all cases. However, DHS staff has not had time to sort out the perpetrator for the abuse in foster care for all the population, but the “life history” of this population showed that over 85% of the perpetrators were family, including parents, relatives, siblings, and step-parents.

FFYs 15 & 16 Distribution of Ages Maltreated in Foster Care as a Percent of the Total Experiencing Maltreatment

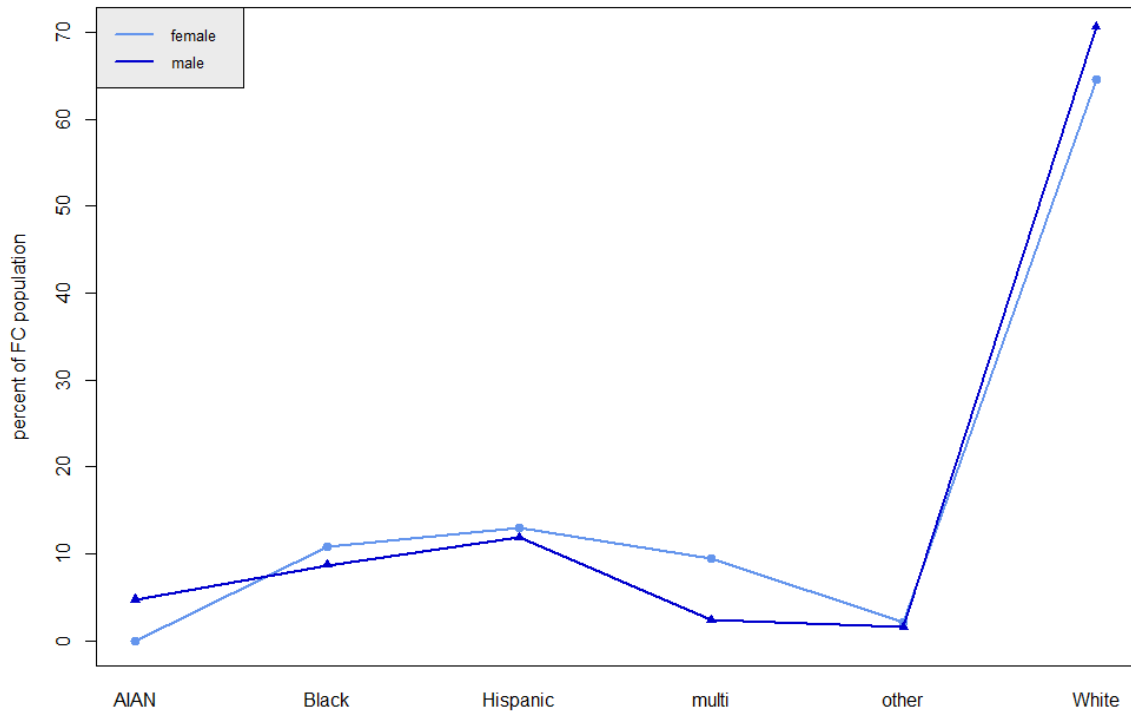


FFYs 15 & 16 Count of Ages Maltreated in Foster Care

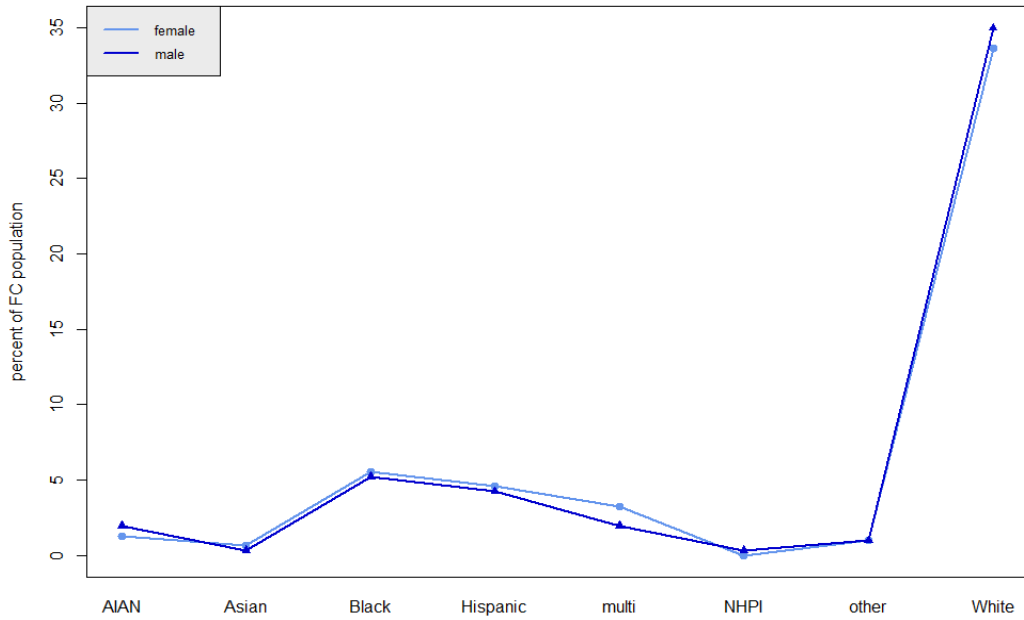


In both years (Charts 3A(16) and 3A(17)), almost 95% of the children were under DHS and not JCS, which makes sense given the very young demographic of those abused in care. In both FFYs, white females were slightly over-represented in the population of those abused in care, compared with the general foster care population.

FFY15 Percent of those Maltreated in Foster Care by Gender/Ethnicity

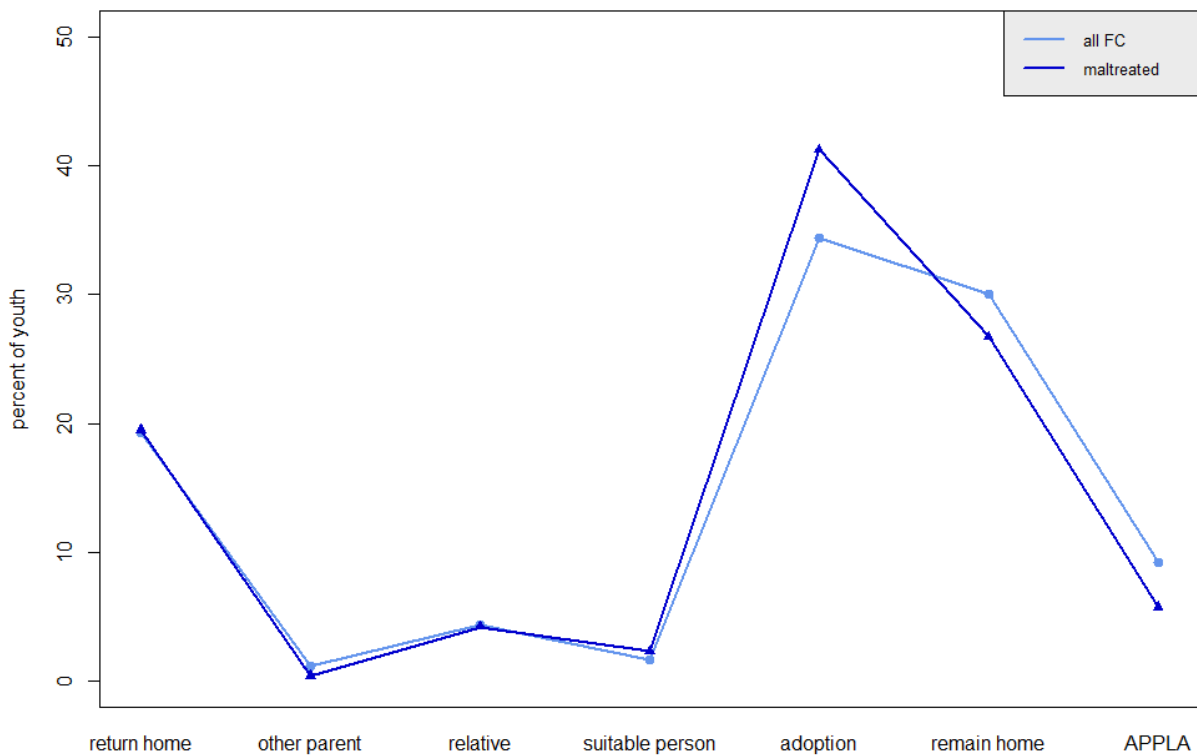


FFY16 Percent of those Maltreated in Foster Care by Gender/Ethnicity

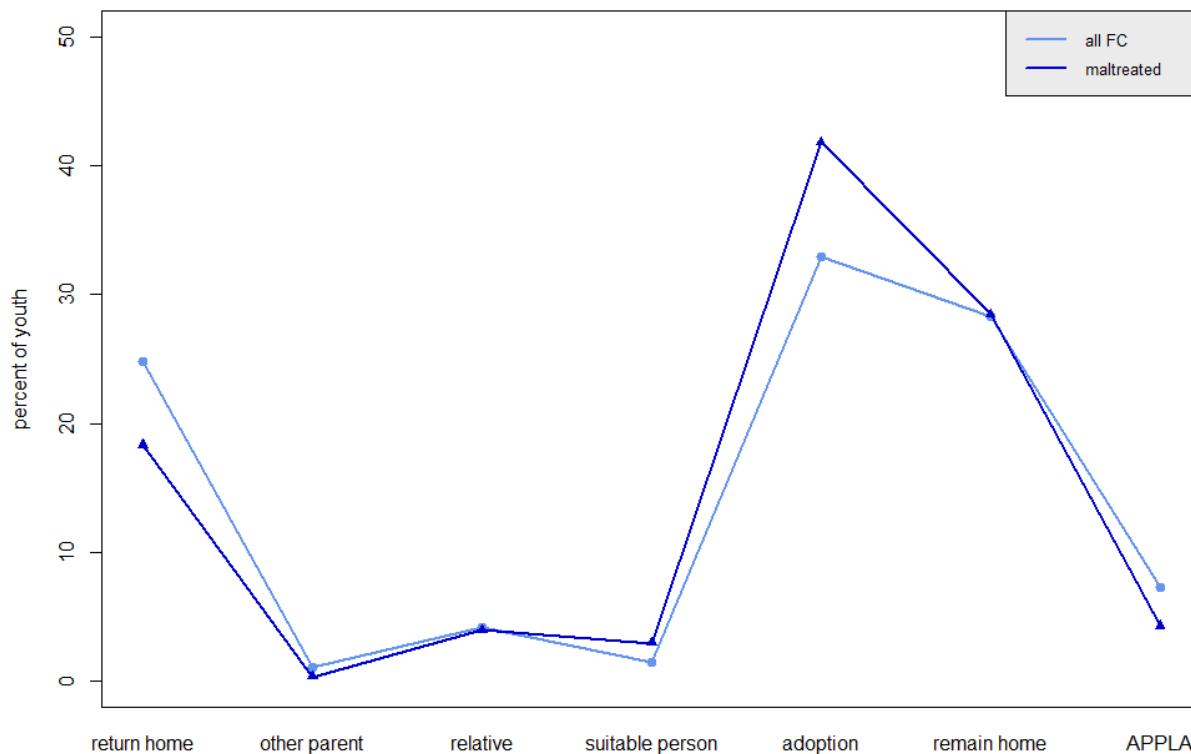


One difference between children maltreated in foster care and those who were not was the difference between the case plan goal and the federal exit reason (Charts 3A(18) and 3A(19)). This analysis was slightly hindered by 8.4% of the FFY 2016 youth still being in care, and therefore having no exit reason. Nevertheless, in FFYs 2015 and 2016, children abused in care had higher rates of “adoption” as their case plan goal, and fewer rates of “reunification with parents”, when compared to the general foster care population. Moreover, in FFY 2015 only 81% of maltreated children exited to their case plan goal of adoption, compared with 87% of children in the general population. Maltreated children exited to guardianship at higher rates than the general population. Again stressing that children in FFY 2016 have not fully trickled out of the system, currently, only 48% of those with a case plan of adoption have successfully exited to that goal, compared with 73% of the general population. In summation, children experiencing maltreatment were more often to have a permanency goal of adoption than reunification compared to their peers, take longer to exit the system, and have less success at achieving their case plan goal.

FFY 15 Percent of Youth's Case Plan

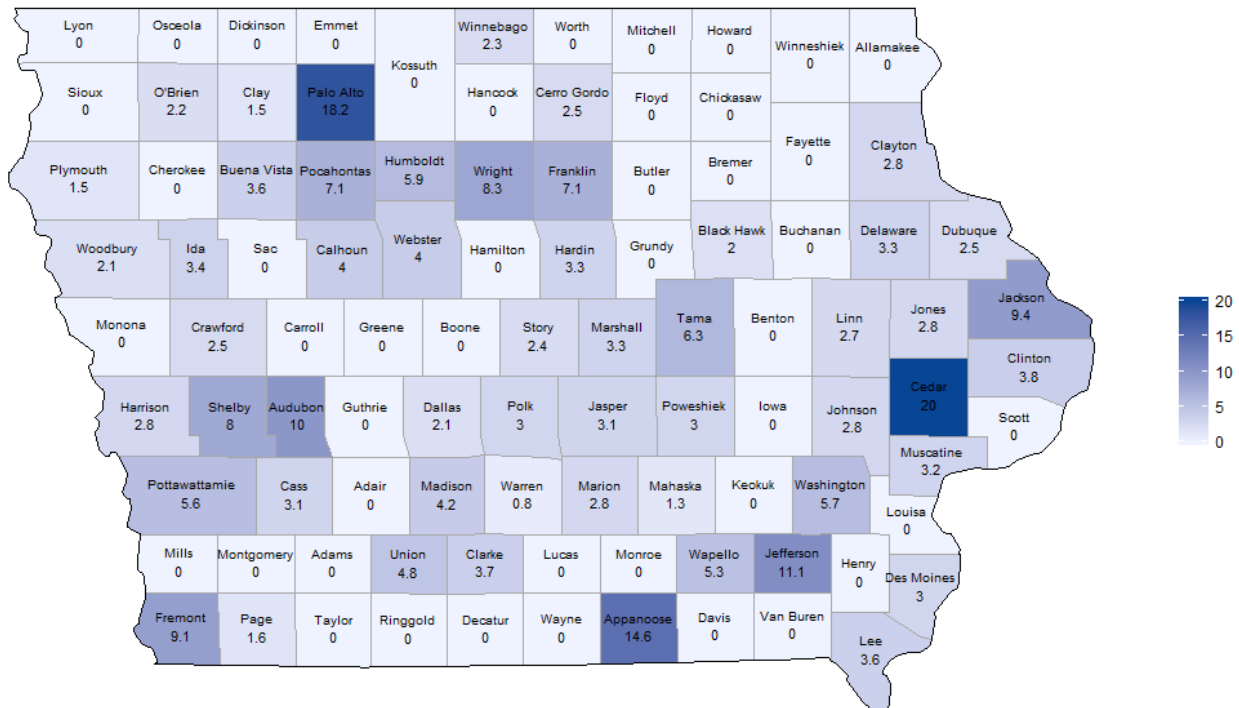


FFY 16 Percent of Youth's Case Plan



DHS staff pulled three FFYs of data for maltreatment in foster care and found (Chart 3A(20) below) that county of removal showed some differences for those who would go on to experience maltreatment in foster care.

**FFY15-17 Percent of Foster Care Placements with Maltreatment
by Youth Origin**



Item 1: Timeliness of Initiating Investigations of Reports of Maltreatment

Iowa Policy

Assigning a Timeframe for Observation

Legal References: Iowa Code 232.71B(1), 441 IAC 175.24(2) and 175.25(1)

When a report of suspected child abuse is accepted for assessment, a time limit for the response shall be assigned that begins with the receipt of the report being completed and is based on the risk level identified through information gathered at intake.

Timeframes for Observation of a Child

- During a child abuse assessment, reasonable efforts shall be made to observe the alleged child victim and evaluate the safety of the child named in the report within 24 hours of receipt of the report of suspected child abuse unless one of the following is met:
 - When there is an immediate threat to the child’s safety, the same reasonable efforts shall be made within one hour.
 - When the alleged perpetrator clearly does not have access to the alleged child victim, the same reasonable efforts shall be made within 96 hours.
- During a family assessment, reasonable efforts shall be made to observe the alleged child victim and evaluate the safety of the child named in the report within 72 hours.

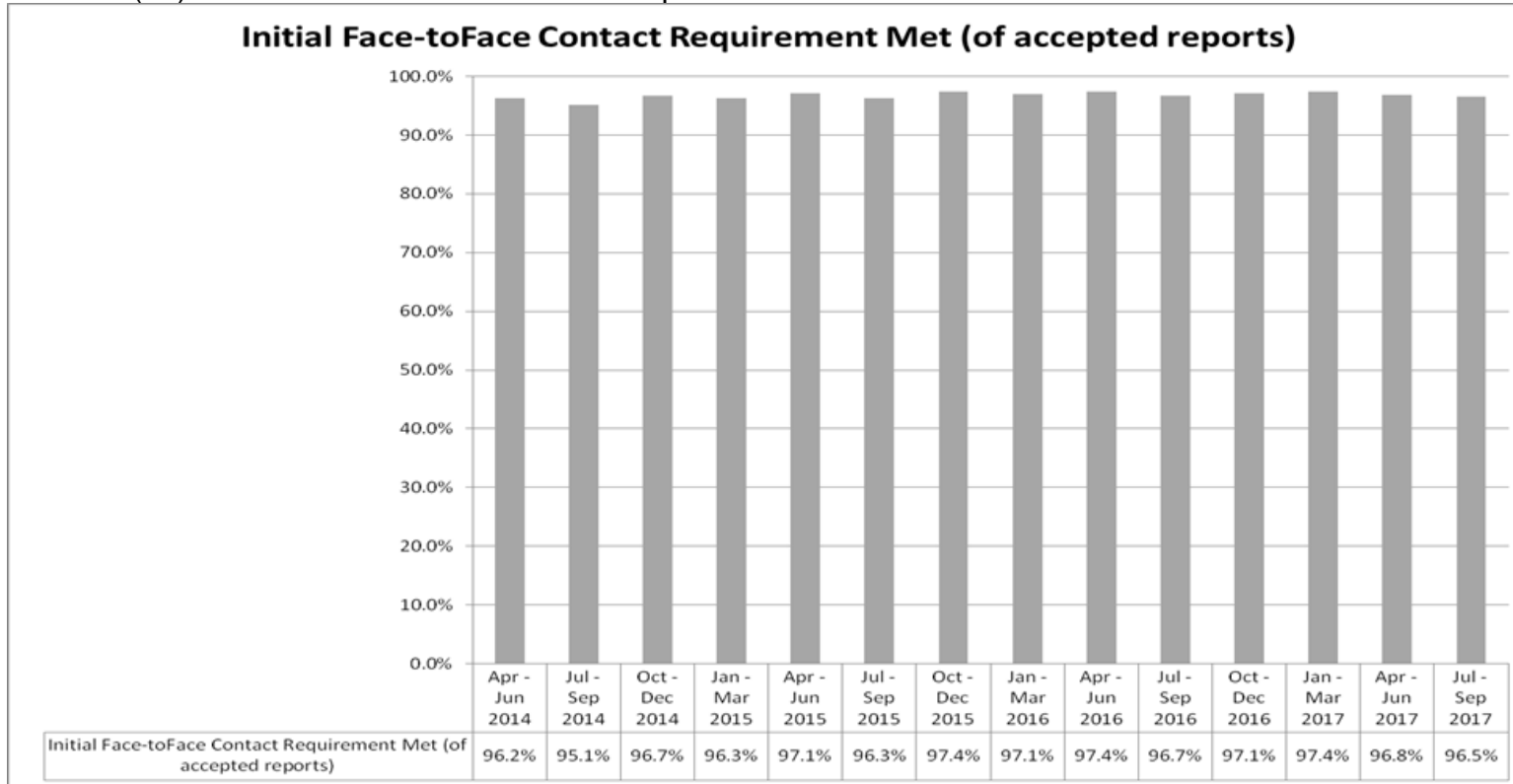
- When reasonable efforts have been made to observe the alleged child victim within the specified time frames and the worker has established there is no risk to the alleged child victim, the observation of the alleged child victim may be delayed or waived with supervisory approval.

Reasonable efforts require making more than one type of effort to identify, locate, and contact. Supervisory approval confirms the worker exhausted all avenues that existed to attempt to observe the alleged child victim and evaluate their safety. The worker documents their rationale and their supervisor's rationale for not observing the child within time frames. The worker describes the efforts made to observe the child within time frames, the circumstances that made it impossible to observe the child within time frames, or how safety was addressed. If the worker is denied access to a child and the worker has concerns for the child's well-being or safety, the worker either seeks immediate assistance of law enforcement authorities, or requests a court order authorizing access to the place where the child is located for the purpose of observing the child and evaluating the child's safety. In such instances, a family assessment would be reassigned to a child abuse assessment.

An example of reasonable efforts may be a worker attempts to call the mother at home to schedule a time to visit and learns the child is on a visit with their father who lives out of state. She advises the child is not scheduled to return for three more days. The worker schedules a visit for that time. The worker contacts the father and confirms the child is visiting and due to return in three days. The worker obtains supervisory approval to delay contact based on the information.

Administrative Data: Administrative data in Results Oriented Management (ROM) (chart 3A(21) below, reflects the percentage of initial face-to-face contact with the child(ren) that occurred within the required time period, per Iowa policy, out of all the child abuse and family assessments completed during the timeframe measured. Exceptions noted in policy above are included in the count for compliance reflected in the chart below.

Chart 3A(21): Initial Face-to-Face Contact Requirement Met



96.7	Average
95.1	Min
97.4	Max
2.3	Range
1.6	Avg +/-

Since 2014, Iowa's performance for the initial face-to-face contact remains steady, with minimal variation.

Source: Results Oriented Management (ROM)

Case Reviews: In SFY 2016, Iowa reviewed 150 cases but found this number of case reviews unsustainable with resources available. Therefore, beginning with SFY 2017, the DHS staff conducted case reviews on 65 cases. Subsequently, due to the difference in sample size, comparisons cannot be made between SFY 2016 and SFY 2017 case reviews.

Table 3A(3): Case Reviews – Safety Outcome 1 State Fiscal Year (SFY) 2016 (7/1/15 – 6/30/16)(N=150)	
Item	SFY 2016
1: Timeliness of Initiating Investigations of Reports of Maltreatment	86% (n=67/78)

Source: DHS Case Reviews; Total cases read during the SFY were 150. However, not all cases were applicable for the item, which is why the “n” for the item is than 150.

Table 3A(4): Case Reviews – State Fiscal Year (SFY) 2017 (7/1/16 – 6/30/17)(N=65) Safety Outcome 1		
Item	Goal	Performance
1: Timeliness of Initiating Investigations of Reports of Maltreatment	The percentage of investigations initiated within state policy time frames will be 95% or more.	92% (n=24/26)

Source: DHS Case Reviews; Total cases read during the SFY were 65. However, not all cases were applicable for the item, which is why the “n” is less than 65.

Table 3A(5): SFY 2017 Case Reviews – Item 1 Results by Case Type	
Type of Case	Performance
Foster Care	100% (n=11/11)
In-Home Services	85% (n=11/13)
In-Home – Community Care	100% (n=2/2)

Source: DHS Case Reviews

Assessment of Safety Outcome 1, Strengths and Opportunities for Improvement: Iowa implemented the differentiated response system in 2014 with state assessors completing an assessment on both the 75% of reports on the traditional pathway, which receive a finding or disposition, and the 25% of reports on the alternate response pathway, which have no finding and access voluntary community services. As noted in Iowa “Differential Response System Overview 2016¹” page 10, 14.7% of cases assigned to the alternate response pathway experienced a confirmed or founded child abuse within the following 12 months, compared to 43.9% of cases assigned to the traditional pathway. Changing to a differentiated response shifts the case makeup of those cases entering formal services and the possibility of recurrence or maltreatment in

¹ Source: Differential Response System Overview, Calendar Year 2016, available at http://dhs.iowa.gov/sites/default/files/CY_16_DR_RPT.pdf.

care to a higher risk level due to the shift in the makeup of the measured population. Iowa has not reached the performance target for either national safety performance indicator, but has held steady on Recurrence. Maltreatment in foster care performance declined slightly. Performance appears to be related to children discharged to home on THV status, and new reports made regarding parental relapse related to substance abuse, which also associated with re-entry to foster care.

Administrative data for case review item 1 shows Iowa meeting the 95% federal requirement for the item, while case review data for item 1 shows slightly lower performance at 92% for SFY 2017. The difference between these two types of data is to be expected given the different approaches taken in qualitative and quantitative reviews. Qualitative data is never meant to confirm quantitative data; it is meant to provide a more nuanced understanding. Because the quantitative data is not a sample but includes every case, it more accurately reflects statewide performance. In examining the SFY 2017 case reviews, two of the 26 cases reviewed were in-home cases rated areas needing improvement (ANI). The reasons for their rating of ANI were the child(ren) were not seen timely and there was no supervisory consult prior to expiration of the timeframe to extend or waive the timeframe.

One challenge to Iowa’s timeliness of initiating assessments is the relatively stable size of the workforce performing child protective assessments (average 2% growth in last two years) in Iowa while the workload, the number of assessments, has grown more quickly (average 20% growth in last two years), with rate of growth greatest most recently due to a policy change that requires a new report to be made and assessed if another allegation of abuse or neglect arises during an already open assessment. In spite of the workload challenges, timeliness remains very steady. Further analysis of workload challenges are in progress but not available at this time for the purposes of this report.

SAFETY OUTCOME 2 – Children are safely maintained in their homes, whenever possible and appropriate.

Case Review Items

Table 3A(6): Case Reviews – Safety Outcome 2 State Fiscal Year (SFY) 2016 (7/1/15 – 6/30/16)(N=150)	
Item	SFY 2016
2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care	91% (n=63/69)
3: Risk & Safety Assessment and Management	60% (n=90/150)

Source: DHS Case Reviews; Total cases read during the SFY were 150. However, not all cases were applicable for all items, which is why the “n” for item 2 is less than 150.

**Table 3A(7): Case Reviews –
State Fiscal Year (SFY) 2017 (7/1/16 – 6/30/17)(N=65)
Safety Outcome 2**

Item	Goal	Performance
2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care	The percentage of cases in which DHS staff took actions to control present or impending danger to prevent removal of children will be 95% or more.	81% (n=17/21)
3: Risk & Safety Assessment and Management	The percentage of cases in which DHS staff assessed and managed present or impending danger and risk of future harm will be 95% or more.	62% (n=40/65)

Source: DHS Case Reviews; Total cases read during the SFY were 65. However, not all cases were applicable for all items, which is why the “n” may be less than 65.

**Table 3A(8): SFY 2017 Case Reviews –
Items 2 and 3 - Results by Case Type**

Source: DHS Case Reviews

	Type of Case	Performance
Item 2	Foster Care	88% (n=7/8)
	In-Home Services	77% (n=10/13)
	In-Home – Community Care	0% (n=0/0)
Item 3	Foster Care	68% (n=27/40)
	In-Home Services	48% (n=11/23)
	In-Home – Community Care	100% (n=2/2)

Stakeholder Feedback:

- Child Protection Council (CPC) Project: Small groups reported their identified strengths and opportunities for improvement in Iowa’s child welfare system for the five cases each group reviewed, which is reflected below in aggregate form.
 - Strengths:
 - Consistency with building good rapport with families
 - Very good documentation, including interactions between all the parties
 - Good engagement with children
 - Child Protective Workers (CPWs) demonstrating a lot of tenacity
 - Overall, CPWs did not appear to be missing things and were following protocols.
 - Assessments completed timely or approval was sought and documented
 - Use of collaterals for safety
 - Safety planning with the perpetrator (father, stepfather, mother)
 - 3 used Family Risk Assessment score in their analysis
 - Strong use of relative placements
 - Detailed information about addressing each domain area of Safety Assessment

- Critical case consultation with supervisors in every case
- All reports met 24 hour requirement
- All children supposed to be seen were seen (contact timeframes)
- Findings accurate and documentation supported
- Consistent format used by all
- Concept of first and secondary safety assessment
- Timely safety assessments
- Opportunities for improvement:
 - Safety Assessments:
 - ❖ Safety Assessments copied and pasted from first to second (question whether utilizing tool as intended)
 - ❖ Safety assessments didn't read well and not well differentiated from the first to second assessment
 - Risk Assessment:
 - ❖ Risk Assessment had incorrect or missing information, with some affecting the overall risk level and others not affected
 - ❖ Risk Assessment confusion around primary versus secondary caretakers (parents & placements)
 - Criminal acts where law enforcement was not contacted.
 - Relatives:
 - ❖ Vetting of relatives (no evidence this occurred)
 - ❖ Safety plans with relatives (i.e. some duties assigned were not appropriate to the circumstances)
 - Need for holistic assessment (group allegations received at the same time an assessment is open) to show a complete picture of what is occurring in the family
 - Lack of safety planning in light of no contact order (NCO)
 - Service Needs:
 - ❖ Identifying service needs for children consistently missed, plus service needs for parents and family's needs
 - ❖ Could use better recognition of disabilities in children and follow up for those needs (physical disability, including being drug affected)
 - Lagging in collaboration with schools and medical and overall collaterals, including family members and non-custodial parents (NCPs) and adult siblings
 - Missed NCPs
 - Documentation:
 - ❖ Just used first or last name but language didn't reflect who the person was they were referencing
 - ❖ Reports difficult to follow (e.g. names, timelines, use of acronyms, lack of clarity in roles of individuals)
 - ❖ When doing safety planning, safety plan was not written (sometimes oral plans) and they need to be detailed and concrete
 - ❖ Practice issue regarding meth use and canned research in assessment (must indicate specific behaviors for that case)
- CWPPG:

- Strengths:
 - ❖ Iowa utilizes a safety assessment instrument that is similar to those used in other systems to assess present or impending danger, parents' protective capacities, and the vulnerability of the child within the context of the family's current conditions, child-caregiver interactions, and the overall home environment.
 - ❖ Iowa utilizes a risk assessment tool, developed and tested by Colorado, which is considered reliable and valid by Colorado State University.
- Opportunities for improvement:
 - ❖ Parents, grandparents, and client advocate groups raised a concern that reasonable efforts to prevent removals are inconsistent. They also raised a concern that federal funding for out of home care reinforces removals rather than funding for prevention and in-home services.
 - ❖ "Interviews with youth, parents and grandparents, foster parents, and DHS case managers indicate that many believe there is insufficient focus on engaging children's parents in assessing needs related to child safety, planning interventions to address them, and evaluating progress." (CWPPG, page 12)

Assessment of Safety Outcome 2, Strengths and Opportunities for Improvement:

Iowa's performance on item 2 at 81% (SFY 2017) shows a strong practice in protecting children while working to prevent removal but practice does not meet the 95% of cases needed to be rated a strength. In examining the SFY 2017 case reviews for this item, four out of the 21 applicable cases were rated ANIs due to the need for safety services to prevent removal but none were provided and the lack of thorough assessment and recognition of safety issues. Three out of the four ANI cases were in-home cases. Stakeholders expressed concerns regarding reasonable efforts to prevent removal and noted federal funding may reinforce removal practices.

Iowa's SFY 2017 case reviews for Item 3 reflects inconsistency in practice strength amongst the different types of cases and an opportunity to improve. As with item 2, practice in foster care cases is stronger than that in in-home cases (68% versus 48%). Further examination of this item shows that 20 of the 25 cases rated an ANI lacked thorough ongoing assessments, seven cases lacked a needed safety plan, and in eight cases safety concerns were not appropriately addressed. Initial analysis of item 3 indicates a training need for how to help staff build more refined skills in quality engagement and documentation, specifically in assessment, monitoring and management of risk and safety. The DHS Child Protection Council targeted case review supports initial analysis of item 3 noting strengths in practice that also were opportunities for improvement in other cases, particularly around engagement, documentation, and risk and safety assessments. A challenge for Iowa's performance for both items is staff workload, which continues to be a barrier for child protective assessors as well as social work case managers. Further analysis of workload challenges are in progress but not available at this time for the purposes of this report.

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- *For each of the two permanency outcomes, include the most recent available data demonstrating the state’s performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.*
- *Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the permanency indicators.*

Iowa Response:

PERMANENCY OUTCOME 1: Children have permanency and stability in their living situations.

National Permanency Performance Indicators:

The data in Table 3B(1) reflects an AFCARS reporting population that included Iowa’s Juvenile Court Services (JCS) and Meskwaki Family Services (MFS) non-IV-E eligible children. Clarification from the federal Children’s Bureau in 2017 indicated that these children were not to be included in the AFCARS reporting population. In the fall of 2017, Iowa resubmitted its AFCARS files for FFY 2016 and 2017 to reflect the correct reporting population.

Table 3B(1): National Permanency Performance Indicators Child and Family Services Review (CFSR) – Round 3			
National Performance Indicator	Description of National Performance Indicator	National Performance	IA Performance
Permanency in 12 months for children entering foster care***	Of all children who enter foster care in a 12-month period, what percent are discharged to permanency within 12 months of entering foster care?	42.7% or higher	42.5%*
Permanency in 12 months for children in foster care 12 to 23 months***	Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the period?	45.9% or higher	69.2%**

**Table 3B(1): National Permanency Performance Indicators
Child and Family Services Review (CFSR) – Round 3**

National Performance Indicator	Description of National Performance Indicator	National Performance	IA Performance
Permanency in 12 months for children in foster care for 24 months or longer***	Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day?	31.8% or higher	46.8%**
Placement stability	Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care?	4.44 or less	3.15**
Re-entry to foster care in 12 months	Of all children who enter foster care in a 12-month period who were discharged within 12 months to reunification, living with a relative, or guardianship, what percent re-enter foster care within 12 months of their discharge?	8.1% or lower	9.5%*

Source: State Data Profile provided by the federal Children’s Bureau, dated September 2017

*Time Period: 14B15A (April 2014 – March 2015)

**Time Period: 16B17A (April 2016 – March 2017)

***Permanency, for the purposes of this indicator, includes discharges from foster care to reunification with the child’s parents or primary caregivers, living with a relative, guardianship, or adoption.

Case Review Items

**Table 3B(2): Case Reviews – Permanency Outcome 1
State Fiscal Year (SFY) 2016 (7/1/15 – 6/30/16)(N=150)**

Item	SFY 2016
4: Stability of Foster Care Placement	67% (n=62/92)
5: Permanency Goal for Child	69% (n=62/90)
6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	76% (n=70/92)

Source: DHS Case Reviews
Total cases read during the SFY were 150. However, not all cases were applicable for all items, which is why the “n” for the items is less than 150.

**Table 3B(3): Case Reviews –
State Fiscal Year (SFY) 2017 (7/1/16 – 6/30/17)(N=40)
Permanency Outcome 1**

Item	Goal	Performance
Item 4: Stability of Foster Care Placement	The percentage of cases where a child in foster care experiences stable placements will be 95% or more.	85% (n=34/40)

Item 5: Permanency Goal for Child	The percentage of cases where the child's permanency goal is appropriately matched to the child's needs and established in a timely manner, and Adoption and Safe Families Act (ASFA) Termination of Parental Rights (TPR) requirements are met, will be 95% or more.	68% (n=27/40)
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living	The percentage of cases where the child experiences timely achievement of reunification, guardianship, adoption, or another planned permanent living arrangement will be 95% or more.	70% (n=28/40)

Source: DHS Case Reviews; Total foster care cases read during the SFY were 40.

Stakeholder Feedback

- **Iowa Child Advocacy Board (ICAB):** The Iowa Child Advocacy Board (ICAB) is an independent board established in Iowa Code Chapter 237, Division II to provide for citizen involvement in child welfare issues. It is composed of nine members appointed by the Governor of Iowa and confirmed by the Iowa Senate. ICAB is a unit of state government attached to the Iowa Department of Inspections and Appeals. ICAB establishes policies and procedures for two volunteer child advocacy programs: the Court Appointed Special Advocate (CASA) program and the Foster Care Review Boards (FCRB) program. Along with establishing these programs to support the work of citizen volunteers helping abused and neglected children, ICAB is also required to report annually its findings on issues affecting the best interests of children in Iowa's child welfare system and to offer recommendations for improvements.

In August and September 2017, local Coordinators of the Iowa Child Advocacy Board participated in roundtable discussions in which they shared thoughts about Iowa's child welfare system. After considering this information, the Iowa Child Advocacy Board identified the following strengths and opportunities for improvement:

- Strengths:
 - ICAB recognized the value that Iowa's juvenile courts, DHS and its service providers brought to serving children abused and neglected and other vulnerable children in Iowa. The ICAB particularly applauded the efforts of the judiciary to provide fair and impartial decisions. The Board also commended DHS workers for their tireless and unyielding commitment to pursue good outcomes for children despite the enormous challenges these vulnerable children and families face.
- Opportunities for Improvement:
 - ICAB identified that placement options are often unavailable within the child's community. Their staff reported that some foster families receiving placements are also not prepared to manage some of the more difficult behaviors that children display. ICAB noted that they believed the

combination of these circumstances contributes to multiple placement moves for children.

- **Youth:**
 - “Strive to place us in or as close as possible to our home communities. Having easy access to familiar people and places lessens the trauma caused by being removed from our homes and makes it easier for us to adjust to being in foster care.” (YPIL, page 2)
 - “Allow young people more input on who they are placed with. Every youth should have the right to say they are not comfortable where they are placed or that they don’t feel safe and have someone listen!” (YPIL, page 4)
- **CWPPG:**
 - “DHS staff encounters difficulty finding suitable placements from among the available families and some of those interviewed expressed the belief that there are many families who are unable or unwilling to provide the quality of care that children require.” (CWPPG, page 17)
 - Several stakeholders raised a concern that concurrent planning was not consistently implemented effectively.

Assessment of Permanency Outcome 1, Strengths and Opportunities for Improvement:

National performance indicators for Permanency Outcome One are generally an area of strength with two indicators not meeting national performance. One indicator is very close to the goal (permanency within 12 months) and one indicator is not (re-entry to foster care in 12 months). For the latter performance indicator, children exiting care in FFY 2016 and re-entering care within 12 months were more likely to do so within the first six months after reunification, and especially more likely in the first three months. DHS staff has queried all cases that had a THV in FFY 2017 but will not have the analysis completed before submission of this report. DHS staff is in the process of examining the entire cases’ service histories to see the length of the THV, THV exit information, and if children returned to foster care, the length of time between THV exit and re-entry. DHS staff is also exploring demographic information that might be associated with re-entry, such as age, gender, etc.

Performance on the case review items indicates Iowa is not meeting the 95% performance requirement for all three items, with item 4, placement stability, being the highest at 85%. In the SFY 2017 case reviews, four of the six cases rated areas needing improvement (ANI) were due to one case having a short term shelter placement, in four cases the child’s behavior led to placement instability, and in one case there was a lack of assessment of needs to match with the foster parents. Several stakeholders noted the lack of suitable placements in the child’s home community as a barrier to achieving placement stability for children in foster care.

In the SFY 2017 case reviews, only 68% of the cases met the timely and appropriate establishment of permanency goals. In the 13 cases rated an ANI, three cases each were ANI due to the initial goal was not established timely, long term placement, the permanency goal was not changed timely, or the goal was not appropriate. In the last

case, the permanency goal was not specified in the case file and the family’s team was unaware of the plan.

For item 6, timely achievement of permanency goals, 12 cases were rated an ANI, due to a lack of concerted efforts to achieve timely permanency (six cases), a change in the DHS caseworker that delayed permanency (one case), a delay in service provision reflective of consecutive versus concurrent permanency planning that delayed permanency (one case), and for three cases a delay in court proceedings, such as an appeal of Termination of Parental Rights, an extension of time for parents to achieve reunification, or finalization of the adoption process. Stakeholders noted a barrier for achievement of permanency was a lack of consistent implementation of concurrent planning, which has been a barrier to Iowa’s performance for this item for several years.

PERMANENCY OUTCOME 2: The continuity of family relationships and connections is preserved for children.

Case Reviews:

Table 3B(4) Case Reviews – Permanency Outcome 2 State Fiscal Year (SFY) 2016 (7/1/15 – 6/30/16)(N=150)	
Item	SFY 2016
7: Placement with Siblings	84% (n=41/49)
8: Visiting with Parents and Siblings in Foster Care	66% (n=52/79)
9: Preserving Connections	82% (n=72/88)
10: Relative Placement	68% (n=52/77)
11: Relationship of Child in Care with Parents	63% (n=48/76)

Source: DHS Case Reviews; Total cases read during the SFY were 150. However, not all cases were applicable for all items, which is why the “n” for the items is less than 150.

Table 3B(5): Case Reviews – Permanency Outcome 2 State Fiscal Year (SFY) 2017 (7/1/16 – 6/30/17)(N=40)		
Item	Goal	Performance
Item 7: Placement with siblings	The percentage of cases where the child was placed with siblings in foster care, when appropriate, will be 95% or more.	100% (n=19/19)
Item 8: Visiting with Parents and Siblings in Foster Care	The percentage of cases where the child in foster care has visits of sufficient quality with parents and siblings in foster care at a frequency consistent with the child’s safety and best interest will be 95% or more.	71% (n=20/28)
Item 9: Preserving Connections	The percentage of cases where the child's connections to neighborhood, community, faith, extended family, Tribe, school, friends, etc. were maintained will be 95% or more.	66% (n=25/38)
Item 10: Relative Placement	The percentage of cases where maternal and paternal relative placements are sought and considered will be 95% or more.	81% (n=25/31)

**Table 3B(5): Case Reviews – Permanency Outcome 2
State Fiscal Year (SFY) 2017 (7/1/16 – 6/30/17)(N=40)**

Item	Goal	Performance
Item 11: Relationship of Child in Care with Parents	The percentage of cases where the child's positive relationships with his or her mother and father or primary caregiver were promoted, supported, and/or maintained will be 95% or more.	56% (n=15/27)

Source: DHS Case Reviews; Total foster care cases read during the SFY were 40. However, not all cases were applicable for all items, which is why the “n” is less than 40.

**Table 3B(6): Case Reviews – Permanency Outcome 2
State Fiscal Year (SFY) 2017 (7/1/16 – 6/30/17)(N=40)
Items 8, 10 and 11 Breakout**

Item	Mother/Maternal	Father/Paternal
Item 8: Visiting with Parents and Siblings in Foster Care (Frequency and Quality)*	<ul style="list-style-type: none"> • Visit frequency – 85% (n=22/26) • Visit Quality – 91% (n=21/23) 	<ul style="list-style-type: none"> • Visit frequency – 76% (n=13/17) • Visit Quality – 86% (n=12/14)
Item 10: Relative Placement (Concerted efforts to identify, locate, inform and evaluate relatives)**	Of the 6 ANI cases: <ul style="list-style-type: none"> • Identify, Locate, Inform & Evaluate – 50% (n=3/6) • Inform & Evaluate – 17% (n=1/6) • Evaluate – 33% (n=2/6) 	Of the 6 ANI cases: <ul style="list-style-type: none"> • Identify, Locate, Inform & Evaluate – 50% (n=3/6) • Inform & Evaluate – 17% (n=1/6) • Evaluate – 33% (n=2/6)
Item 11: Relationship of Child in Care with Parents***	76% (n=19/25)	44% (n=7/16)

*Of the 28 cases applicable for this item, 2 cases were NA for frequency of visits with mother (8A); 5 cases were NA for quality of visits with mother (8C); 11 cases were NA for frequency of visits with father (8B); and 14 cases were NA for quality of visits with father (8D).

**Of the 31 cases applicable for this item, 25 cases were NA for efforts to identify, locate, inform, and evaluate maternal (10B) and paternal (10C) relatives due to placements with relatives (23 cases) and placements were non-relative but it was not appropriate to continue looking for relatives (2 cases).

***Of the 27 cases application for this item, 2 cases were NA for mother and 11 cases were NA for father.

Stakeholder Feedback

- **Youth:** “Pay attention to our families, too. We need help in understanding and resolving issues with our parents and other family members. Don’t forget that we often go back home – even if we “age out.” It’s important that we have an opportunity to deal with family matters before we leave foster care.”(YP11, page 2)
- **CWPPG:** “Some informants mentioned that, in their experience, efforts to locate family and consider them as alternative permanency resources, particularly those in a child’s paternal family or others who live some distance away, are inconsistent.” (CWPPG, page 14)

Assessment of Permanency Outcome 2, Strengths and Opportunities for Improvement:

SFY 2017 case reviews show that Iowa met the 95% requirement of cases rated a strength for item 7, placement with siblings. For item 8, visits with parents and siblings, eight of the cases rated an ANI were due to the lack of quality of visits because of the visit setting (two cases), the DHS staff did not promote visit attendance or address visitation barriers (five cases), the lack of visitation with incarcerated fathers (two cases), and the group care program requirements limited contact (one case). For item 9, preserving the child's connections, 13 cases were rated ANI due to no concerted efforts with all connections were made (six cases), no ICWA notice to the Tribe or follow-up (three cases), the school changed with no offer of transportation assistance to get the child to the school of origin (one case), and the distance of placement was a factor (three cases). For item 10, relative placements, 6 cases were rated ANI due to lack of efforts to identify relatives (two cases), lack of efforts to locate relatives (three cases), lack of efforts to evaluate relatives for possible placement or family support (two cases), and approved relatives were available but not utilized (one case). For item 11, 12 cases were rated ANI due to lack of efforts to promote or maintain the child's relationship with the mother (seven cases) and lack of efforts to promote or maintain the child's relationship with the father (nine cases).

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- *For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).*
- *Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.*

Iowa Response:

WELL-BEING OUTCOME 1: Families have enhanced capacity to provide for their children's needs.

There are no federal performance indicators for Well-Being Outcomes 1, 2 and 3. Rather, assessment of performance is through case reviews. Tables 3C(1) through 3C(6) shows case review data for well-being outcome 1 items for SFY 2016 and SFY 2017, as indicated.

Case Review Items

Table 3C(1): Case Reviews – Well-Being Outcome 1 State Fiscal Year (SFY) 2016 (7/1/15 – 6/30/16)(N=150)	
Item	SFY 2016
12: Needs and Services of Child, Parents, and Foster Parents	51% (n=76/150)
13: Child and Family Involvement in Case Planning	54% (n=77/144)
14: Caseworker Visits with Child	45% (n=68/150)
15: Caseworker Visits with Parents	21% (n=28/136)

Source: DHS Case Reviews; Total cases read during the SFY were 150. However, not all cases were applicable for all items, which is why the “n” for some items is less than 150.

Table 3C(2): Case Reviews – State Fiscal Year (SFY) 2017 (7/1/16 – 6/30/17)(N=65) Well-Being Outcome 1		
Item	Goal	Performance
Item 12: Needs and services of child, parents, and foster parents	The percentage of cases where the needs of the child, parents, and foster parents are assessed and necessary services provided will be 95% or more.	46% (n=30/65)
Item 13: Child and family involvement in case planning	The percentage of cases in which concerted efforts were made to actively involve the child and parents in case planning will be 95% or more.	54% (n=34/63)
Item 14: Caseworker visits with child	The percentage of cases where the child received frequent and quality visits with the caseworker will be 95% or more.	65% (n=42/65)
Item 15: Caseworker visits with parents	The percentage of cases in which the caseworker made concerted efforts to have sufficient frequency and quality of contact with the parents will be 95% or more.	24% (n=13/55)

Source: DHS Case Reviews; Total cases read during the SFY were 65. However, not all cases were applicable for all items, which is why the “n” may be less than 65.

Table 3C(3): SFY 2017 Case Reviews – Items 12 through 15 - Results by Case Type		
	Type of Case	Performance
Item 12	Foster Care	38% (n=15/40)
	In-Home Services	57% (n=13/23)
	In-Home – Community Care	100% (n=2/2)
Item 13	Foster Care	55% (n=21/38)
	In-Home Services	48% (n=11/23)
	In-Home – Community Care	100% (n=2/2)
Item 14	Foster Care	75% (n=30/40)
	In-Home Services	48% (n=11/23)
	In-Home – Community Care	50% (n=1/2)
Item 15	Foster Care	20% (n=6/30)
	In-Home Services	22% (n=5/23)
	In-Home – Community Care	100% (n=2/2)

Source: DHS
Case Reviews

To delve further into what is driving the performance for items 12, 13, and 15, it is helpful to also consider performance by sub-item, i.e. child, parents (mother and father), and foster parents.

Table 3C(4): Case Reviews – State Fiscal Year (SFY) 2016 (7/1/15 – 6/30/16)(N=150) Breakout of Items 12, 13 & 15		
Item	Sub-item	Performance
Item 12: Needs and services of child, parents, and foster parents	12A: Needs and Services of Child	79% (n=119/150)
	12B: Needs and Services of Parents:	56% (n=76/137)
	Mothers:	72% (n=96/134)
	Fathers:	59% (n=64/108)
	12C: Needs and Services of Foster Parents	72% (n=54/75)
Item 13: Child and family involvement in case planning	13A: Child involvement in case planning	71% (n=72/102)
	13B: Parents involvement in case planning:	
	Mothers:	73% (n=95/131)
	Fathers:	59% (n=73/124)
Item 15: Caseworker visits with parents	15A: Caseworker visits with mother: Frequency:	44% (n=58/131)

**Table 3C(4): Case Reviews –
State Fiscal Year (SFY) 2016 (7/1/15 – 6/30/16)(N=150)
Breakout of Items 12, 13 & 15**

Item	Sub-item	Performance
	Quality:	45% (n=55/122)
	15B: Caseworker visits with fathers:	
	Frequency:	30% (n=32/107)
	Quality:	33% (n=27/82)

Source: DHS Case Reviews; Total cases read during the SFY were 150. However, not all cases were applicable for all sub-items, which is why the “n” for some sub-items is less than 150.

**Table 3C(5): Case Reviews –
State Fiscal Year (SFY) 2017 (7/1/16 – 6/30/17)(N=65)
Breakout of Items 12, 13 & 15**

Item	Sub-item	Performance
Item 12: Needs and services of child, parents, and foster parents	12A: Needs and Services of Child:	83% (n=54/65)
	Assessment of Needs:	85% (n=55/65)
	Provision of Services:	78% (n=35/45)
	12B: Needs and Services of Parents:	48% (n=27/56)
	Mothers:	
	Assessment of Needs:	72% (n=39/54)
	Provision of Services:	52% (n=29/56)
	Fathers:	
	Assessment of Needs:	49% (n=23/47)
	Provision of Services:	45% (n=19/42)
12C: Needs and Services of Foster Parents:		74% (n=23/31)
	Assessment of Needs:	84% (n=26/31)
	Provision of Services:	71% (n=20/28)
Item 13: Child and family involvement in case planning	13A: Child involvement in case planning	80% (n=35/44)
	13B: Parents involvement in case Planning:	
	Mothers:	75% (n=40/53)
Fathers:	51% (n=23/45)	
Item 15: Caseworker visits with parents	15A: Caseworker visits with mother:	
	Frequency:	53% (n=29/54)
	Quality:	62% (n=32/52)
	15B: Caseworker visits with fathers:	
	Frequency:	26% (n=8/45)
	Quality:	28% (n=10/36)

Source: DHS Case Reviews; Total cases read during the SFY were 65. However, not all cases were applicable for all items, which is why the “n” may be less than 65.

Stakeholder Feedback

- **CWPPG:**

- Cited a strength regarding the use of Parent Partners but also indicated a concern in practice regarding a lack of focus in engaging parents and their caregivers. (CWPPG, pages 23-24)
- Cited a strength in training of family team decision-making (FTDM) facilitators and policy of having one family team meeting per quarter. However, these team meetings may not be occurring as intended. It is important to note Iowa policy does not require one FTDM meeting per quarter. Rather, there are certain junctures during the life of a case (LOC) in which a FTDM meeting referral occurs. In some cases, there may only be one meeting during the LOC, which would occur at case closure in-home services cases.
- “With few exceptions, resource parents interviewed in this review stated that many needed supports were lacking, that they had great difficulty communicating with case managers, and that they did not know to whom to turn within DHS when case managers could not be reached or were not responsive to requests. Specific concerns included inability to get critical information about children being placed in their care, denials or delays of permission for children to participate in activities, to get haircuts, or routine medical care because parents must give permission, a rate of payment that makes acceptable child care practically unavailable, long delays in receiving reimbursements, and disrespectful treatment when, as often happens, they are subjects of unwarranted maltreatment reports.”(CWPPG, pages 16-17)

- **Youth:**

- Reasonable and Prudent Parent Standard:
 - “Ensure that the reasonable and prudent parent standard is effectively implemented and truly improves opportunities for us to take part in a range of normal, age-appropriate activities. This is especially important for shelter and group care facilities where barriers to normalcy are still common.
 - Create a youth-friendly grievance policy for us to use if we believe we are being denied reasonable access to normal opportunities. We need to know that we have a process to voice our concerns to a third party that can hold the system accountable.
 - Pave the way for us to obtain driver’s licenses. Learning to drive is not just a normal rite of passage for teens, it’s essential to our ability to become responsible adults. Cost, car insurance, access to a car to practice, and liability concerns are often insurmountable barriers to our ability to get a driver’s license.
- Relationships:
 - Promote honest, reliable, and caring relationships between youth and the professionals on our support team. To really be helpful, professionals need to take time to get to know and understand us as individuals and not make assumptions because we’re in foster care. How can you help us if you don’t really know us?
 - Assign workers closer to where youth are placed. It’s hard to have a good relationship with a worker who’s half way across the state. We need

professionals who are available and willing to share their knowledge and help us access local resources and opportunities that will enable us to be successful.

– Case Planning:

- Guarantee that we have an opportunity to participate in transition planning through the Youth Transition Decision-Making (YTDM) process. A YTDM makes sure that everyone is on the same page when it comes to helping us get ready for the future.
- Help us understand the resources that are available to us. Learning about and knowing how to access resources like health care, mental health services, education, and employment are vital to being ready to leave care.
- Enforce the requirement that we receive essential documents, including our social security card, birth certificate, and a state ID or driver's license, before leaving care. It's also important that we have or know how to get our education and medical records, credit reports, immigration papers, or other records that we will need as adults.”(YPIL, pages 3-4, 6)

Assessment of Well-Being Outcome 1, Strengths and Opportunities for Improvement: SFY 2017 item 12 case reviews showed that for 12A, assessment of needs and provision of services for the child(ren), 11 of the cases were an area needing improvement (ANI) due to DHS staff speaking only with one parent, staff focusing on parental needs rather than how the child was affected, a lack of assessment when circumstances changed, and staff not discussing any needs of the child with the child. For 12B, assessment of needs and provision of services for the parents, 29 cases were ANI due to DHS staffs' lack of assessment for both the mother and father (11 cases), lack of assessment for the mother (two cases), lack of assessment for the father (ten cases), lack of assessment for incarcerated fathers (three cases), and lack of assessment for out-of-state fathers (two cases). For 12C, assessment of needs and provision of services for foster parents, including non-licensed relative caregivers, eight cases were ANI due to DHS staffs' lack of regular meetings or communication with the foster parents to assess and provide services (three cases), lack of ongoing assessment of foster parents' needs (three cases), and the foster parent identifying a need and receiving some service but service received did not fully meet the need (two cases).

Item 13 case reviews (SFY 2017) showed that for 13A, case planning with the child, 29 cases were ANI due to DHS staff not involving the child in case planning (11 cases – seven cases where mother and father also were not involved and four cases where the child alone was not involved). For 13B, case planning with the mother, 15 cases were ANI due to DHS staff not involving the mother in case planning (seven cases where the child and father also were not involved, six cases where the mother and father were not involved, and two cases where the mother alone was not involved). For 13C, case planning with the father, 23 cases were ANI due to DHS staff not involving the father in case planning (seven cases where the child and mother also were not involved, six cases where the mother and father were not involved, and ten cases where the father alone was not involved).

For SFY 2017 case reviews, item 14, caseworker visits with children, showed that 23 cases were ANI due to a lack of appropriate frequency of visits (four cases), the DHS caseworker did not see the child alone during a part of each visit (13 cases), a lack of quality interactions between the DHS caseworker and the child (ten cases), the DHS caseworker did not visit with all the children in the home in in-home services cases (four cases), the setting of the visits was not conducive to quality visitation (three cases), and the length of the visits between the DHS caseworker and the child was insufficient for quality visitation (three cases). For item 15, caseworker visits with parents, 42 cases were ANI due to the DHS caseworker conducting infrequent quality visits with both the mother and father (19 cases), the mother only (three cases), the father only (14 cases), insufficient frequency of visits (38 cases), insufficient quality of visits (24 cases), lack of visitation with incarcerated parents (five cases), and lack of visitation or frequent, quality contact with parents living out of state (three cases).

Overall, Iowa continues to see gradual improvement of approximately 2% per year for item 14 in the frequency of caseworker visits with children, now at 85% seen each month, and greater improvement in quality of caseworker visits with child from 45% in SFY 2016 to nearly 65% in SFY 2017. However, practice in engaging parents, especially fathers, continues to be an ANI for items 12, 13, and 15, particularly in foster care cases versus in-home cases when both parents are more likely to be applicable for rating in these items. The work with fathers, specifically non-custodial fathers which is the most challenging, is to some degree a practice focus and skill, but also definitely challenging in terms of logistics as Iowa's workforce has not grown at the pace caseload has grown, with current caseloads the largest since 2010 and current workforce the smallest and likely to shrink further. Stakeholders' observations reflect strengths in parental engagement through Parent Partners but noted similar areas needing improvement, with youth also emphasizing the need for services to meet their unique needs particularly as they transition to adulthood. Workload and workforce issues are barriers for addressing these concerns as well. Further analysis of workload challenges are in progress but not available at this time for the purposes of this report.

WELL-BEING OUTCOME 2: Children receive appropriate services to meet their educational needs.

Case Review Items

Table 3C(6): Case Reviews – Well-Being Outcome 2 State Fiscal Year (SFY) 2016 (7/1/15 – 6/30/16)(N=150)	
Item	SFY 2016
16: Educational Needs of the Child	77% (n=59/77)

Source: DHS Case Reviews
Total cases read during the SFY were 150. However, not all cases were applicable for the item, which is why the "n" for the item is less than 150.

**Table 3C(7): Case Reviews –
State Fiscal Year (SFY) 2017 (7/1/16 – 6/30/17)(N=65)
Well-Being Outcome 2**

Item	Goal	Performance
Item 16: Educational Needs of the Child	The percentage of cases in which the educational needs of the child is assessed and services to address identified needs are provided will be 95% or more.	88% (n=38/43)
	• Foster care cases	92% (n=35/38)
	• In-home services cases	50% (n=2/4)
	• Community Care cases	100% (n=1/1)

Source: DHS Case Reviews; Total cases read during the SFY were 65. However, not all cases were applicable for this item, which is why the “n” is less than 65.

Stakeholder Feedback

- Youth:
 - “Make staying in our home school a priority. Frequent school changes create all kinds of problems. We lose ground every time we have to move to a new school.
 - Start early in planning for future education and career. It’s not enough to focus just on the present. To be successful, we need help in making choices and preparing for the future. We also need our long-term plans to carry-over even if our placement changes.
 - Restore funding for the All Iowa Opportunity Foster Care Grant. Dedicated scholarships for former foster youth are critical to our ability to attend college. Extending the time financial aid can be used and allowing students to use that aid at out-of-state colleges would also be helpful.
 - Support preparation and first-year support programs for college-bound students. Having extra help and support when we’re getting started in college can improve enrollment and retention. Iowa should offer more transition and first-year supports for foster youth who want to continue their education or training after high school.”(YP11, page 5)

Assessment of Well-Being Outcome 2, Strengths and Opportunities for Improvement:

For SFY 2017 case reviews, 5 cases were ANI for item 16, educational needs of the child, due to lack of assessment or contact with school (three cases) and lack of coordination with the school for known service needs of the child (two cases). While Iowa’s performance is strong at 88%, Iowa does not meet the 95% federal requirement. Performance is strongest with foster care cases compared to in-home services cases. Youth indicate a need to ensure that they remain in their home school when they enter foster care or change placements. Frequent placement changes can impact performance on this item and Iowa is not meeting the case review item 4, placement stability. However, performance for the item is significantly impacted by the low percentage of strength for in-home services cases. The significant performance difference between foster care and in-home cases appears to be attributable to

workload issues mentioned in earlier Outcomes. Further analysis of workload challenges are in progress but not available at this time for the purposes of this report.

WELL-BEING OUTCOME 3: Children receive adequate services to meet their physical and mental health needs.

Case Reviews

Table 3C(8): Case Reviews – Well-Being Outcome 3 State Fiscal Year (SFY) 2016 (7/1/15 – 6/30/16)(N=150)	
Item	SFY 2016
17: Physical Health of the Child	54% (n=54/100)
18: Mental/Behavioral Health of the Child	57% (n=50/88)

Source: DHS Case Reviews; Total cases read during the SFY were 150. However, not all cases were applicable for all items, which is why the “n” for the items is less than 150.

Table 3C(9): Case Reviews – State Fiscal Year (SFY) 2017 (7/1/16 – 6/30/17)(N=65) Well-Being Outcome 3		
Item	Goal	Performance
Item 17: Physical Health of the Child	The percentage of cases in which the physical health needs of the child is assessed and services to address identified needs are provided will be 95% or more.	67% (n=29/43)
	• Foster Care	65% (n=26/40)
	• In-Home Services	100% (n=3/3)
	• In-Home – Community Care	0% (n=0/0)
Item 18: Mental/Behavioral Health of the Child	The percentage of cases in which the mental health/behavioral health needs of the child is assessed and services to address identified needs are provided will be 95% or more.	57% (n=29/51)
	• Foster Care	61% (n=22/36)
	• In-Home Services	46% (n=6/13)
	• In-Home – Community Care	50% (n=1/2)

Source: DHS Case Reviews; Total cases read during the SFY were 65. However, not all cases were applicable for all items, which is why the “n” is less than 65.

Assessment of Well-Being Outcome 3, Strengths and Opportunities for Improvement
Iowa’s performance for both items does not meet the 95% federal requirement. In SFY 2017 case reviews, 14 cases were ANI for item 17, physical health of the child, due to lack of oversight or awareness of issues and status (eight cases), lack of medication monitoring (four cases), lack of follow up on known issues (three cases), and lack of attention to dental health (two cases). For item 18, mental/behavioral health of the

child, 22 cases were ANI due to lack of oversight or awareness of issues and status (five cases), lack of medication monitoring (six cases), delays in service provision, transportation barriers, and services not provided for identified service needs (nine cases), and inadequate assessment (four cases). For item 17, performance is strongest with in-home services cases compared to foster care cases. However, performance for item 18 is strongest for foster care cases than in-home services cases. An overarching barrier to performance for both items may be the availability of services, particularly in rural areas of the state.

SECTION IV: ASSESSMENT OF SYSTEMIC FACTORS

Please refer back to Section III: Assessment of Child and Family Outcomes and Performance on National Standards, pages 8-12, for information on data sources utilized in this Section.

A. Statewide Information System

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

Iowa Response:

Iowa's statewide child welfare information system (CWIS), referred to as Joining Applications and Reports from Various Information Systems (JARVIS), comprises two main components, Family and Child Services (FACS) and Statewide Tracking of Assessment Reports (STAR). FACS is the child welfare case management and payment system for the Department of Human Services (DHS). It applies to children remaining in the home and in foster care and collects demographic data, caseworker information, household composition, services provided, current status, status history, placement information and permanency goals, among other information. It tracks the services provided to approximately 12,000 children at any specific point in time and automates issuance of over \$220 million annually to foster and adoptive parents and other child welfare providers. STAR collects information related to child protective assessments, child abuse assessments and family assessments.

441 Iowa Administrative Code (IAC) 130.6(4) and (5) requires DHS staff to enter case information, which includes information such as the status, demographics, location, and permanency goals for children in foster care, into the reporting system and to monitor the case to ensure the information in the reporting system is correct but no time frames

for data entry are mentioned in the rules. However, DHS has time frames for data entry for various work products, but we do not have time frames for all data entry, including for the elements in this item.

Iowa’s statewide information system also includes components to increase data quality, such as interfacing with income maintenance programs (e.g. food assistance, Temporary Assistance to Needy Families (TANF), Medicaid, etc.) and child support program to collect and confirm the accuracy of case participant demographic information. The income maintenance programs and the child support program are part of the DHS. For example, an interface with the statewide income maintenance system application allows child welfare staff to inquire about participants receiving services such as Temporary Assistance to Needy Families (TANF). This interface allows verification of household member names, dates of birth, family’s address, and other information that is obtained and verified during eligibility determination processes by DHS income maintenance personnel.

Iowa recently implemented a case review process for assuring data accuracy, which will continue on an annual basis. Iowa Bureau of Quality Improvement staff examined data accuracy for 100 cases randomly selected from all children serviced in out of home care. This comprised comparison of FACS/AFCARS data with case narrative and file documentation from sources other than FACS/AFCARS (i.e. court orders and narratives, social history, case plan narratives, etc.). Areas explored: basic demographics (race, sex, and ethnicity); foster care placement data (latest removal, manner of removal, current setting, discharge date, discharge reason); case plan goal and diagnoses. For data changes, when DHS staff make changes within the original entry, the modify date is updated but we are unable to tell specifically what was changed. For the FACS/AFCARS review, data was counted as “accurate” when it was consistent with case file documentation; data was counted as “inaccurate” when there was clearly an inconsistency between FACS/AFCARS and case file documentation. Individual data was counted as “unable to verify” when data comparison could not be made because there was no independent paper file source for comparison (items scored as such were not invalid and were counted towards accurate valid data). Another data accuracy process involved analysis of administrative data and relationship between data elements (for example age and grade in school) to help identify possible out of range or out of date data, and then collaboration occurred with the Bureau of Service Support and Training to address training and data cleanup issues.

Table 4A(1): Adoption and Foster Care Analysis and Reporting System (AFCARS)		
Element	AFCARS Data Validation Review - Item Description	CY2017
FC-06	Does the child's DOB in FACS accurately reflect what's listed in paper file documentation?	99%
FC-07	Does the child's Gender in FACS accurately reflect what's listed in paper file documentation?	100%
FC-08	Does the child's Race in FACS accurately reflect what's listed in paper file documentation?	99%

Table 4A(1): Adoption and Foster Care Analysis and Reporting System (AFCARS)		
Element	AFCARS Data Validation Review - Item Description	CY2017
FC-09	Does the child's Hispanic or Latino Ethnicity in FACS accurately reflect what's listed in paper file documentation?	99%
FC-21	Does the child's Date of Latest Removal in FACS accurately reflect what's listed in paper file documentation?	96%
FC-25	Does the child's Manner of Removal in FACS accurately reflect what's listed in paper file documentation?	99%
FC-41	Does the child's Current Setting in FACS accurately reflect what's listed in paper file documentation?	98%
FC-43	Does the child's Case Plan Goal in FACS accurately reflect what's listed in paper file documentation?	90%
FC-56	Does the child's Discharge Date in FACS accurately reflect what's listed in paper file documentation?	97%

Source: DHS AFCARS Case Reviews

Iowa's last AFCARS review was in 2004. Shortly afterwards, Iowa began implementation of a PIP for AFCARS. Out of the 9 data elements in the table above, two are not included in the PIP (#6 and #7); five (#8, #9, #21, #25 and #56) meet all of the AFCARS requirements and the DHS sustains a high level of quality data; and two (#41 and #43) have not fully met technical requirements for AFCARS. The DHS' staff continues to work with the federal Children's Bureau staff to address the two outstanding non-conforming data elements.

Stakeholder Feedback

In the summer/fall of 2017, DHS conducted focus groups in all of DHS' service areas with frontline child welfare staff (child protective workers (CPWs), social work case managers (SWCMs), and social work supervisors (SWS)) to gather qualitative feedback from staff regarding improving Iowa's child welfare system, including the child welfare information system. Although staff discussed what they needed from the information system in order to do their job more effectively, staff was not asked specifically and did not mention the foster care elements examined by this item.

State Performance

Iowa rated this item a strength because Iowa's statewide information system can readily provide information on children who are or were in foster care within the last 12 months, including status, demographics, location, and permanency goals. Through Iowa's FACS/AFCARS case file review, the foster care elements comprising this item were validated. A barrier for this item is Iowa's lacking of specific data entry time frames for this item's foster care elements. However, there are no known limitations for the actual FACS/AFCARS case file review.

Overall Rating for the Statewide Information Systemic Factor

Iowa rates this systemic factor in substantial conformity because the item is rated as a strength as noted above.

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

Iowa Response:

Iowa's policy requires a written case plan be developed jointly with the child's parents and the child, if appropriate. The initial case plan is due within 60 days of the child entering foster care. The *Family Case Plan*, form 470-3453, is the official record of the DHS' involvement with the family. It serves to:

- Document the child and family's strengths and needs, including how the family became involved with the child welfare system.
- Document the most appropriate services and supports needed to assure and promote child safety, permanency, and well-being. The family's plan includes a description of:
 - A plan to keep children safe.
 - Individual family strengths, supports, and needs.
 - How the strengths and family supports can be used to assist the family in self-directed change.
 - How the DHS and others will assist the family in overcoming the needs through appropriate services.
 - The child's placement and its appropriateness.
 - The child's health and educational records.
 - The child's transition plan.
 - Efforts to achieve the permanency goal.
 - Efforts to ensure the child's educational stability.

The Family Case Plan comprises three main parts:

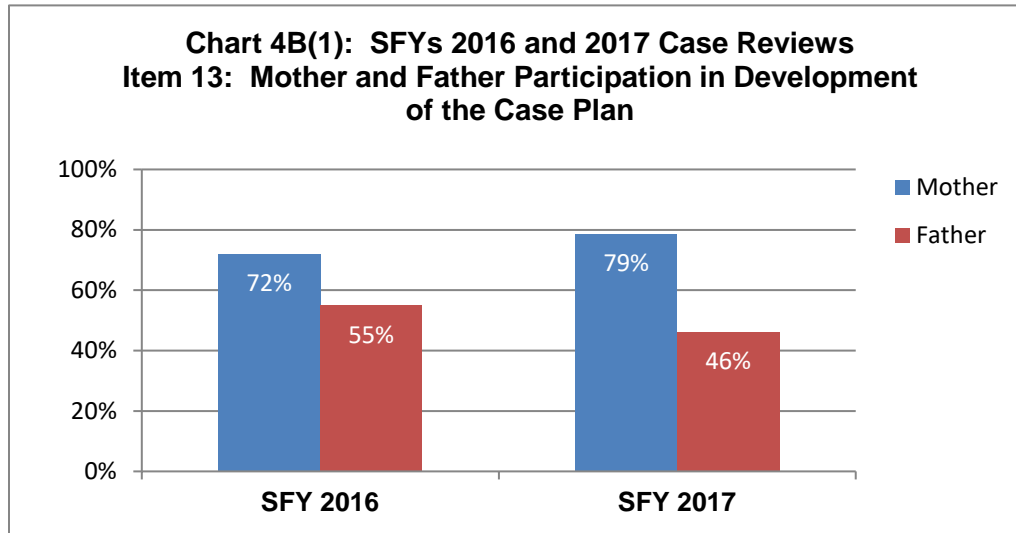
- Part A. Family Case Plan Face Sheet includes identification, statistical, historical, service summary, placement, and court hearing information for the family.
- Part B. Family Case Plan documents the strengths, needs, goals and concrete steps with time frames to meet child and family needs for five functional domains (child well-being, parental capabilities, family safety, family interactions, and home environment) with another domain of "other" to capture strengths and needs that impact safety, permanency or well-being not captured in the previous domains.
 - *Child Well-Being:* Child's mental health/behavior, relationship with peers, school performance, motivation and cooperation, relationship with caregivers, and relationship with siblings

- *Parental Capabilities*: Parental supervision of children, mental health, disciplinary practices, physical health, use of drugs or alcohol, and developmental and enrichment activities
 - *Family Safety*: Domestic violence or physical abuse, sexual abuse, emotional abuse, or neglect of a child
 - *Family Interactions*: Bonding with child, expectations of child, relationship between parents or caregivers, mutual support within the family
 - *Home Environment*: Housing stability, financial management, income and employment, safety in community, personal hygiene, habitability, transportation, food and nutrition, learning environment
 - *Other*: Additional issues or concerns about the child or family
- Part B also includes a narrative review section to capture case plan review information and a signature page to reflect individuals' participation in development of the case plan and case plan review.
- Part C. Child Placement Plan, in combination with Parts A and B, documents federal requirements related to the child's placement outside the home, which includes but is not limited to:
 - Initial and subsequent placements;
 - Permanency goals and any applicable concurrent permanency goals;
 - Indian Child Welfare Act applicability;
 - Placement status information, including assessment of the appropriateness of the placement;
 - DHS staff efforts to support the placement and prevent disruption;
 - Placement history;
 - Child's length of stay related to the Adoption and Safe Families Act (ASFA) including information on termination of parent rights (TPR) petition filing or reasons a petition was not filed;
 - Visitation plan with parents and siblings;
 - Health records, such as:
 - Description of treatment or evaluations conducted by a health, mental health, and/or substance abuse care provider with the provider's address and date of service provided and date of when the information was given to the child's placement caregiver or provider. This information may reflect the status of the child's immunizations, medical problems, or medications prescribed.
 - Educational records, such as:
 - Early ACCESS or AEA referrals
 - School name and address
 - Attendance
 - Whether the child is working on grade level
 - Reference to Individual Education Plan, if applicable
 - Transition plan, inclusive of documentation of results of Youth Life Skills Assessment, strengths and needs of the youth to transition to adulthood, and a description of the services provided to the youth to address identified needs

Updates to the Family Case Plan are due at a minimum every 6 months as part of the 6 month periodic case review or more frequently as required by juvenile court.

Case Reviews

Chart 4B(1) below shows case review data from SFYs 2016 and 2017 regarding the mother and father's participation in development of the case plan. Methodology of the case reviews is described in Section III, Assessment of Child and Family Outcomes and Performance on National Standards, pages 9 and 10, of this report. There are no known limitations with the data. However, it should be noted that in SFY 2016, DHS staff reviewed more than twice the number of foster care cases than in SFY 2017. Therefore, performance between the two SFYs is not comparable.



Source: DHS Case Reviews

Stakeholder Feedback:

2017 IA Legal Community Survey: In February 2018, DHS sent by email to Iowa Children's Justice a link to the 2017 IA Legal Community Survey for dissemination to the legal community through their distribution lists and contacts. Children's Justice staff sent out the survey to the distribution list they had for the juvenile court judges. Children's Justice staff sent the survey to their contacts at the Public Defender's office for further distribution. Unfortunately, there was a delay in the survey being sent out to the legal community beyond the juvenile court judges, which resulted in current survey results representing only the judges' participation. The survey remains open for attorneys, including county attorneys, parents' attorneys, children's attorneys, and Guardian Ad Litem to participate, as well as any judges who did not participate prior to the first collection of data for this report. Iowa will include final survey results in Iowa's FFY 2019 Annual Progress and Services Report (APSR). A limitation of the data is the low number of respondents due in part to the way the survey was distributed.

There were a total of 17 respondents to the survey as of February 14, 2018. All 17 respondents indicated their role was "judge", with 88% of respondents (n=15/17) indicating 16 or more years of experience in child welfare and 12% of respondents (n=2/17) indicating 6 to 10 years of child welfare experience. At the end of the survey, the survey asked respondents to indicate which judicial district the respondent primarily worked. Respondents represented six of Iowa's eight judicial districts.

The survey asked respondents to, based on their experiences during the period of July 1, 2015 through June 30, 2017, indicate the frequency of parents' participation in developing their case plans with DHS and JCS staff. Table 4B(1) shows that respondents indicated DHS staff were more likely to develop case plans "occasionally" with parents (41%) versus "always/very frequently" (35%). This compares to JCS staff who respondents indicated were more likely to develop case plans with parents "always/very frequently" (50%) versus "occasionally" (25%).

Table 4B(1): 2017 IA Legal Community Survey Parents Participation in Development of Case Plans					
Statements	Always/ Very Frequently	Occasionally	Rarely/ Very Rarely	Never	NA
Parents jointly develop their case plans with DHS staff.	35% (n=6/17)	41% (n=7/17)	18% (n=3/17)	0% (n=0/0)	6% (n=1/17)
Parents jointly develop their case plans with JCS staff.	50% (n=8/16)	25% (n=4/16)	19% (n=3/16)	0% (n=0/0)	6% (n=1/16)
Total Respondents = 17					

Source: DHS Survey, Survey Monkey
Percentages may not equal 100% due to rounding.

State Performance

Iowa rates this item as an area needing improvement. Although Iowa made some improvements in this item from SFY 2016 to SFY 2017, Iowa continues to need to improve parents' participation in the development of the case plan. Mothers participated in case plan development at a higher percentage than fathers, which mirrors national performance. Stakeholder feedback also supports the rating as needing improvement inasmuch that DHS staff and JCS staff received ratings for developing the case plans jointly with parents "always/very frequently" at 35% and 50% respectively, with "occasionally" at 41% and 25% respectively. Although the case review data represents statewide data, limitations to the data are that the data represents a small number of cases and is not statistically significant. Limitations to the stakeholder feedback data is the low number of respondents.

Barriers/challenges to achieving this item include, but are not limited to, the difficulty in working with fathers, specifically non-custodial fathers which is the most challenging, and workload issues as Iowa's workforce has not grown at the pace caseload has grown, with current caseloads the largest since 2010 and current workforce the smallest and likely to shrink further. Iowa has no further analysis of barriers/challenges at this time.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

Iowa Response:

Iowa's policy is that, at least every six months, the child's case plan must be reviewed and the case presented to a review body following local protocols. The review must meet the federal requirement that a review be "conducted by a panel of appropriate people, at least one of whom is not responsible for the case management of or the delivery of services to either the child or the parents." A minimum of at least three people take part in the review.

Iowa utilizes one of three options for meeting the periodic review requirement:

- Court hearing: This is the option used by most jurisdictions in Iowa.
- Iowa Citizen Foster Care Review Board (FCRB): Local foster care review boards (LFCRB) composed of volunteers representing various disciplines conduct administrative reviews in various counties across the state from all judicial districts except the Fourth Judicial District.
- DHS administrative review: The DHS review can be used to ensure compliance with federal law when a review conducted by the court or a Citizens FCRB:
 - Will fall outside the six month time frame, or
 - Fails to cover the required elements.

In these hearings or reviews, there is a comprehensive review of the case, including the child's safety, the continuing necessity for and appropriateness of the placement, the extent of compliance with the case plan, and the extent of progress toward mitigating the need for out-of-home care.

To examine Iowa's performance on periodic reviews for FFYs 2016 and 2017, Iowa utilized its revised AFCARS files for FFY 2016 and 2017, which reflects Iowa's statewide foster care population data reportable to the Children's Bureau. Iowa specifically utilized the AFCARS files to identify children who were in foster care seven months or longer, as these children would have had at least one review due during the time periods. A limitation to the data is the degree to which staff may or may not have entered the court hearing, FCRB, or administrative reviews into the respective screens in Iowa's CWIS in a timely manner.

DHS staff took the AFCARS identified cases and utilized the child's court screen in the child welfare information system (CWIS) to gather information regarding any hearings occurring before FFY 2016 and FFY 2017 that would affect the timeliness of hearings held within the time periods. DHS staff then compared when the review was due to the date of the dispositional or reviewing hearing to determine timeliness of the hearing. This occurred for each review due during the applicable time period, i.e. FFY 2016 and FFY 2017. Iowa's performance for timeliness (a review every six months) of periodic reviews by court hearings was 80% for both FFY 2016 and 2017.

Since the periodic review may be met by a LFCRB meeting, Iowa wanted to know how many reviews were met by a LFCRB meeting. DHS staff took the reviews that did not meet the periodic review by court hearing and compared when the review was due to the review date of the LFCRB meeting, which is captured on the review screen in the CWIS, to determine if the case met the requirement. Of the 20% of reviews due but not met by a court hearing, 66% met the six month periodic review requirement by a LFCRB meeting in FFY 2016 and 65% met the requirement by a LFCRB meeting in FFY 2017.

To go one step further, Iowa wanted to delve deeper to find out how many of the reviews that still did not meet the six month periodic review requirement met the requirement by an administrative review. Of the 7% of reviews not meeting the requirement either by a court hearing or a FCRB, 24% met the requirement through an administrative review in both FFYs 2016 and 2017.

During the week of August 1-5, 2016, the Children's Bureau (CB) of the Administration for Children and Families, in collaboration with Iowa DHS staff, court staff, and a cross-state peer reviewer, conducted a review of the Iowa Title IV-E foster care program. The review examined 80 cases. In the *Final Report, Iowa Department of Human Services, Primary Review, Title IV-E Foster Care Eligibility, Report of Findings for October 1, 2015 – March 31, 2016*, published by the Children's Bureau of the federal Administration for Children and Families, identified the following strength:

All courts in Iowa have instituted more frequent court hearings than is required at §471(a)(15)(B)(ii) and (C) of the Act and 45 CFR § 1356.21(b)(2) & (d), including ongoing permanency reviews every six months and in some courts every 90 days. Having more frequent court hearings than is required helps to insure timely judicial findings for "reasonable efforts" to finalize the permanency plan, continued IV-E eligibility for children in foster care and continued oversight of progress in case planning and service delivery.

Stakeholder Feedback

IA 2017 Legal Community Survey: Please see Item 20, Written Case Plan, *Stakeholder Feedback* for general discussion of survey, including demographic information.

The survey asked respondents to answer questions based upon their experiences during the time period of July 1, 2015 through June 30, 2017. Tables 4B(2) and 4B(3)

below reflect respondents answers related to identification of barriers, if any, to timely periodic reviews and to whether the reviews included discussion of the required provisions.

Table 4B(2): 2017 IA Legal Community Survey	
Answers	What barriers, if any, kept a review hearing from occurring at least every 6 months, from the date the child entered foster care? Please select up to 3 reasons.
Court docket full	28% (n=7/25)
Continuances	24% (n=6/25)
DHS staff did not submit the necessary paperwork	12% (n=3/25)
The County Attorney's Office was not able to submit the request in a timely fashion	0% (n=0/0)
NA	24% (n=6/25)
Other	12% (n=3/25) Hearings held: <ul style="list-style-type: none"> • every 3 months, or • within 5 months, or • within 6 months
Total Responses	25 responses
Total Respondents	16 respondents

Source: DHS Survey, Survey Monkey

Table 4B(3): 2017 IA Legal Community Survey Required Provisions Discussed During Court Review Hearings					
Statements	Always/ Very Frequently	Occasionally	Rarely/ Very Rarely	Never	NA
Determination of the child's safety	88% (n=14/16)	13% (n=2/16)	0% (n=0/0)	0% (n=0/0)	0% (n=0/0)
Determination of need for continued foster care placement	100% (n=16/16)	0% (n=0/0)	0% (n=0/0)	0% (n=0/0)	0% (n=0/0)
Extent of compliance with the case plan and progress made toward alleviating or mitigating the causes necessitating placement in foster care	100% (n=16/16)	0% (n=0/0)	0% (n=0/0)	0% (n=0/0)	0% (n=0/0)

Statements	Always/ Very Frequently	Occasionally	Rarely/ Very Rarely	Never	NA
Projection of a likely date for achievement of permanency, such as reunification, guardianship, or adoption	100% (n=16/16)	0% (n=0/0)	0% (n=0/0)	0% (n=0/0)	0% (n=0/0)
Total Respondents = 16					

Source: DHS Survey, Survey Monkey Percentages may not equal 100% due to rounding.

State Performance

Iowa rates this item as a strength. Ninety-five percent (95%) of reviews due for children in foster care seven months or longer were held timely. The majority of those reviews (80%) occurred through dispositional or review court hearings. Following court hearings, timely FCRB meetings met the requirement for those reviews that did not meet the requirement by court, 66% and 65% for FFY 2016 and 2017 respectively. Lastly, 24% of the remaining reviews not met by either a court hearing or a FCRB meeting were met by an administrative review.

Stakeholder feedback through the 2017 IA Legal Community Survey showed nearly a quarter (24%) of respondents indicated “NA” for barriers to timely court review hearings. Of the barriers noted, respondents indicated 52% were due to issues related to the court docket being full (28%) or continuances (24%). When asked about the discussion of the required provisions during court review hearings, respondents indicated 100% of required provisions occurred “always/very frequently”, except for one provision (determination of the child's safety) which was at 88%. Iowa has no further analysis available at this time.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

Iowa Response:

Iowa’s policy is to conduct permanency hearings within 12 months of the child’s removal from the home and at least every twelve months thereafter.

Table 4B(4) represents data collected by Iowa Children’s Justice (ICJ). The data represents permanency hearings from across the state. The numerator is the number of cases that met the goal that quarter and the denominator is the total number hearings for that type of hearing event for the quarter. For example, 278 permanency hearings met the time frame out of the total 348 hearings held during the quarter. Limitations to the data presented may include data entry error due to the type of hearing not identified correctly in the hearing title of the court order.

During implementation of the statewide Electronic Document Management System, court order templates were developed that were generic in nature. Some judges and clerks were unaware that those templates supported individualized modification of the hearing titles, leaving the generic "Order" which did not identify the type of hearing. When a clerk was faced with this type of order, they were frequently unable to determine the nature of the hearing without reading the entire order, leading to mistakes in data entry. ICJ staff implemented two strategies to address this issue:

- provided training at the Clerk's Conference in September 2016, and
- formed a judicial committee to set up juvenile template orders that reflect the hearings of CINA cases.

Table 4B(4): Timeliness of Permanency Hearings

Timeliness Indicator	FFY 2016				FFY 2017			
	Q1 (10/2015 – 12/2015)***	Q2 (1/2016 – 3/2016)	Q3 (4/2016 – 6/2016)	Q4 (7/2016 – 9/2016)	Q1 (10/2016 – 12/2016)	Q2 (1/2017 – 3/2017)	Q3 (4/2017 – 6/2017)	Q4 (7/2017 – 9/2017)
Time to First Permanency Hearing*	77%	85% (n=278/ 326)	82% (n=313/ 384)	87% (n=287/ 329)	78% (n=268/ 367)	78% (n=267/ 343)	80% (n=278/ 348)	87% (n=289/ 333)
Time to Subsequent Permanency Hearing**	97%	97% (n=281/ 291)	95% (302/ 319)	94% (n=308/ 326)	97% (n=258/ 268)	94% (n=315/ 334)	96% (n=318/ 331)	95% (n=323/ 340)

Source: Iowa Children’s Justice

*From DHS Placement Date to Issuance of the Permanency Hearing Order in 365 days.

**From Permanency Order File Date to the Date of the Last Permanency Review Hearing in 365 days.

***Actual numbers not available at this time.

Stakeholder Feedback

IA 2017 Legal Community Survey: Please see Item 20, Written Case Plan, *Stakeholder Feedback* for general discussion of survey, including demographic information.

The survey asked respondents to answer questions based upon their experiences during the time period of July 1, 2015 through June 30, 2017. Tables 4B(5) and 4B(6) below reflect respondents answers related to identification of barriers, if any, to timely

permanency hearings and to whether the hearings included discussion of the required provisions.

Table 4B(5): 2017 IA Legal Community Survey		
Answers	What barriers, if any, kept a permanency hearing from occurring, for a child in foster care, no later than 12 months from the date the child entered foster care?	at least every 12 months from the initial permanency hearing?
DHS staff did not submit the necessary paperwork.	9% (n=2/22)	6% (n=1/18)
The County Attorney's office was not able to submit the request in a timely fashion.	0% (n=0/0)	0% (n=0/0)
The Court's calendar was full and a hearing could not be scheduled within the required time frames.	32% (n=7/22)	17% (n=3/18)
A continuance was needed (parents changed attorneys for example)	41% (n=9/22)	22% (n=4/18)
NA	18% (n=4/22)	56% (n=10/18)
Other	9% (n=2/22) Responses: <ul style="list-style-type: none"> Hearings held timely (2 responses), with 1 response indicating continuance for parental progress Initial hearing held within 12 months with review of permanency order hearings every 3 months thereafter (1 response) 	6% (n=1/18)
Total Responses	22	18
Total Respondents	16 respondents	

Source: DHS Survey, Survey Monkey

Table 4B(6): 2017 IA Legal Community Survey					
Statements	Required Provisions Discussed During Permanency Hearings				
	Always/ Very Frequently	Occasionally	Rarely/ Very Rarely	Never	NA
Determination of the child's permanency plan	100% (n=16/16)	0% (n=0/0)	0% (n=0/0)	0% (n=0/0)	0% (n=0/0)
Consideration of in-state and out-of-state placement options if child cannot be returned home	81% (n=13/16)	19% (n=3/16)	0% (n=0/0)	0% (n=0/0)	0% (n=0/0)

Table 4B(6): 2017 IA Legal Community Survey Required Provisions Discussed During Permanency Hearings					
Statements	Always/ Very Frequently	Occasionally	Rarely/ Very Rarely	Never	NA
In the case of a child placed out-of-state, determination of whether the out-of-state placement continues to be appropriate and in the child's best interests.	81% (n=13/16)	0% (n=0/0)	0% (n=0/0)	0% (n=0/0)	19% (n=3/16)
In the case of a child who attained age 14, determination of the services needed to assist the child in making the transition from foster care to adulthood.	94% (n=15/16)	6% (n=1/16)	0% (n=0/0)	0% (n=0/0)	0% (n=0/0)
Consultation with the child, in an age-appropriate manner, regarding the proposed permanency or transition plan for the child.	81% (n=13/16)	19% (n=3/16)	0% (n=0/0)	0% (n=0/0)	0% (n=0/0)
Total Respondents = 16					

Source: DHS Survey, Survey Monkey

State Performance

Iowa rates this item a strength. Although initial permanency hearing data shows lower performance than subsequent permanency hearings, Iowa believes practice is strong for both initial and subsequent permanency hearings. A limitation with the data is data entry error may be resulting in lower performance than is actually the case. To delve deeper into the data, ICJ staff recently completed some case reviews but does not have a report available at this time. However, when ICJ staff conducted their reviews, they noticed that some permanency hearings and termination of parent rights (TPR) hearings were combined into one court event. It was difficult to determine how the clerk of court docketed this event. It could have been counted as a permanency hearing or a TPR hearing. ICJ staff indicated they need to examine this issue more closely.

Stakeholder feedback through the 2017 IA Legal Community Survey showed 18% of respondents indicated "NA" for barriers to timely initial permanency hearings compared to 56% for subsequent permanency hearings. Of the barriers noted for initial permanency hearings, respondents indicated 73% were due to issues related to the court docket being full (32%) or continuances (41%). Respondents noted barriers for subsequent permanency hearings were due to the same issues, i.e. the court docket being full (17%) or continuances (22%). When asked about the discussion of the required provisions during permanency hearings, respondents indicated the discussions

regarding the required provisions occurred primarily “always/very frequently” followed by “occasionally”. There were no provisions rated as discussed “rarely/very rarely” or “never” in permanency hearings. There was one provision regarding a child placed out of state that was rated as “NA” (19%), which reflects Iowa’s determination to serve Iowa children within the state. Iowa has no further analysis available at this time.

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

Iowa Response:

When a child has been in foster care under the responsibility of the DHS for 15 of the most recent 22 months, the DHS staff initiates the process to file a petition to terminate parental rights. Typically one petition is filed for each parent. Petitions are typically filed by the County Attorney acting on behalf of the DHS staff or by order of the court. The petitions must be filed by the end of the child’s fifteenth month in foster care. However, Iowa policy stresses that it is important that permanency planning occur early in all foster care cases and that nothing prevents earlier petitions to terminate parental rights when appropriate.

Table 4B(7) represents data collected by Iowa Children’s Justice (ICJ). The data represents TPR petitions filed from across the state. The numerator is the number of petitions that met the goal that quarter and the denominator is the total number of petitions for the quarter. For example, 255 TPR petitions met the time frame out of the total 335 petitions filed during the quarter. There are no known limitations for the TPR petitions data.

Table 4B(7): Timeliness of Termination of Parental Rights (TPR) Petitions

Timeliness Indicator	FFY 2016				FFY 2017			
	Q1 (10/2015 – 12/2015)**	Q2 (1/2016 – 3/2016)	Q3 (4/2016 – 6/2016)	Q4 (7/2016 – 9/2016)	Q1 (10/2016 – 12/2016)	Q2 (1/2017 – 3/2017)	Q3 (4/2017 – 6/2017)	Q4 (7/2017 – 9/2017)
Time to TPR Petition*	80%	75% (n=268/367)	93% (n=203/218)	84% (n=198/237)	68% (n=196/290)	78% (n=255/335)	81% (n=184/228)	88% (n=194/221)

Source: Iowa Children’s Justice

*From CINA Petition Filing to Termination Petition Filing in 455 days.

**Actual numbers not available at this time.

DHS staffs follow local protocols for initiating a petition to terminate parental rights unless:

- ◆ The child is placed with a relative, or
- ◆ There is a compelling reason that it is not in the best interest of the child, or
- ◆ The DHS has not provided services identified in the case plan necessary for the safe return of the child, and the court grants a limited extension.

If there are exceptions or compelling reasons to the timely filing of TPR, the exceptions or compelling reasons must be documented in the child's case file.

Table 4B(8) below shows case review data from SFYs 2016 and 2017 regarding the filing of TPR petitions and whether exceptions applied to the timely filing. Methodology of the case reviews is described in Section III, Assessment of Child and Family Outcomes and Performance on National Standards, pages 9 and 10, of this report. There are no known limitations with the data. However, it should be noted that in SFY 2016, DHS staff reviewed more than twice the number of foster care cases than in SFY 2017. Therefore, performance between the two SFYs is not comparable.

Table 4B(8): Case Reviews – Item 5 – Sub-Items F & G State Fiscal Year (SFY) 2016 and 2017		
	SFY 2016	SFY 2017
5F: Did the agency (DHS) file or join a termination of parental rights petition before the period under review or in a timely manner during the period under review?	43% (n=24/56)	57% (n=12/21)
5G: Did an exception to the requirement to file or join a termination of parental rights petition exist? (More than one option can apply)	72% (n=23/32)	44% (n=4/9)
<ul style="list-style-type: none"> • No exceptions apply • At the option of the state, the child is being cared for by a relative at the 15/22-month time frame. • The agency documented in the case plan a compelling reason for determining that termination of parental rights would not be in the best interests of the child. • The state has not provided to the family the services that the state deemed necessary for the safe return of the child to the child's home. 	9 cases 5 cases 21 cases 0 cases	5 cases 2 cases 4 cases 0 cases

Source: DHS Case Reviews

Stakeholder Feedback

IA 2017 Legal Community Survey: Please see Item 20, Written Case Plan, *Stakeholder Feedback* for general discussion of survey, including demographic information.

The survey asked respondents to answer questions based upon their experiences during the time period of July 1, 2015 through June 30, 2017. Tables 4B(9) and 4B(10)

below reflect respondents answers related timeliness of Termination of Parental Rights (TPR) petitions and identification of barriers to timely filing TPR petitions.

Table 4B(9): 2017 IA Legal Community Survey				
Timely Filing of Termination of Parental Rights Petitions (TPR)				
During the time period of July 2015 through June 2017, did the DHS staff in your jurisdiction...	Always/ Usually	About Half the Time	Seldom/ Never	NA
file the petition for Termination of Parental Rights because the child had been in care for at least 15 of the most recent 22 months?	75% (n=12/16)	0% (n=0/0)	13% (n=2/16)	13% (n=2/16)
file the petition for Termination of Parental Rights when a court of competent jurisdiction determined that the child was abandoned or the child's parents were convicted of a specific felony, such as 1) murder of another child of the parent; 2) voluntary manslaughter of another child of the parent; 3) aiding or abetting, attempting, conspiring, or soliciting to commit such murder or voluntary manslaughter; or 4) a felony assault resulted in serious bodily injury to the child or another child of the parent?	50% (n=8/16)	0% (n=0/0)	6% (n=1/16)	44% (n=7/16)
document exceptions in the case plan for filing the petition for Termination of Parental Rights (TPR) when the child was being cared for by a relative; when there was a compelling reason that TPR was not in the child's best interests; or when the DHS failed to provide the family services required for the safe return of the child to the child's home?	81% (n=13/16)	13% (n=2/16)	6% (n=1/16)	0% (n=0/0)
Total Respondents: 16				

Source: DHS Survey, Survey Monkey

Table 4B(10): 2017 IA Legal Community Survey	
Barriers to Timely Filing of TPR Petitions	
Answers	What were the barriers that specifically affected your jurisdiction's ability to ensure that filing of TPR proceedings occurred in accordance with the required provisions?
County Attorney's Office has limited resources	19% (n=4/21)
High DHS caseloads	29% (n=6/21)

Table 4B(10): 2017 IA Legal Community Survey Barriers to Timely Filing of TPR Petitions	
Answers	What were the barriers that specifically affected your jurisdiction's ability to ensure that filing of TPR proceedings occurred in accordance with the required provisions?
Lack of tracking system to identify when filing requirements are nearing	5% (n=1/21)
NA	43% (n=9/21)
Other	5% (n=1/21)
Total Responses	21
Total Respondents	16

Source: DHS Survey, Survey Monkey
Percentages may not equal 100% due to rounding.

State Performance

Iowa rates this item a strength because performance improved over the last four quarters, with timely filing of TPR petitions occurring 88% in the last quarter of FFY 2017 and the latest performance outside of the period under review for this assessment shows performance at 92%. Survey respondents noted timely TPR petitions primarily occurred. Respondents also noted if there were barriers to timely filing of TPR petitions, barriers were likely due to high DHS caseloads (29%) or the County Attorney's office's limited resources (19%). Iowa has no further analysis available at this time.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

Iowa Response:

The Iowa process by which foster parents, pre-adoptive parents, and relative caregivers of children in foster care receive notification of a court hearing held with respect to the child occurs through the clerk of court or the caseworker. Through the clerk of court, the court uses its' automated system to send notices of upcoming hearings to foster parents and other caretakers. A data match between DHS foster parent or other caretaker contact information, i.e. name and address, and the court data is the source of information by which the automated system sends the hearing notices. A limitation of this data may be timely DHS staff data entry to ensure the foster parent name and address is current. The court monitors the automatic notification process to assure it

runs timely. Attachment 4B(1) is an example court notice, which shows information on the hearing date, time and location as well as the foster parent or caretaker's right to provide information during the hearing.

As previously mentioned under periodic reviews for this systemic factor, Iowa also utilizes foster care review board (FCRB) reviews. FCRBs comprise citizens of Iowa who volunteer their time to review cases of children in foster care and to provide recommendations to DHS and the juvenile court for that particular case. The local FCRB invites parents, youth, caseworkers, guardian ad litem, attorneys, foster parents, and service providers to attend the meeting and provide information to the board. Attachment 4B(2) is an example FCRB notice, which shows information on the review date, time, and location as well as the foster or pre-adoptive parent or relative caregiver's right to provide information in the meeting.

In February 2018, DHS surveyed family foster and pre-adoptive parents and suitable other and relative caregivers to determine whether they usually received the notification of their right to be heard in any review or hearing held with respect to the child(ren) in their care. To determine who would be surveyed, DHS staff utilized ROM to get a statewide list of caregivers who had a child in their care between July 1, 2015 and June 30, 2017. After de-duplication, the DHS staff then gave the list to DHS management analyst staff to randomize and draw a sample. To get the sample, the DHS management analyst staff imported the list data into R (version 3.4.1) and loaded the "dplyr package", which is a statistical package that allows for data manipulation. She then wrote code asking to return 853 caregiver names randomly selected from the whole lot. Iowa needed 853 cases to give a 95% confidence level, with a confidence interval (or Margin of Error) of 3 from a population of 3,717. DHS staff then took the sample and divided it up between foster family and pre-adoptive parents and suitable other and relative caregivers. The survey was sent to the foster family care program manager who sent, via email, the survey link and the list of sampled foster family and pre-adoptive parents to the two Recruitment, Retention, Training, and Supports (RRTS) contractors who sent the survey out to those sampled parents. DHS staff worked sent out the surveys by mail to suitable other and relative caregivers with contact information obtained from the CWIS.

Of the 853 foster, adoptive, suitable other, and relative caregivers to be surveyed, there were 324 foster and pre-adoptive parents and 529 suitable other and relative caregivers. Of the 529 suitable other and relative caregivers, there were 157 individuals whose addresses were not able to be collected from the CWIS. There were 23 surveys returned unable to forward. DHS staff sent out paper copies of the surveys to 7 individuals who contacted DHS staff indicating they did not have internet access and would like the survey sent to them. Therefore, a total of 673 caregivers were contacted to complete the survey. Of the 673 potential survey participants, there were a total of 74 respondents (72 respondents completed the electronic survey and 2 completed paper surveys) representing a response rate of 11%. Limitations of the data are the low response rate, potentially how the questions were worded and then interpreted by respondents, and relying on respondents recall of two years' worth of notices.

The survey asked respondents to answer questions based on their experiences from July 1, 2015 through June 30, 2017. Seventy-two (72) respondents answered the question, “Please indicate your role (check all that apply)”. Table 4B(11) shows the breakdown of respondents by role type.

Table 4B(11): IA 2017 Foster Care Caregivers Survey: Role Type (N=99 Responses from 72 Respondents)	
Role	Percentage (N)
Licensed Family Foster Care Parent (Relative)	7.1% (n=7)
Licensed Family Foster Care Parent (Non-Relative)	38.4% (n=38)
Licensed Pre-Adoptive Parent	27% (n=27)
Relative (Not Licensed)	26% (n=26)
Non-Relative Caregiver (Not Licensed)(aka Suitable Other)	1% (n=1)

Source: DHS, Survey through Survey Monkey

The survey asked respondents at the end of the survey to indicate which of Iowa’s 99 counties the respondent resided. Ninety-six (96) counties in Iowa had less than 5 responses per county. One county had five responses (Polk County) and two counties had six responses each (Pottawattamie and Black Hawk Counties).

The survey asked respondents in two separate questions (Table 4B(12)) whether and how they usually received notices of court hearings and FCRBs.

Table 4B(12): 2017 IA Foster Care Caregivers Survey Notifications for Court Hearings and Foster Care Review Board Meetings		
Answers	For the time period of July 2015 through June 2017, did you usually receive notices of court hearings regarding the child or children placed with you? (Check all that apply)	For the time period of July 2015 through June 2017, did you usually receive notices of foster care review board meetings for the child or children placed in your care? (Check all that apply)
Yes, I received letters or phone calls from the Department of Human Services (DHS) caseworker.	25% (n=30)	15% (n=13)
Yes, I received letters or phone calls from the Juvenile Court Services (JCS) caseworker.	9% (n=11)	7% (n=6)
Yes, the DHS caseworker told me in person.	12% (n=14)	7% (n=6)
Yes, the JCS caseworker told me in person.	4% (n=5)	2% (n=2)
Yes, I received notices from the	33% (n=40)	Not Applicable

**Table 4B(12): 2017 IA Foster Care Caregivers Survey
Notifications for Court Hearings and Foster Care Review Board Meetings**

Answers	For the time period of July 2015 through June 2017, did you usually receive notices of court hearings regarding the child or children placed with you? (Check all that apply)	For the time period of July 2015 through June 2017, did you usually receive notices of foster care review board meetings for the child or children placed in your care? (Check all that apply)
court.		
Yes, I received notices from the foster care review board.	Not Applicable	20% (n=17)
No, I did not usually receive notices.	7% (n=8)	Not Applicable
No	Not Applicable	25% (n=21)
NA (case not in court yet)	3% (n=4)	Not Applicable
NA (I do not know if there are foster care review boards in my area OR there are no foster care review boards in my area.)	Not Applicable	20% (n=17)
Other Means of Notification	7% (n=9)	4% (n=3)
Total Responses	121 responses	85 responses
Total Respondents	70 respondents	65 respondents

Source: DHS Survey, Survey Monkey

The survey also asked respondents in two separate questions (Table 4B(13)) whether the notices of court hearings and FCRB meetings informed them they could provide comments or information to the court/judge or FCRB during proceedings.

Table 4B(13): 2017 IA Foster Care Caregivers Survey								
Caregivers' Right to Present Information During Court Hearings and Foster Care Review Board Meetings								
Answers	Did the notices let you know that you could provide comments or information to the court or judge?				Did the notices let you know that you could provide comments or information to the foster care review board?			
	Always/ Usually	About Half the Time	Seldom/ Never	NA	Always/ Usually	About Half the Time	Seldom/ Never	NA
Letters or phone calls from the DHS caseworker	44% (n=28/63)	3% (n=2/63)	35% (n=22/63)	17% (n=11/63)	24% (n=13/54)	0% (n=0/0)	33% (n=18/54)	43% (n=23/54)
Letters or phone calls from the JCS caseworker	24% (n=13/55)	4% (n=2/55)	35% (n=19/55)	38% (n=21/55)	16% (n=8/50)	2% (n=1/50)	30% (n=15/50)	52% (n=26/50)
DHS caseworker in person notification	29% (n=17/58)	5% (n=3/58)	47% (n=27/58)	19% (n=11/58)	21% (n=11/52)	0% (n=0/0)	35% (n=18/52)	44% (n=23/52)
JCS caseworker in person notification	15% (n=8/55)	2% (n=1/55)	44% (n=24/55)	40% (n=22/55)	16% (n=8/50)	0% (n=0/0)	32% (n=16/50)	52% (n=26/50)
Notices from the Court	60% (n=38/63)	10% (n=6/63)	19% (n=12/63)	11% (7/63)	Not Applicable			
Notices from the foster care review board	Not Applicable				33% (n=18/54)	0% (n=0/0)	31% (n=17/54)	35% (n=19/54)
Other	4				3			
Total Respondents	68				60			

Source: DHS Survey, Survey Monkey
 Percentages may not equal 100% due to rounding.

State Performance

Iowa rates this item an area needing improvement because the data available and provided does not show Iowa meeting this requirement as outlined below.

Table 4B(12) showed respondents answered questions about whether they received notifications and how they received them. Respondents received notifications of court hearings by the court (33%) followed by through contact with their DHS/JCS caseworker either through letters or phone calls (25%/9%) or in person contact (12%/4%). Respondents also similarly received notifications of FCRB meetings by FCRBs (20%) followed by contact with their DHS/JCS caseworker either through letters or phone calls (15%/7%) or in person contact (7%/2%). However, only 52% of responses indicated receiving the FCRB notifications compared to 80% for court hearings. For 25% of the responses, receipt of FCRB notices was "NA" (25%) and another 20% indicated "No". Since FCRBs are not in every county in the State, respondents may be less aware of them compared to court houses in every county. Respondents also may not have had a FCRB meeting scheduled yet due to length of time the child has been in care.

Data in Table 4B(13) showed that, even though respondents recalled receiving notices, respondents were less likely to recall whether the notice informed them of their ability to provide information to the court during a court hearing, unless the notification came from the court (60%). Similarly, respondents recalled notices from the FCRB containing the information regarding their ability to provide information during the FCRB meeting (33%) but not when notifications occurred through contact with the DHS/JCS worker. This may reflect a lack of recall on the part of the respondents or a lack of informing the respondent about their ability to provide information during court hearings or FCRB meetings by the DHS/JCS worker.

Barriers/challenges to achieving this item include, but are not limited to, a lack of measuring this item's performance outside of surveys and workload issues for DHS staff as Iowa's workforce has not grown at the pace caseload has grown, with current caseloads the largest since 2010 and current workforce the smallest and likely to shrink further. High caseloads affect the ability of caseworkers to spend quality time with foster care caregivers to provide notices and explain more fully their rights to be heard during hearings or reviews. Iowa has no further analysis of barriers/challenges at this time.

Overall Rating for the Case Review System Systemic Factor

Iowa rates the Case Review System Systemic Factor not in substantial conformity due to two of the five items rated as areas needing improvement.

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

Iowa Response:

Iowa completed analysis of the Quality Assurance (QA) system in 2013 utilizing standards contained in Children's Bureau ACYF-CB-IM-12-07, which was shared with leadership throughout the state. In SFY 2016 and SFY 2017, staff conducted further analysis to identify the most impactful action steps to strengthen the QA system as a whole, which resulted in the following prioritized list of focused activities:

- Field-driven statewide supervisory level focused reviews

The intent of this initiative was to put the focus of quality improvement and improvement strategies in the hands of the people doing the work, with support from the Bureau of Quality Improvement and DHS' leadership. In July 2016, a team of representatives from around the state met to design this process and how it would be integrated with the QA system as a whole by utilizing Lean methodology throughout the process. In summary, the team decided that a diverse group of field staff from across the state will serve as the primary coordinators for statewide initiatives on identified focus areas through membership on the Child Welfare Outcome Improvement Team (CWOIT).

CWOIT team membership comprises social work administrators, supervisors, social work case managers, a policy program manager and Bureau of Quality Improvement representatives. Utilizing a statewide performance perspective, the responsibilities of this group are to:

1. Gather, review, and analyze statewide performance data – (sources: CFSR case reviews, federal administrative data, ROM, At A Glance, ad hoc reports, etc.)
2. Prioritize focus area(s) for statewide improvement strategy (ies)
3. Explore and define the root cause of performance
4. Develop statewide baseline as needed
5. Develop strategies
6. Coordinate implementation of improvement strategy (ies) across the state, including any needed training
7. Coordinate consistent monitoring procedures to determine the effectiveness of strategies

8. Repeat #1-#8

These grassroots reviews are used to develop baseline information, guide strategy selection, and provide early data to monitor effectiveness of the improvement strategy. Through routine meetings and review of data, the CWOIT determines whether a strategy was effective and makes necessary adjustments as needed. They also determine when improvements in a focus area are “done” (fully integrated into practice, periodic monitoring of small sample may continue) and when to move forward to the next priority/strategy. Communication, at key points in the process, is targeted to a large audience including staff, contractors, stakeholders, etc. The specifics of this communication process are generally through the Service Business Team and the on-going communication channels through that group.

The original design was accomplished with a lean event with a team of staff taking the lead in working through the details of implementation. Now that the group is operational, membership of the group rotates using a staggered structure in order to maintain continuity. To date, CWOIT established team participation; identified visits between the social worker and child as the first priority focus area and the second priority focus area is engagement with the non-resident parent, usually the father; and agreed on specific strategies for improvement. In addition to training on the strategy itself, supervisors across the state participate in training regarding the use of the review tool developed by the CWOIT and validation of inter-rater consistency.

- **Prioritize the use of specific reports to align with statewide strategies to assure** consistency in monitoring across the state, which ties into the efforts to eliminate seemingly duplicative reports that are actually “one off” and lead to misunderstanding and convoluted analysis of progress. See “Quality Data Collection” section for more information.
- **Comprehensive implementation of systems/processes to assure data integrity.** See “Quality Data Collection” section for more information.
- **Structured training for new QA staff as well as introductory training for all new staff regarding continuous quality improvement (CQI), Lean, and integration into daily work.**

Integration of CQI training for new DHS staff as well as all existing staff remains the goal for Iowa. Currently, training for new and existing workers and supervisors includes key elements of CQI specific to job-related activities (i.e. assessment, quality of worker visits with families, etc.) This embeds continuous improvement into the foundation of the work, promoting its daily use by workers to assess and improve their own performance rather than seeing CQI as a distinct “event”. Much of the training for new and existing staff uses “just in time” training at the service area level as the Bureau of QI coordinates improvement efforts, however it remains a goal to also implement training for new workers and supervisors regarding:

1. The role of the Bureau of Quality Improvement both statewide and service area-specific;
2. Key factors that drive CQI efforts (i.e. CFPSR results, Iowa case review results, key performance measures, etc.);

3. Methodologies of CQI used in Iowa (Problem Identification and Problem Solving Techniques, PDCA, Kaizen, Mapping, Lean, etc.);
 4. The role of all DHS staff in identification of opportunities for improvement, development and implementation of strategies, monitoring of performance, and adjustment of strategies as needed.
- **Processes for communication both to and from stakeholders** to assure that DHS shares analysis and disseminating information. The sharing of information occurs with established Child Welfare teams as noted throughout Iowa's FFY 2018 APSR, but much of this is informal rather than a systematic process, including a methodology for stakeholders to provide feedback to DHS. This action step is intended to formalize the communication process in order to maximize stakeholder engagement and feedback. Open communication with stakeholders is essential to the coalescence of Iowa's child welfare system.

(1) operating in the jurisdictions where the services included in the CFSP are provided
 The foundational administrative structure of the Quality Improvement process remains consistent since the CFSP. The Service Business Team (SBT) continues to be the primary oversight force for continuous improvement in child welfare services. In July 2016, following the development of the Child Welfare Outcome Improvement Team, SBT delegated the detailed work of identification and implementation of improvement strategies. This team comprises field staff in an effort to utilize the expertise of the people who "do the work" to define priorities and strategies for improvement; membership also includes Bureau of Quality Improvement representatives as well as additional BQI support in designing data collection methodology, sampling, and analysis. SBT maintains oversight of this team through routine communication; in addition, as this team works through initial implementation of the new process, SBT provides a representative to attend the meetings of the CWOIT to assist in guidance and to assure a coordinated effort between SBT and CWOIT regarding statewide initiatives.

The Bureau of Quality Improvement itself consists of QI Coordinators located in each of the six (6) service areas in addition to QI Coordinators (2) and Management Analysts (4) centrally located in Des Moines. Through this strategic disbursement of staff, Iowa addresses statewide priorities with a consistent approach as well as service area specific priorities that may be unique to the geographic region or in which a service area may be under-performing. Bureau staff is fluid in assignment and routinely work with both statewide and local service area initiatives. Bureau staff located in the service areas work with the Quality Improvement Bureau Chief as well as the Service Area Manager (SAM) and leadership team to prioritize projects and balance their time. Centralized supervision allows for coordination as well as the sharing of resources across the state and sharing of information regarding current projects, effectiveness of efforts, etc.

The Bureau of Quality Improvement also continues to collaborate with Iowa's Department of Management, Office of Lean Enterprise in the development of standard Continuous Improvement training regarding Lean philosophy and specific

methodologies. Quality Improvement staff participates in the classroom training aspect as well as the experiential learning and mentoring which is in place to enhance the learning process. As QI staff becomes more knowledgeable in the use of Lean, the QI staff demonstrates the concepts through hands-on projects with staff and the implementation of continuous improvement into daily work.

(2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), Iowa utilizes the federal Child and Family Services Review (CFSR) as standards to evaluate the quality of its services. This is accomplished through CFSR case reviews and performance measures aligned with the CFSR outcomes in Iowa's performance based service contracts.

Case Record Review Data and Process

Following successful completion of the CFSR Round 2 PIP in 2014, DHS staff developed a new case review model for CFSR Round 3. This model includes paired review teams comprising one field Supervisor from each service area and the Quality Improvement Coordinator from that service area. The goal of these pairs is to generate rich discussion and observation based on diverse experience. Similar to the supervisory focused case readings, this process is in the hands of people with expertise doing the work in the field in order to increase quality, promote education, and assure consistent application of CFSR standards and practice standards.

Training began in late 2014 for reviewers with the process fully implemented in July 2015. Following completion of the first fiscal year of reviews, DHS staff completed an assessment on the effectiveness, efficiency, and functionality of the CFSR case review process, in the context of the overall Quality Improvement system. At that time it became clear that Iowa had a gap in the system: Iowa was reviewing a relatively small number of CFSR cases but did not have a structured process for steps to take using the information generated in those reviews. This began the development of the CWOIT described previously, thereby involving all supervisors in assessing the quality of services through the CFSR/practice lens, and furthering education.

Iowa, in coordination with our federal partners, reduced the number of CFSR case reviews from 150 to 65 annually effective in FY 2017. This change freed up resources for the next phase of quality improvement, while maintaining the usefulness and validity of the data; an additional benefit of this change was the implementation of both initial QA and 2nd level QA completed on every review. Since 10/2016, following clarification of requirements, emphasis also occurred on assuring interviews with key participants on each case were completed.

During SFY 2017, Iowa's federal partners attended case reviews and provided feedback on their observations. This led to several clarifications of application of the OSRI as well as meaningful practice discussions. Federal partners participated in reviews with three of Iowa's five review teams during SFY 2017. During SFY 2018, federal partners participated in the reviews completed by the remaining two teams, with the Western

Iowa Service Area team completing their review in July 2017 and Eastern Iowa Service Area completing their review in September 2017. In addition to observations, Iowa's federal partners conducted quality assurance on completed written reviews and provided feedback. This increased communication, consultation, and collaboration not only in the application of the OSRI but in the philosophy behind the review process.

In September 2016, following federal observation of case reviews, Iowa had the opportunity to discuss with our federal partners the overall case review process, current challenges, and possible approaches to assure a comprehensive protocol is in place in accordance with federal expectations.

DHS staff identify ongoing training for reviewers through QA trends, self-identified areas needing clarification, routine meetings (conference call and/or in person) for discussion and clarification of issues. In addition, at least two times per year all reviewers complete an inter-rater reliability case review. This consists of all review teams and QA teams reading and scoring the same case using the OSRI, then coming together to discuss discrepancies, questions that could be asked in interviews to seek clarification, and other issues associated with assuring reliability of data across the teams. These reviews provide the opportunity for all reviewers, regardless of experience, to promote learning and consistency through specific case discussion. All reviews are entered into the OMS Training site for Iowa. Prior to the meeting, a report showing scoring on each team's review is run and provides the foundation to start the discussion. Through this process, the review teams have been able to identify which items are most prone to different interpretation and through dialogue have worked to understand the thought process of different teams when evaluating the same information. At times they have been able to further define factors within an item that influence the rating in order to increase consistency; other times they may have identified interview questions that, if the information were available would have provided decisive information on the "right" answer. Staff completed inter-rater reliability case reviews in February, September, and November 2017. Iowa's Region VII Children's Bureau partners also participated in the February review. This venue was very beneficial as it allowed for robust discussion and better understanding of the federal lens. Additional information regarding the inter-rater reliability review and results continue below.

Using the OMS report, there were a total of 21 items to score as item 12 was broken down by child, parents, foster parents, and the overall score. Also of note in this process was that OSRI scoring was based on information found in the file only; reviewers noted items in which they thought interviews of key participants may provide significant clarifications; and the comparison of item ratings across teams were made prior to any QA review.

Table 4C(1): Preliminary results prior to any discussion were as follows:

10 /21 items (Items: 1,4,5,6,7,8,11,12A,13,18)	8 of the 8 reviews completed (100%) had the same rating
8 /21 items (Items: 3,10,12B,12C,14,15,16,17)	7 of the 8 reviews completed (88%) had the same rating

2 / 21 items (Items: 9,12)	6 of the 8 reviews completed (75%) had the same rating
1 /21 items (Item: 2)	4 of 8 reviews completed (50%) rated as Strength; 3 of 8 reviews completed (38%) rated as Area Needing Improvement; 1 of 8 reviews completed (13%) rated as NA

Based on the summary above, inter-rater reliability remains high; the primary discrepancy concerns the distinction between services to prevent entry into foster care versus other services to the family. Discussion of this item regarding this distinction provided helpful clarification. This item will continue to be a focus of QA through the established case review process to assure consistency.

Iowa remains dedicated to establishing a sustainable process for the long-term so evaluating the time commitment needed for the case review process, including interviews, continues. Options for utilizing staff resources most efficiently, increasing statewide involvement in CFSR concepts related to practice, and furthering the culture of and involvement in continuous quality improvement throughout the DHS continue to be considered and evaluated. Regardless of the process specifics, well-trained, experienced, and knowledgeable reviewers will always be the foundation of Iowa's reviews.

Performance Measures in Services Contracts

In Iowa's FFY 2018 APSR, available at <https://dhs.iowa.gov/sites/default/files/0.%20%20IA%202018%20APSR%20-%20ALL%20MATERIALS.pdf>, Section II, Services Description, pages 11-111, and Section III, Chafee Foster Care Independence Program (CFCIP), pages 111-177, describe Iowa's array of child welfare services and includes information related to contract performance measures that are aligned with the CFSR that Iowa utilizes to measure the quality of its services.

(3) identifies strengths and needs of the service delivery system

Iowa utilizes the aforementioned CFSR case reviews and services' contract performance measurements and regular performance monitoring and provider performance and feedback mentioned under *(4) provides relevant reports* to identify strengths and needs of the service delivery system. For example, a trend was observed during state CFSR case reviews and reported to the SBT, which was not necessarily impacting case scoring but was regarding FSRP services. The concern was with the quality and communication of FSRP services. The SBT took the issue and decided to first survey state staff around the state using a standard set of open ended questions to assess the statewide presence and seriousness of the issue. The survey found consistent statewide issues, such as FSRP services staff turnover was overwhelming, inexperienced FSRP services staff, the inconsistent quality of FSRP services (between contractors and between individual workers), etc. The SBT then charged a two prong second step, to again sweep additional state staff with more focused questions about the frequency and quality of service, training, communication and other conditions, and

then contact FSRP services staff asking the same questions. At the time of this report, this step is in progress. When completed, the findings will again be presented to SBT to decide how to address the more specific information (causes not symptoms).

(4) provides relevant reports

Iowa has multiple systems capable of reporting on collected data including CFSR factors; state-identified key performance measures; other foster care and child protective systems; related reports through ROM; case review data and reporting; ad hoc reports as needed; and survey data. Iowa has some goals regarding data that affect analysis and dissemination of data (please refer to Quality Data Collection below).

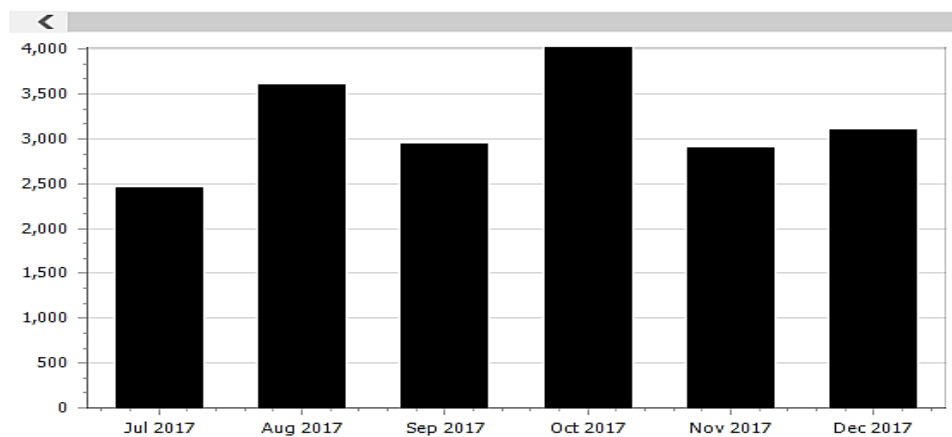
Iowa has both an internal and public facing ROM, which examines the placement population, CFSR Round 3 Measures, and Iowa's in-home services population. Because Iowa depends on ROM, much of our monitoring and analysis is information made available via ROM. This allows staff to find most of the information they use to support and manage work in ROM, and also data used as part of the evaluation of both the child welfare system and staff performance. The "freshness" of data in ROM helps staff to get prompt feedback on practice and performance issues, and also supports the ability to easily "ask the data the next question" based on the initial standard analysis of the data.

Below is the latest 6 month usage report of the internal ROM site by DHS staff, which averages over 2,500 reports viewed monthly:

Reports Viewed Per Month

Reports Viewed Per Month

Report Time Period: July 1, 2017 - December 31, 2017



Source: DHS Internal ROM

The top ten ROM reports used most frequently by state staff are:

1. Monthly Visits Made With Involved Children
2. State Involved Child Counts

3. Initial Face-to-Face Contact Timely
4. Report Conclusions/Findings
5. (Federal) Placement Stability
6. (Federal) Recurrence of Maltreatment
7. Foster Care Counts
8. Safe from Maltreatment Recurrence for 6 months
9. Assessments Completed Within Required Time
10. (Federal) Maltreatment in Foster Care

Below is a table listing all the reports available to DHS staff in ROM.

Table 4C(2): Internal ROM Reports Available to DHS Staff	
(Federal) Re-Entry to Foster Care	DU.1 User Report Activity
(Federal) Recurrence of Maltreatment	Federal Administrative Settings
CFSR Round 3 - Federal Report Outcomes Compared to the Supplemental Reports	Federal Indicators
Case Management (CM) Reports: <ul style="list-style-type: none"> • CM 1.1 Children in Foster Care 17+ Months • CM.1 Foster Care Counts • CM.10 Siblings Placed Together • CM.12 Average Daily Foster Care Population per 1000 • CM.13 No Re-Involvement in 12 Months After Exit • CM.14 Average Daily Population by Involvement • CM.15 Median Length of Stay at Exit • CM.2 Placement Type • CM.4 Countdown to Permanency • CM.4.1 Countdown to Adoption/Other Permanency • CM.4.2 Countdown to TPR • CM.5.1 Discharge Reason - Federal • CM.5.2 Discharge Reason - Site • CM.7 Removal rate per 1000 • CM.8 Initial Placements with Relatives (of those entering care) • CM.9 Placement in Same or Adjoining County 	Counts Reports - Transferred onto and Transferred off caseloads: <ul style="list-style-type: none"> • CPS.1 Report Conclusions/Findings • CPS.2 Investigations Completed Within Required Time • CPS.3 Initial Face-to-Face Contact Timely • CPS.4 Pending CPS Reports • CPS.5 Maltreatment Allegations • CPS.6 Child Protection Reports • CPS.7 Victim Rate per 1000 • CPS.8 CPS Report Recurrence • CPS: Counts • CPS: Key Practice Indicators • CPS: Outcomes

Table 4C(2): Internal ROM Reports Available to DHS Staff

<p>Caseworker Visits:</p> <ul style="list-style-type: none"> • CV.1 Months Worker-Child Visit Made • CV.2 Months with Visit In-Home • CV.3 Worker-Child Visitation Pending/Completed 	<p>Foster Care:</p> <ul style="list-style-type: none"> • Foster Care: Caseworker Visits • Foster Care: Countdown to Outcomes • Foster Care: Counts • Foster Care: Discharge Counts • Foster Care: Key Practice Indicators • Foster Care: Outcomes
<p>General Definitions</p>	
<ul style="list-style-type: none"> • IA.1 Involved Child Visitation Pending/Completed • IA.2 Visitation Summary 	<ul style="list-style-type: none"> • IC.1 In-Home Intact Counts • IC.10 Monthly Visits Made With Involved Children • IC.11 Monthly Contact With Adults of Involved Children • IC.2 State Involved Counts • IC.3 Permanency Maintained for Children Exiting In-Home • IC.4 No Re-Involvement in 6 Months After Exit • IC.5 Safe from Maltreatment 6 Mos. After involvement • IC.6 Children Safe Each Month of In-Home Services • IC.7 Length of Time State Involved • IC.8.1 Median Length of Time State Involved • IC.8.2 Median Length of Time in Foster Care • IC.8.3 Median Length of Time Receiving In-Home • IC.9 Current Child Status by Involvement Entry Cohort
<ul style="list-style-type: none"> • In-Home: Counts • In-Home: Key Practice Indicators • In-Home: Outcomes 	<ul style="list-style-type: none"> • PA.10 Permanency During Year for Children in Care 24+ Mos. • PA.11 Permanency During Year for Children in Care 12 - 23 Mos. • PA.12 Adopted in less than 12 months of TPR • PA.6 Placement Moves Rate per 1,000 Days of Care • PA.7 Permanency in 12 Months of Entry • PA.8 Permanency in 24 Months of Entry • PA.9 Permanency Maintained 12

Table 4C(2): Internal ROM Reports Available to DHS Staff

Months Following Exit	
<ul style="list-style-type: none"> • Racial Disparity: Decision Points • Racial Disproportionality: Decision Points • Racial Disproportionality: Overview • RD 2 through 7: Disproportionality Index (DI) • RD 8 through 13: Disparity Ratio (DR) • RD.1 Decision Point Analysis • RD.14 Outcomes Summary by Race 	<ul style="list-style-type: none"> • SA.3 Maltreatment Reports During Foster Care • SA.4 Safe from Maltreatment Recurrence for 6 months • SA.5 Maltreatment Rate per 100,000 days In-Home Services • SA.6 Maltreatment Reports During In-Home
<ul style="list-style-type: none"> • State Involved Counts • State Involved: Caseworker Visits • State Involved: Length of Services • State Involved: Outcomes 	<ul style="list-style-type: none"> • SU.5 Involved Episode Summary • SU.6 Outcomes Summary by Administrative Unit • SU.7 (Federal) Outcome Indicators Summary

Source: Internal DHS ROM

The DHS QI unit also produces statewide monthly reporting supporting both workflow and performance on Worker and Parent Visitation, and on Initial Case Planning. The unit also produces other monthly reports which are service area (SA) specific to support needs specific to local focus areas. The unit also produces a variety of ad-hoc type reports and performs analysis on a wide range of topics.

One ad-hoc report/analysis project identified and quantified a set of factors in common across Recurrence of Maltreatment, Maltreatment in Care, and Re-entry into Foster Care. While it is probably common practice knowledge that the three factors contribute significantly to each of the measures, examining the three together helped Iowa to identify that we had no protocol (standard or best practice) when young children, who first experience the child welfare system while under 6, are abused or neglected and removed due to parental drug use. Not only does this represent about half of Recurrence, it is also nearly half of abuse in care. The abuse in care is not happening at the hands of substitute caregivers, but during weekend visits with the family during placement and over the six months while on trial home visits (THVs). Additionally, the frequency of the incidents of children returned home continues beyond the six months of THV and then begins to contribute to nearly half of the Re-entry into Foster Care for the young child's second episode. Iowa is now working to identify, train, and implement a protocol to improve child safety and performance on all three metrics.

Table 4C(3): Recurrence of Maltreatment in SFY 2017 by Age

Recurrence SFY17	0 - 2	3 - 5	6 - 8	9 - 11	12 - 14	15+	Grand Total
Met	2334	1398	1264	997	817	532	7342
Not Met	358	224	185	147	77	41	1032
Grand Total	2691	1622	1449	1144	894	573	8374

Below are Tables 4C(4): Abuse in Care (aka Maltreatment in Foster Care), 4C(5): DHS Abuse in Care by Removal, Parental Drugs, 4C(6): DHS Abuse in Care by Number Prior FC Episodes, 4C(7): Re-Entry into Foster Care in SFY 2017 by Age, and 4C(8): Interconnection of Maltreatment in Foster Care and Re-Entry into Foster Care.

ABUSE IN CARE (AKA - MALTREATMENT IN FOSTER CARE)							
DHS Abuse in Care by Age Group	0 - 2	3 - 5	6 - 8	9 - 11	12 - 14	15+	Grand Total
CEDAR RAPIDS	9	17	5	8	9	7	55
DES MOINES	15	14	14	14	10	8	75
EASTERN	17	15	11	5	5	6	59
NORTHERN	11	3	7	9	5	11	46
WESTERN	13	20	9	17	11	7	77
Grand Total	65	69	46	53	40	39	312
Cumulative #	65	134	180	233	273	312	
Cumulative %	21%	43%	58%	75%	88%	100%	

Of the 312 children with Abuse during episode of FC, 134 or 43% were under age 6.

* 36% of all children in care are under age 6.

DHS Abuse in Care by Removal - Parent Drugs	Applies	Does Not Apply	Grand Total
CEDAR RAPIDS	12	14	26
DES MOINES	17	12	29
EASTERN	21	11	32
NORTHERN	12	2	14
WESTERN	19	14	33
Grand Total	81	53	134
Cumulative #	81	134	
Cumulative %	60%	100%	

Of the 134 children under 6 with Abuse during episode of FC, 81 or 60% were removed due to parents drug use.

* 45% of all children in care were removed dur to parents drug use.

DHS Abuse in Care by Number Prior FC Episodes	0	1	Grand Total
CEDAR RAPIDS	10	2	12
DES MOINES	16	1	17
EASTERN	20	1	21
NORTHERN	12		12
WESTERN	16	3	19
Grand Total	74	7	81
Cumulative #	74	81	
Cumulative %	91%	100%	

Of the 81 children removed due to parents drug, under 6, with Abuse during episode of FC, 74 or 91% were experiancing their 1st episode in care.

ReEntry	Age						Grand Total
	0 - 2	3 - 5	6 - 8	9 - 11	12 - 14	15+	
Met	254	225	169	152	112	403	1315
Removal parent drug Applies	126	126	91	78	44	53	518
Removal parent drug Does Not Apply	128	99	78	74	68	350	797
Re-entry	42	26	15	15	19	17	134
Removal parent drug Applies	25	15	12	12	8	7	79
Removal parent drug Does Not Apply	17	11	3	3	11	10	55
Grand Total	296	251	184	167	131	420	1449

Time →				
RPT1	Plcmnt1			
	Rpt2	Abuse in Care		
RPT1	Plcmnt1	THV1		
		Rpt2	Abuse in Care	
RPT1	Plcmnt1	THV1	Home	
			Rpt2	ReEntry to Care

Iowa also uses the OMS to extract data from the CFSR case reviews conducted. Staff generates annual reports based on the data from the OMS. However, the data must be manipulated following extraction in order to put the data in a format that is easily understood, allows for comparison across geographic areas of the state, and provides longitudinal information to assess performance trends both by service area and statewide.

Additionally, Iowa shares data and analysis with stakeholders through existing collaborations as noted throughout Iowa’s FFY 2018 APSR, available at <https://dhs.iowa.gov/sites/default/files/0.%20%20IA%202018%20APSR%20-%20ALL%20MATERIALS.pdf>. Data via ROM is available on demand from the DHS website. Stakeholders may submit questions or suggestions regarding ROM to the DHS Program Manager noted on the website. Data related to Differential Response (DR) implementation is also on the DHS website with contact information if stakeholders have questions and/or comments. Stakeholders requested we engage them in their expertise areas. The most efficient way to do this is to utilize existing collaborations. We continue to explore how the feedback loop can be strengthened.

Quality Data Collection

DHS works to assure data accuracy focusing on four main points:

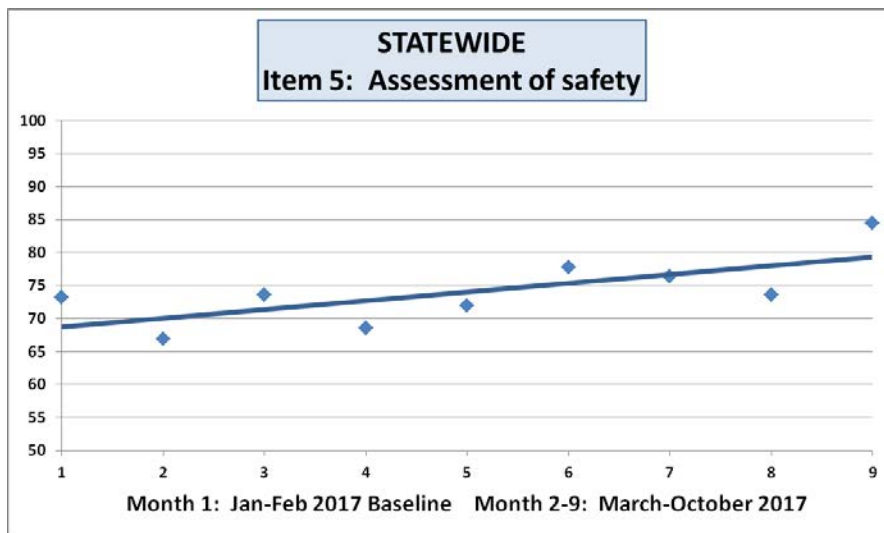
1. Entry quality: Did the information initially enter the system correctly (timely, accurately)?
 - a. Entry quality is probably the easiest problem to identify but is often the most difficult to correct. Entry issues occur when a person enters data into a system. The problem may be a typo or lack of clear guidance, or a willful decision, such as providing a dummy phone number or address when factual data are unknown. Identifying these outliers or missing data is usually easily accomplished with SBT engaging analysts to use profiling tools and simple queries, and through quick quality spot checks.
2. Process quality: Was the integrity of the information maintained during processing in the system?
 - a. Process quality issues usually occur systematically as data moves through the organization. They may result from a system crash, lost file, or any other technical occurrence that results from integrated systems. These issues are often difficult to identify, especially if the data had a number of transformations on the way to its destination. Process quality can usually be remedied easily once the source of the problem is identified. The DHS uses process mapping with IT staff, user staff and policy staff to help ensure problem identification.
3. Integration quality: Is all the known information about a case integrated to the point of providing an accurate representation of the case or groups of cases?

- a. Integration quality, or quality of completeness, can present big challenges. Integration quality problems occur because information is isolated by system or departmental boundaries. It might be important for a child welfare manager to know the status of the child involvement with special educational programs, but if the child welfare and educational systems are not integrated, that information will not be readily available. SBT charges small groups with IT staff, user staff and policy staff to address focus issues with other agencies to address issues.
4. Usage quality: Is the information available and interpreted and used correctly at the point of access?
- a. Usage quality often presents itself when developers lack access to legacy source documentation or subject matter experts. Without adequate guidance, they guess the meaning and use of certain data elements. SBT provides data governance to identify and document corporate systems and data definitions, and plan for analysis, dissemination, training, and usage of the information.

(5) evaluates implemented program improvement measures

Please see earlier discussion about the Child Welfare Outcome Improvement Team (CWOIT) in this systemic factor.

As one part of the SBT role in monitoring and improving performance, a primary need was to improve the quality of worker visit practice and documentation. This opportunity was seen as related to (meaning it would also benefit) other CFSR items. The SBT assigned the improvement project to the CWOIT group, who will have pivotal role to play in development and implementation of PIP strategies too. The team reissued guidance/training materials, a standardized tool was developed to screen narrative for quality, and every supervisor read one case per worker monthly to score the case and worked with the worker to teach and reinforce the practice principles of quality work and documentation. Below is a graph of one of the 17 items reviewed in the standardized tool showing a trend of progress regarding assessment of safety. Most other items also show a similar trend.



Another example is the alignment of Iowa's new contracts (RRTS and CISR) with the DHS' work. The DHS' Guiding Principles drove the creation of the new contracts, both RRTS and CISR. Embedded in the blueprint for the contracts were, for example, expectations that youth are kept closer to home and the use of a one caseworker model to promote relationships that should achieve increased child and family well-being. DHS' SBT held twice monthly phone calls with implementation teams embedded in each Service Area since the contracts began. SBT facilitated these phone calls to trouble shoot concerns and to facilitate peer to peer learning, such as topics like Carematch and Treatment Outcome Package (TOP). SBT required implementation teams to report out on their efforts to support implementation of the new contracts in their service areas.

Stakeholder Feedback:

• **CWPPG:**

- "...the quality and consistency of services, especially those offered through FSRP, is questionable... The qualifications of staff, in accordance with the contracts reviewed, do not seem commensurate with the expectations outlined, particularly if they are not provided with very intense and expert supervision." (page 24)
- "Some of those interviewed expressed concern that many of the personnel responsible for service delivery lacked the level of expertise required, commenting that educational requirements are not as high as they should be or that there should be a greater commitment to professional social work practice in the rank and file of the agency." (page 6)
- "...several of those interviewed expressed concern about the use of Community Care. It was reported that referrals to Community Care are "cold". That is, families may be referred for Community Care whether or not they have committed to be voluntarily involved in a plan of services and there is no follow-up to determine the family's outcome. Reportedly, Community Care providers are paid \$500 per family for each referral whether or not a family actually engages in services."(pages 11-12)
- A consistent theme in interviews conducted during this review was that FSRP services staff were not well qualified for the level of the work they were expected to do and that turnover among the Care Coordinators is high. Some voiced the opinion that the functions they performed amounted to really just monitoring and transportation, not substantive service delivery. Administrators of FSRP services contractors, on the other hand, spoke of onerous requirements for provision of transportation that consume large amounts of time. They also indicated that staff turnover "ebbs and flows" in relationship to DHS hiring as many personnel leave positions in contracted agencies for better pay and benefits at DHS. Indeed, reviewers noted that a number of case managers included in interview groups referenced earlier experience as Care Coordinators in FSRP services. Reviewers were informed that FSRP services contracts in the Cedar Rapids and Des Moines service areas experience the highest staff turnover." (page 15)

- “Some DHS personnel interviewed indicated that they lacked confidence that Safety Plan Services had the capacity to adequately monitor the safety of children in their own homes.” (page 16)
- “They [parents, grandparents, and client advocate groups] also acknowledged that some services to which they were referred by DHS addressed needs in their families.” (page 18)
- “Families also expressed concern that service providers were not sufficiently qualified based on education and licensure to offer services to address identified needs. They feel that there is insufficient accountability and that there are no mechanisms in place to ensure that the services they receive...are effective and in sufficient supply.” (page 18)

State Performance

Iowa rates this item as a strength because Iowa’s quality assurance system:

- operates statewide as evidenced under (1) *operating in the jurisdictions where the services included in the CFSP are provided;*
- has standards to evaluate the quality of services as evidenced under (2) *has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety);*
- identifies the strengths and needs of the service delivery system as evidenced under (3) *identifies strengths and needs of the service delivery system, including relevant information contained in 2) above and 4) below;*
- provides relevant reports as evidenced under (4) *provides relevant reports, and*
- evaluates implemented measures as evidenced under (5) *evaluates implemented program improvement measures.*

Overall Rating for the Quality Assurance System Systemic Factor

Iowa rates the Quality Assurance Systemic Factor in substantial conformity as the only item for the systemic factor is rated a strength.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state’s CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- *staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and*
- *how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.*

Iowa Response:

In Iowa, DHS social work staff has case management responsibility for all areas noted above. Therefore, information below represents initial training of DHS staff.

New Worker Training Requirements

DHS requires newly hired social work staff to complete New Worker Training Plans (Attachment 4D (1)) by the timeframes specified for each course. The New Worker Training Plans serve as a roadmap of the training requirements within the first year of hire. These documents also detail the learning modality and number of credit hours associated with each course. The DHS contracts with the Child Welfare Research and Training Project at Iowa State University (ISU) to perform many of the necessary day-to-day activities related to training.

Training prior to caseload assignments is as follows:

- New Social Work Case Managers (a.k.a., SWCM, SW 2, Social Worker 2) must complete the initial three days of *SW 020 Foundations of Social Worker 2 Practice* before they are assigned any cases. Following this initial training, new SWCMs participate in a month-long field learning experience before they return to class for the final 3.5 days of SW 020. Newly hired SWCMs are assigned no more than three cases during their field learning experience prior to the completion of SW 020. Suggested types of cases to avoid assigning during the field learning experience timeframe include:
 - Sexual abuse cases
 - Severe physical abuse
 - Previous terminations
 - Medical neglect cases
 - Child death
 - Cases that have multiple child protection assessments
 - Severe domestic violence in the home
- New Child Protection Workers (a.k.a., CPW, SW 3, Social Worker 3) must complete the initial three days of *CP 200 Basic Training for Child Protective Workers* before they are assigned any cases. Following this initial training, new CPWs participate in a month-long field learning experience before they return to class for the final three days of CP 200. Newly hired CPWs are assigned no more than three Family Assessment cases during their field learning experience prior to the completion of CP 200. Additionally, new CPWs must complete *DA 202 Dependent Adult Abuse Fundamentals* before they are assigned any dependent adult abuse cases.

New Worker Orientation Calls

New workers participate in a phone orientation session, preferably within their first week of hire. Prime emphasis includes how to navigate the Learning Management System

(LMS), reviewing their New Worker Training Plans, and registering for coursework identified in those plans.

Competency/New Worker Course Matrix

DHS identified 43 social worker job competencies that are essential for frontline social work staff to be successful in their positions. The matrices in Attachment 4D (2) provide an overall picture of the alignment of coursework to the competencies and needs of new social workers.

The matrices illustrate that coursework included in the New Worker Training Plans address 93% of SWCM competencies and 98% of CPW competencies. These high percentages reveal that initial training addresses nearly all of the social work competencies. On-the-job training that occurs in the field addresses any gaps in competency fulfillment. Additional courses that learners take in addition to the required new worker coursework may also address any gaps in competency coverage.

DHS Training Committee Feedback

DHS Training Committee members include a Supervisor, CPW, and SWCM from each of the five Service Areas; as well as DHS leadership, Service Help Desk staff, Policy program managers, and contracted training personnel. Incorporating feedback from the DHS Training Committee helps to ensure that initial training addresses basic skills and knowledge needed by staff to carry out their duties. The work completed by the Novice Subcommittee, which is a subset of the larger committee, focuses solely on reviewing and enhancing new worker training.

Enhanced Structure for Orientation Coursework

As a result of feedback from new workers, Supervisors, and DHS Training Committee members, DHS enhanced the structure of the initial orientation course for SWCMs (SW 020 Foundations of Social Worker 2 Practice) to incorporate structured learning that takes place in the field. New SWCMs participate in four days of face-to-face training; then over the course of a month, complete specific tasks and on-the-job activities with their Supervisors in the field before returning for two additional days of face-to-face training. New SWCMs benefit from this comprehensive learning experience that incorporates specific skills best acquired in the field. Given significant success with this approach, DHS implemented a very similar split-coursework structure for the initial orientation course for CPWs (CP 200 Basic Training for Child Protective Workers).

Pilot Offerings for New Coursework

The initial release of coursework introduced to new social work staff includes pilot offerings. This practice ensures that the course content meets the needs of new workers before implementing training for frontline staff. For example, a pilot offering occurred for SP 310 Substance Abuse Fundamentals, which was introduced in October 2016 and a requirement for new workers.

Additional Contextual Information

- DHS contracts with ISU to provide support for service training as an independent contractor. ISU contract staff and subcontractors work in partnership with Iowa DHS to meet the training objectives defined by DHS. As part of this work, ISU contract staff support and maintain the LMS.
- ISU staff employed by the Child Welfare Research and Training Project within the Department of Human Development and Family Studies in the College of Human Sciences performs the contract work.
- Contracted staff provided 167 live sessions (April 1, 2016 – March 31, 2017) via face-to-face and webinar trainings to a total of 4,094 attendees. In addition, there were 11 online courses with 1,926 completions.
- Limitations for LMS administered randomized pre- and post-tests include the potential for programmer/user error.
- The anonymous reporting of post-training evaluation data limits opportunity for individualized follow-up regarding specific concerns.
- Third-party trainers are dependent on the contractor sending electronic feedback regarding their courses. Since contract reporting occurs monthly, there could be a delay in third party trainers obtaining information to make needed revisions or adjustments in trainings with multiple offerings.
- Post-training phone surveys require trainees willing and available to participate in an interview. Given the time-frame for post-training phone surveys (30 days), scheduling has presented challenges.
- Pre- and post-tests are administered during the training. However, trainees are expected to go to the LMS to complete the post-training evaluation. Some trainees may delay in responding.

Data Quality

Data collection occurs through utilization of standardized administration approaches. Collection of training data occurs electronically via the Learning Management System (LMS) (i.e., pre- and post-tests, course evaluations). Pre- and post-test items are randomized for some assessment (e.g., SW 020) to ensure an accurate assessment of learning. An ISU staff conducts the follow-up telephone interviews with all training participants and synthesizes the information. One criteria used to evaluate data is the response rate.

Post-Training Phone Surveys and Analysis

ISU staff conducts post-training phone surveys within 30 days after basic orientation courses are completed (SW 020 Foundations of Social Worker 2 Practice and CP 200 Basic Training for Child Protective Workers) for all participants. For select other coursework included in the New Worker Training Plans, ISU staff conducts phone surveys 60 days after the training.

The purpose of the phone survey is to solicit feedback about how well the training met the needs of new workers. Two of the quantitative questions asked in the phone survey are the same as those asked in the post-training evaluation. This design measures if

learners' perception of training changes after they had some time to apply the training on the job.

Attachment 4D(3), based on reporting period April 1, 2016 – March 31, 2017, outlines the post-training phone survey results. An analysis of the results across new worker courses for SWCMs and CPWs illustrates that newly hired staff:

- Will be able to apply on the job what they learned during this session - between a fair to great extent.
- When asked how likely it is that the learner would recommend this training to another person in their position (Net Promoter Score), responses averaged 8.4 for SWCMs and 8.0 for CPWs.
- Net Promoter Score for coursework required for new CPWs improved slightly with the phone-administered survey in comparison to the Net Promoter Score reported in the electronic post-training evaluation survey. This potentially indicates that new CPW perceptions of training may improve after they had time to apply the training on the job.
- These results exceeded all threshold quantitative guides for training determined in conjunction with ISU Child Research and Training Program, which has expertise in data collection and analysis.

Pre- & Post-Test

Participants in basic orientation courses (SW 020 Foundations of Social Worker 2 Practice and CP 200 Basic Training for Child Protective Workers) complete pre- and post-tests. These summative assessments measure if the core objectives in the course were met. They also measure if a change in learning occurred from the start of the course to the end. See Attachment 4D(4) and (5) for pre- and post-test results.

New Worker Training Data

Prior to the implementation of a Moodle Learning Management System (LMS), DHS utilized the Iowa Interagency Training System (IITS) mainframe to track training registrations and training history. The system was implemented in the late 70's, where historical records are maintained and still remain accessible.

Tracking on the completion of New Worker Training Plans now occurs through course certificates, which are auto-generated by the LMS utilized by DHS staff statewide. Training related data has been collected in the LMS since the system was implemented in October of 2010. Learners can access their training history in real-time to verify that new worker training requirements have been met as well as identify coursework left to be completed.

Prior to July 1, 2016, to ensure a learner had met the training requirements, Supervisors and administrators would have to look up the training history on each individual separately. On July 1, 2016, the capacity to pull reports became available to comprehensively track training requirements across all staff. Supervisors now have access to their staff's training history, both in the LMS and in a comprehensive monthly

report provided to them, to ensure New Worker Training Plans are met by specified timeframes.

New workers have a full calendar year from their start date to complete the New Worker Training Plan. From July 1, 2016 – June 30, 2017, 74 new workers participated in basic orientation coursework (SW 020 Foundations of Social Worker 2 Practice or CP 200 Basic Training for Child Protective Workers). Fifty-two (52) of the new workers hired between July 1, 2016 – June 30, 2017 completed their first full year of employment by December 31, 2017. Of these 52 new workers, 4 (8%) fully completed their New Worker Training Plans timely.

DHS training staff do not wait until the last quarter to provide new worker trainings. New worker trainings are evenly distributed across the fiscal year. In a number of cases, DHS training staff move tentatively scheduled SW 020 and CP 200 courses up to accommodate new hires in an effort to provide this training to them sooner.

Post-Training Evaluation of New Worker Trainings

Learners complete a standardized electronic post-training evaluation after attending training. This 16-question evaluation includes a number of questions designed to measure how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

A more recent analysis of the post-training evaluation results from July 1, 2016 – June 30, 2017 across face-to-face coursework outlined in the New Worker Training Plans for SWCMs and CPWs illustrates:

- 93% (1,432 out of 1,545 evaluation responses) of staff who participated in trainings required for new workers indicated they will be able to apply on the job what they learned during the training session - between a fair to great extent (4.2 average on a 5 point scale).
- The Net Promoter Score is a tool used across many industries to evaluate customer perceptions and has been incorporated into the Post-Training Evaluation. It consists of a single question – “How likely it is that the learner would recommend this training to another person in their position?” Of all staff who participated in new worker trainings (1,545 evaluation responses), they rated the training on average as an 8 when asked this question.
- These results exceeded all the threshold quantitative guides for training determined in conjunction with ISU Child Research and Training Program, which has expertise in data collection and analysis. When a course falls below the threshold, training staff convene a meeting with the course facilitator to address factors that contributed to the score and to identify improvements for the course.

Stakeholder Feedback: “A number of those interviewed, including some DHS staff, stated that training is insufficient. Areas in which some external professionals, including mandated reporters, indicated having observed deficiencies are in interviewing skills, particularly in interviewing children, skills in engaging parents and other subjects of

reports, assessing the vulnerability of children, and familiarity with indicators of maltreatment.” (CWPPG, page 8)

State Performance

Although a high percentage (93%) of staff who participated in trainings required for new workers indicated they can meaningfully apply their training to their daily work (4.2 on a 5 point scale), Iowa believes this item is an Area Needing Improvement due to:

- the low percentage of new staff (8%) that completed all required training within their first year of employment and
- the need to conduct further analysis of training related deficiencies identified during CWPPG interviews of stakeholders.

Barriers to achieving this item are:

- Child welfare staff is hired and begin employment on a non-standard schedule versus a set schedule. Thus, a given “cohort” may include workers who vary in length of time on the job prior to completing initial and foundational trainings.
- To track training history, certificates are issued to training participants upon completion of the training evaluation or after 60-days, whichever occurs first. Spot checks of issued training certificates are conducted by LMS administrators. Delays in completing an evaluation impact accuracy of the training history.
- Required courses may not be immediately available for enrollment or already full causing a delay for staff to receive the training. Caseloads assignments can interfere with staff’s ability to schedule and attend training sessions.
- The current randomized design of the LMS pre- and post-test administration for SW 020 makes it difficult to report item-by-item results. This makes it more difficult to assess knowledge across multiple respondents in specific areas.
- Delays in completing an evaluation can limit participant recall and the ability of trainers to make timely adjustments in training delivery.

DHS mitigates the impact of these barriers by the following:

- Providing individualized orientation to ensure that the new worker signs up for the required training (e.g., SP 150). Supervisors are always invited to participate in the orientation. Providing individual orientation with workers and their supervisors helps ensure staff sign up for the appropriate courses they need to build basic skills and knowledge. Regardless of when hired, all trainees are expected to complete the established set of initial trainings within the required timeframe. Offering multiple training opportunities and having a set training schedule helps ensure staff has access to trainings. Individualized training records can be obtained through the LMS and shared with workers and their supervisors.
- Establishing other processes and procedures to assist supervisors in their work with individual training needs. For example, supervisory feedback is provided on how well the worker did in the initial training and what needs to be addressed, thus minimizing the impact. Certificates also are automatically issued after 60 days, which helps to ensure up to date training history.

- Requiring supervisors to follow up with their workers on the required training hours to address trainees not receiving the necessary knowledge and skills to do their job.
- Utilizing the percentage of change in correct responses on pre- and post-tests to assess overall level of knowledge gained and taking into account length of employment and type of position when analyzing the data.
- Staff completes the majority of training evaluation responses within one to two weeks following training.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- *that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and*
- *how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.*

Iowa Response:

In Iowa, DHS social work staff has case management responsibility for all areas noted above. Therefore, information below represents ongoing training of DHS staff.

Ongoing Worker Training Requirements

DHS requires social work staff to complete a minimum of 24 training hours each state fiscal year (e.g., July 1, 2016 – June 30, 2017).

Training Hour Reminder Emails

One of ISU's contracted services is to send out a bi-annual email to all staff to reiterate the 24 hour training hour requirement.

Learning Needs Surveys

DHS distributes an annual statewide Learning Needs Survey to SWCMs, CPWs, Supervisors, as well as to Policy and Service Help Desk staff. The purpose of the survey is to identify the ongoing training needs of staff. These results serve as a basis for the DHS Training Committee to select and align training initiatives for the upcoming fiscal year with the learning needs of staff.

DHS distributed the Learning Needs Survey in November 2016 and received a high response rate of 452 respondents. Results of the survey revealed the top learning need categories were:

- Mental/Behavioral Health
- Trauma-Informed Approaches
- Technology and Data

Based on these results, the DHS offered a Mental Health Fundamentals course in the Spring of 2017 and offered both a Trauma-Informed Fundamentals course and Trauma-Informed for Supervisors course during the second half of Fiscal Year 2017.

DHS Training Committee Feedback

DHS Training Committee members include a Supervisor, CPW, and SWCM from each of the five Service Areas; as well as DHS leadership, Service Help Desk staff, Policy program managers, and contracted training personnel. Incorporating feedback from the DHS Training Committee helps to ensure that ongoing training addresses skills and knowledge needed by staff to carry out their duties.

Focus Group Feedback

Focus groups are assembled for newly developed or significantly updated ongoing courses. The focus groups comprise DHS Training Committee members as well as additional key stakeholders and staff. These focus groups assist in refining the course objectives and reviewing the curriculum during development.

Pilot Offerings for Newly Developed/Revised Ongoing Coursework

Any newly developed or significantly updated course includes a pilot offering before being introduced to frontline staff. This practice ensures course content meets the needs of ongoing workers before implementing training. For example, a pilot offering occurred for SP 404 Photo Documentation, which was introduced in January 2017 and offered in each Service Area.

Levels of Proficiency

Structuring coursework by levels of proficiency is one method further enhanced in Fiscal Year 2017 to better target staff's ongoing training needs. The fundamentals-level coursework is designed for acquiring basic skills and knowledge, while the progressive-level trainings focus on building intermediate to advanced skills for more tenured staff.

Additional Contextual Information

- DHS contracts with ISU to provide support for service training as an independent contractor. ISU contract staff and subcontractors work in partnership with Iowa DHS to meet the training objectives defined by DHS. As part of this work, ISU contract staff support and maintain the Learning Management System (LMS).
- ISU staff employed by the Child Welfare Research and Training Project within the Department of Human Development and Family Studies in the College of Human Sciences performs the contract work.
- Contracted staff provided 167 live sessions (April 1, 2016 – March 31, 2017) via face-to-face and webinar trainings to a total of 4,094 attendees. In addition, there were 11 online courses with 1,926 completions.
- Some new courses were mandated for all service workers (e.g., new workers, experienced workers, and supervisors). This meant that participants brought varying levels of knowledge and skills to the training, and some sessions had a larger than usual enrollment. New courses have a pilot session to obtain immediate feedback.
- Limitations for LMS administered randomized pre- and post-tests include the potential for programmer/user error.
- The anonymous reporting of post-training evaluation data limits opportunity for individualized follow-up regarding specific concerns.
- Third-party trainers are dependent on the contractor sending electronic feedback regarding their courses. Since contract reporting occurs monthly, there could be a delay in third party trainers obtaining information to make needed revisions or adjustments in trainings with multiple offerings.
- Brief paper surveys are used rarely, but work well for collecting immediate participant responses. However, paper surveys require more time for data entry and potential data-entry errors, despite the use of double-entry verification for all or some responses.
- Post-training phone surveys require trainees who are willing and available to participate in a survey. Scheduling phone survey interviews presents challenges. Also, given the time-frame for follow up interviews (60-days), some respondents report not being able to recall details of the training.
- Trainees must go to the LMS to complete the post-training evaluation electronically. Some trainees may not do so, or delay responding until considerable time after training completion.
- The LMS tracks participants individually. Therefore, trainees who participate in webinar as a group are not automatically recorded as a participant by the LMS.

Data Quality

- Data is collected using standardized administration approaches. For selected trainings, ISU researchers not involved in training delivery, which helps to ensure anonymity of the training participant, conduct and synthesize follow-up telephone interviews with a random sample of training participants.
- The Learning Management System (LMS) electronically collects training evaluation data to help ensure an accurate assessment of learning. Responses to the annual Learning Needs Survey and other informational surveys (e.g., Trauma Survey, Latina Domestic Violence Webinar feedback) are anonymous and collected

electronically (e.g., Survey Monkey, Qualtrics). For immediate feedback, anonymous pre and post paper surveys are conducted for some trainings (e.g., SW 507 Race: Power of an Illusion).

- Response rate is one criteria used to evaluate data. There was an 80% response rate for the optional Trauma Survey. Numeric (quantitative) data are analyzed using standardized statistical software (i.e., SPSS, Excel) and procedures (i.e., percentage change, correlations, descriptive analyses). Narrative (qualitative) data are analyzed for themes using a grounded theory approach utilizing software relevant to the sample size (e.g., MAXQEA, Excel).

Post-Training Phone Surveys and Analysis

ISU staff conducts post-training phone surveys 60 days after training for ongoing coursework. Due to the number of ongoing training offerings, the DHS determines which courses to survey based on statewide initiatives or newly developed trainings.

The purpose of the phone survey is to solicit feedback about how well the training met the needs of staff attending ongoing training. Two of the quantitative questions asked in the phone survey are the same as those asked in the post-training evaluation. This design measures if learners' perception of training changes after they had some time to apply the training on the job.

Attachment 4D(6), based on reporting period April 1, 2016 – March 31, 2017, outlines the post-training phone survey results. An analysis of the ongoing phone survey results across all social work staff, including SWCMs, CPWs, Supervisors and provider participants illustrates learners:

- Will be able to apply on the job what they learned during the session - between some extent to a fair extent.
- When asked how likely it is that the learner would recommend this training to another person in their position (Net Promoter Score), responses averaged 7.2.
- These results once again exceeded all the threshold quantitative guides for training determined in conjunction with ISU Child Research and Training Program, which has expertise in data collection and analysis.
- The phone survey scores were lower overall than what was reported in the electronic post-training evaluations. This potentially indicates that learners' perception of ongoing training may decrease after staff had time to apply the training on the job.
- The phone survey scores for ongoing coursework were lower overall in comparison to the phone survey scores for new worker trainings. There are a number of conclusions that can be drawn from this comparison, one of which is that new workers may be more receptive to training than tenured staff.

Ongoing Worker Training Data

Prior to the implementation of a Moodle Learning Management System (LMS), DHS utilized the Iowa Interagency Training System (IITS) mainframe to track training registrations and training history. The system was implemented in the late 70's, where historical records are maintained and still remain accessible.

Tracking on the completion of training for ongoing workers now occurs through course certificates, which are auto-generated by the LMS utilized by DHS staff statewide. Training related data has been collected in the LMS since the system was implemented in October of 2010. Learners can access their training history in real-time to verify they are meeting a minimum of 24 hours of training as well as identify coursework left to be completed.

Prior to July 1, 2016, to ensure a learner had met the training requirements, supervisors and administrators would have to look up the training history on each individual separately. On July 1, 2016, the capacity to pull reports became available to comprehensively track training requirements across all staff. Supervisors now have access to their staff's training history, both in the LMS and in a comprehensive monthly report provided to them, to ensure ongoing workers are meeting training requirements each fiscal year.

From July 1, 2016 – June 30, 2017, 49% of ongoing social work field staff completed the required 24 hours or more of training.

Post-Training Evaluation of Ongoing Training

Learners complete a standardized electronic post-training evaluation after attending training. This 16-question evaluation includes a number of questions designed to measure how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

A more recent analysis of the ongoing training results across all social work staff, including SWCMs, CPWs, Supervisors, and provider participants illustrates:

- 96% (319 out of 331 evaluation responses) of staff who participated in ongoing training indicated they will be able to apply on the job what they learned during this session - between a fair to great extent (4.4 average on a 5 point scale).
- The Net Promoter Score is a tool used across many industries to evaluate customer perceptions and has been incorporated into the Post-Training Evaluation. It consists of a single question – “How likely it is that the learner would recommend this training to another person in their position?” Of all staff who participated in ongoing training (331 evaluation responses), they rated the training on average as an 8 when asked this question.
- These results exceeded all the threshold quantitative guides for training determined in conjunction with ISU Child Research and Training Program, which has expertise in data collection and analysis. When a course falls below the threshold, training staff convene a meeting with the course facilitator to address factors that contributed to the score and to identify improvements for the course.

State Performance

Although a high percentage (96%) of ongoing workers indicated they can meaningfully apply their training to their daily work (4.4 on a 5 point scale), Iowa believes this item is

an area needing improvement due to a lower percentage of ongoing staff (49%) who completed the required 24 hours or more of training during State Fiscal Year 2017.

Barriers to achieving this item are:

- To track training history, certificates are issued to training participants upon completion of the training evaluation or after 60-days, whichever occurs first. Spot checks of issued training certificate are conducted by LMS administrators. Delays in completing an evaluation may impact the accuracy of the training history.
- The LMS tracks participants individually. Therefore, trainees who participate in webinar as a group are not automatically recorded as a participant by the LMS.
- Trainees may attend other pertinent child welfare trainings that are not part of the LMS. Trainees need to record their information on the LMS and may not always do so.
- The majority of ongoing training does not include pre and post knowledge assessments.
- The Learning Needs Survey is designed to collect the perceived training priorities from all child welfare staff. It does not include individual skill or knowledge assessments.
- Delays in completing an evaluation can limit participant recall and the ability of trainers to make timely adjustments in training delivery.

DHS mitigates these barriers by the following:

- The majority of trainees respond to training evaluation feedback surveys within one to two weeks, thus minimizing the impact of delayed responses on the training design and delivery of content.
- DHS established other processes and procedures to enable trainees who participate in webinars as a group to document their participation and receive credit.
- Training history may not reflect all continuing education hours. To address this barrier, training staff established a process on the LMS for the trainees to record their completed training provided by other organizations.
- The lack of individualized pre and post knowledge assessments makes it more difficult to assess overall level of knowledge gained. However, designing check-points into the curriculum provides opportunities to assess trainee learning.
- Overall results of the Learning Needs Survey are available to all staff and Supervisors. Some results are reported by Service Area and type of worker. Results guide the development of training priorities to ensure staff receives necessary skills and knowledge.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide 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?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- *that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.*
- *how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.*

Iowa Response:

Foster and Adoptive Parents

Prior to SFY 2018, the DHS had two statewide contracts that provided foster and adoptive parent training. The Foster and Adoptive Parent Recruitment and Retention (R&R) contractor, Iowa KidsNet (IKN), provided the 30 hours of required pre-service training, PS-MAPP, to individuals seeking to become licensed foster and/or adoptive parents. After licensure, the DHS' Support Services for Resource Families contractor, Iowa Foster and Adoptive Parent Association (IFAPA), provided the ongoing training. Iowa requires 6 hours of continuing education per year for foster families only.

Beginning with SFY 2018, under the Recruitment, Retention, Training, and Support (RRTS) contract, DHS awarded one contract in each of the field Service Areas (excluding the centralized service area) to provide the required 30 hours of pre-service training for prospective foster and adoptive parents and ongoing training for foster families only. Four Oaks is the contractor in the Northern Iowa Service Area, Eastern Iowa Service Area, Cedar Rapids Service Area, and Des Moines Service Area. Lutheran Services in Iowa is the contractor in the Western Iowa Service Area.

Pre-Service Training:

PS-MAPP training provides as much information as possible to help prospective foster/adoptive parents make their decision to foster/adopt. Caring for Our Own, a pre-service training for relatives who become licensed foster families and/or approved adoptive families for their kin, replaced a general PS-MAPP session in each service area with an additional session occurring in the Cedar Rapids and Des Moines Service Areas. Training participants are surveyed after they complete pre-service training to determine if the training was effective and helped them prepare for the challenges of fostering. The following table shows pre-service training data from the R&R contract (SFYs 2016 and 2017) that occurred across the state. There are no known limitations with the data.

Table 4D(1): SFY 2016 and 2017 Pre-Service Training Results								
	FY16 Q1	FY16 Q2	FY16 Q3	FY16 Q4	FY17 Q1	FY17 Q2	FY17 Q3	FY17 Q4
# Responded	175	106	136	93	163	110	139	119
Was worth investment of time	99%	95%	96%	97%	98%	99%	100%	98%
Understand the importance of birth family	99%	99%	97%	96%	99%	100%	100%	98%
Prepared for and helped decided to become a foster or adoptive parent	99%	95%	98%	97%	98%	100%	100%	100%
Would recommend training to others	97%	99%	98%	97%	99%	100%	100%	100%

Source: Iowa KidsNet

Ongoing Training:

For SFYs 2016 and 2017, the contractor for ongoing training was IFAPA. The contract required IFAPA to provide a minimum of 60 in-service trainings each contract quarter.

The contract quarters were defined as:

- Quarter 1 - July 1 - September 30, 2016
- Quarter 2 - October 1 through December 31, 2016
- Quarter 3 - January 1 through March 31, 2017
- Quarter 4 - April 1 through June 30, 2017

The contract performance measure was that 89% or more of resource parents surveyed will report their training improved their knowledge and skill level for addressing the needs of foster children. Below is the data for SFYs 2016 and 2017.

Table 4D(2): SFY 2016 Ongoing Training Results			
SFY 2016 Quarter	Total Trainings Held	Total # of Participants Who Indicated that the Training Improved Knowledge & Skill	Percent Improved Knowledge & Skill
1	75	598	99.83%
2	100	1,109	98.47%
3	88	1,257	99.19%
4	95	1,446	99.38%
SFY Total	358	4,410	99.22%

Source: Iowa Foster and Adoptive Parent Association (IFAPA)

Table 4D(3): SFY 2017 Ongoing Training Results			
SFY 2017 Quarter	Total Trainings Held	Total # of Participants Who Indicated that the Training Improved Knowledge & Skill	Percent Improved Knowledge & Skill
1	77	955	99.48%
2	79	1,126	98.68%
3	79	1,249	99.84%
4	104	1,767	97.68%
SFY Total	339	5,097	98.92%

Source: Iowa Foster and Adoptive Parent Association (IFAPA)

Service Areas expressed concerns that foster families were not completing their training timely. Starting in October 2017, the RRTS contractor began tracking the number of foster families who did not have all training requirements met prior to licensure expiration. DHS and RRTS contract staff are monitoring the data and will work on developing strategies to ensure foster parents complete training requirements.

There is no data available at this time for ongoing training of foster and adoptive parents under the new Recruitment, Retention, Training, and Support (RRTS) contracts, Four Oaks and Lutheran Services in Iowa, which began July 1, 2017.

Staff of State Licensed or Approved Facilities

Iowa's out of home foster care contractors of emergency juvenile shelter, foster group care, and supervised apartment living regularly participate in ongoing training, through internal training, training offered by DHS, training offered by IFAPA, training provided through the Child Welfare Provider Training Academy (Training Academy), discussed below, and training through other training venues. The Training Academy provides training to Iowa's child welfare services contractors. The DHS has a contract with the Coalition for Family and Children's Services in Iowa, which provides the Training Academy. Although the training is available to non-members, most of the current DHS' child welfare services contractors are members of this Coalition. Attendance to training under the Training Academy contract is also open to others as space allows, such as DHS staff, foster parents, JCS staff, non-contracted providers, schools, etc.

In addition, licensure standards require training for staff (with a designated staff person responsible for staff development). Internal training includes, but is not limited to, agency policies and procedures, mandatory reporter training and safe use of restraints. New contracts beginning on July 1, 2017, require DHS approved training plans that are comprehensive and targeted to the services for which staff are responsible and delivered in a manner that teaches staff to promote the safety, permanency, and well-being for each child in care. They include, but are not limited to, the following:

- The System of Care Guiding Principles, the Family-Centered Model of Practice, JCS's Model of Practice, and the Child Welfare Model of Practice;
- Crisis Interventions and Stabilizations including trauma-informed care, de-escalation techniques, and policies and procedures regarding critical incidents;

- Mandt or comparable training for appropriate physical restraints to ensure safety;
- Mental and behavioral health support, as appropriate to the staff person's role;
- Culturally and Linguistically Appropriate Service Standards (CLASS);
- Domestic violence prevention and support;
- Human trafficking identification, intervention, and prevention; and,
- Transition planning, including use of the Casey Life Skills Assessment tool.

Child Welfare Provider Training Academy

The Child Welfare Provider Training Academy (Training Academy) is a partnership with the Iowa Department of Human Services (DHS) and the Coalition for Family and Children's Services in Iowa. The purpose of the partnership is to research, create, and deliver quality trainings supportive to child welfare frontline staff and supervisors throughout the state in order to help improve Iowa's child welfare system to achieve safety, permanency, and family and child well-being. The Training Academy provides accessible, relevant, skill-based training throughout the State of Iowa using a strength based and family centered approach. The Training Academy continues to improve the infrastructure to support private agencies and DHS in their efforts to train and retain child welfare workers and positively impact job performance and results in the best interest of children.

The purpose of the Child Welfare Provider Training Academy (CWPTA) statewide contract is to provide training to front line services provider staff/supervisors to improve skills and knowledge through evidence-based practice models and additional training developed to meet the needs of the various DHS child welfare service contractors across the state. As part of service delivery, the contractor submits monthly status reports which includes activities conducted in the reporting period, including data reporting on the percentage of attendees who complete a course evaluation of in-person training who say the training provided the information to improve their knowledge and skills to do the work. The data is considered statewide data because the training is open to child welfare service contractors across the state and individuals from across the state participate in the trainings. The limitations of the data are that the training evaluations are anonymous and do not identify respective roles or specific contracts they are representing as an attendee to the training. Additionally, the total percentage reporting agreement that the training was relevant to their job and helpful/informative is an average of all in-person training evaluations during the respective time frame.

A training plan, Attachment 4D(7), for SFY 2017 was developed and provided to DHS on July 29, 2016 and later revised on October 27, 2016. The training plan is compatible with the child welfare outcomes of the DHS Model of Practice and with the Child and Family Services Review (CFSR). These outcomes include safety for children, permanency, academic preparation and skill development, and well-being.

In-Person Trainings: The in-person trainings are provided throughout the state and consist of either a six (6) hour training course or three (3) hour training courses designed around identified training topics and needs of child welfare workers. The

courses are geared towards different levels of child welfare practice, such as basic/new worker, intermediate/more experienced worker, and advanced/supervisory level worker.

The Training Academy Coordinator tracks the data regarding the number of in-person trainings as well as the total number of staff attending training through online registrations. Attendance to in-person trainings is required to achieve a certificate of completion and attendee sign in is required the day of the in-person training. The Training Academy Coordinator tracks attendance through this process to identify the number of staff in attendance to in-person trainings.

Blended Learning Training: This is a package of training established to provide a three level process of training tools.

- **On-line Course:** The attendee must complete this course prior to attending the in-person training. This part of the training includes a power point presentation and focuses on the terminology and language to provide a foundation for the in-person training. The attendee completes a quiz at conclusion of the on-line course.
- **In-Person:** This training process builds upon the foundation created in the on-line course. The in-person training is provided at least once in all three regions throughout the state.
- **Webinar:** The webinar is held, on average, two weeks after the last in-person training. The webinar provides an opportunity for discussion, including any challenges the attendees have implementing what they learned. These webinars are recorded and posted to the Training Academy website for future viewings and are available as a resource.

Trauma Informed Program: Understanding Trauma. The Training Academy continues to collaborate with Midwest Trauma Services Network (MTSN) for Trauma Informed Program: Understanding Trauma and training of coordinators.

The Training Academy and MTSN continue to customize plans to deliver trainings as well as build capacity and sustainability in the state. The Training Academy continues to enhance and support the work already established to ensure that all areas of the state have access to similar Trauma Informed Program: Understanding Trauma. The goal is to create common language across child welfare service contractors, providers, and other child welfare partners.

Family Team Decision-Making (FTDM) Meeting Facilitation and Youth Transition Decision-Making (YTDM) Meeting Facilitation Training: Effective July 1, 2016 as part of the current contract, the Training Academy partnered with DHS to provide the Family Team Decision-Making (FTDM) Meeting Facilitation and Youth Transition Decision-Making (YTDM) Meeting Facilitation Trainings. The FTDM meeting facilitation training helps potential facilitators understand the FTDM meeting process while the YTDM meeting facilitation training helps potential facilitators understand the youth driven family team meeting process. The Training Academy is also responsible for providing the FTDM Meeting with Domestic Violence training as well as the

FTDM/YTDM Meeting Coaching training to allow the opportunity for active meeting facilitators to begin the process to become approved coaches.

In reviewing the available data for SFY 2017 and the first two quarters of SFY 2018, it reflects the following:

- In SFY 2017, there was a total of 47 in-person trainings available around the state of Iowa which covered the following topics:
 - Gangs, Cliques, and Crews – Understanding Gangs and Youth
 - Anger Resolution
 - LGBTQ – Best Practice of a Transgender Youth
 - Ethics – Dual Relationship and Social Work
 - Understanding Trauma Program
 - Foundation of Trauma (Level 1)
 - Self-Care of Trauma (Level 2)
 - KINNECT – Safety (Level 3)
 - Family Team Decision-Making (FTDM) Meeting Facilitation
 - Youth Transition Decision-Making (YTDM) Meeting Facilitation
 - Coaching for FTDM and YTDM Meeting Facilitators

Of these trainings held in SFY 2017, 93% of attendees reported they strongly agree and/or agree that the respective training was relevant to their job and helpful/informative. There were a total of 1,017 attendees to these in-person trainings in SFY 2017.

- In the first two quarters of SFY 2018, there was a total of 16 in-person trainings available around the state of Iowa which covered the following topics:
 - Family Search and Engagement
 - Understanding Trauma Program
 - KINNECT – Safety (Level 3)
 - KINNECT – Emotion (Level 4)
 - Family Team Decision-Making (FTDM) Meeting Facilitation

Of these trainings held to date in SFY 2018, 82% of attendees reported they strongly agree and/or agree that the respective training was relevant to their job and helpful/informative. There were a total of 203 attendees to these in-person trainings during the first two quarters in SFY 2018.

For more information and data related to the Child Welfare Provider Training Academy, please see Iowa's FFY 2018 Annual Progress and Services Report (APSR), available at <https://dhs.iowa.gov/sites/default/files/0.%20%20IA%202018%20APSR%20-%20ALL%20MATERIALS.pdf>, Section VI: Systemic Factors, Staff and Provider Training, pages 237-244.

Stakeholder Feedback

- Youth: "Require specific screening and training of foster parents who care for teens. Older youth in care have unique strengths and needs that foster parents need to understand." (YPIL, page 4)

- Iowa Child Advocacy Board (ICAB): “Even when homes are available, our staff report that the foster families selected to offer a placement are ill-prepared to manage some of the more difficult behaviors that children display.”

State Performance

Iowa believes this item is an area needing improvement because, even though foster and adoptive parents and service providers overwhelmingly indicate that the trainings received prepared them to foster or adopt or that the training was relevant to their work, Iowa does not have data showing that all licensed foster/adoptive parents and staff from licensed facilities completed the required training in the required time frames.

Additionally, stakeholders noted that improvements could be made in preparing foster families to manage difficult behavioral issues of children coming into care as well as provide specific training for foster parents who foster or adopt teenagers.

Barriers to achieving this item include a lack of standardized measuring of the item to ensure that foster and adoptive parents and licensed facilities’ staff complete required training within time frames required and general training requirements for licensed facilities’ staff which could be more robust. No additional analysis is available at this time.

Overall Rating for the Staff and Provider Training Systemic Factor

Iowa rates the Staff and Provider Training Systemic Factor to not be in substantial conformity because three of the three items are rated areas needing improvement.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- *Services that assess the strengths and needs of children and families and determine other service needs;*
- *Services that address the needs of families in addition to individual children in order to create a safe home environment;*
- *Services that enable children to remain safely with their parents when reasonable; and*
- *Services that help children in foster and adoptive placements achieve permanency.*

Please provide relevant quantitative/qualitative data or information that show:

- *The state has all the above-referenced services in each political jurisdiction covered by the CFSP;*
- *Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.*

Iowa Response:

When children come to the attention of the DHS, regardless of age, results of the Child Abuse Assessment (CAA) or Family Assessment (FA) and the Family Risk Assessment determine whether the children and family will receive information and referral (I&R) to community services, referral to Community Care (voluntary services for moderate to high risk families not considered involved in the child welfare system), or referral to formal child welfare services through an ongoing DHS service case. Formal child welfare services include but are not limited to Family Safety, Risk and Permanency (FSRP) services, child welfare emergency services, foster group care services, supervised apartment living services, etc.

Below is a table of Iowa’s child welfare service array and availability of these services in jurisdictions across the State of Iowa:

TABLE 4E(1) – ASSESSMENT SERVICES, SERVICES TO ADDRESS IDENTIFIED NEEDS, FAMILY PRESERVATION SERVICES, AND SERVICES FOR FOSTER CARE AND ADOPTION SERVICES		
SERVICES	AVAILABLE TO ALL COMMUNITIES (Y/N)	COMMENTS
Child Advocacy Centers/Child Protection Centers	Y	Provides assessments; Facilities located in certain counties but services available across the state
Safety Plan Services	Y	
Drug Testing Services	Y	
Community Care	Y	
Family Safety, Risk & Permanency Services	Y	Iowa’s family preservation services
Child Welfare Emergency Services*	Y	
Shelter Care Services*	Y	Facilities located in certain counties but services available across the state
Relative Placements	Y	
Foster Family Care	Y	
Foster Group Care*	Y	Facilities located in certain counties but services available across the state
Supervised Apartment Living*	Y	Facilities located in certain counties but services available across the state
Wrap Around Emergency Services	Y	
Parent Partners	Y	Available to families whose children were removed from their homes

TABLE 4E(1) – ASSESSMENT SERVICES, SERVICES TO ADDRESS IDENTIFIED NEEDS, FAMILY PRESERVATION SERVICES, AND SERVICES FOR FOSTER CARE AND ADOPTION SERVICES

SERVICES	AVAILABLE TO ALL COMMUNITIES (Y/N)	COMMENTS
Time-Limited Family Reunification Services	Y	Services include, but are not limited to, mental health, substance abuse, domestic violence, transportation, access and visitation, etc.
Adoption Promotion and Supportive Services	Y	
Adoption Subsidy	Y	Must meet eligibility criteria
Aftercare Services Program	Y	Must meet eligibility criteria
Preparation for Adult Living	Y	Must meet eligibility criteria
Iowa Foster Care Youth Council (Achieving Maximum Potential (AMP))	Y	Councils serve multiple counties for state coverage
Aftercare Rent Subsidy	Y	Must meet eligibility criteria
Education and Training Voucher	Y	Must meet eligibility criteria
Friends of Foster Care Program	Y	Must meet eligibility criteria
Expanded Medicaid for Independent Young Adults	Y	Must meet eligibility criteria

*Beginning with SFY 2018, these services are entitled Crisis Intervention, Stabilization, and Reunification (CISR) services.

For more detailed information regarding Iowa’s service array, including contract performance measures for a variety of services, please see Iowa’s FFY 2018 Annual Progress and Services Report (APSR), available at <https://dhs.iowa.gov/sites/default/files/0.%20%20IA%202018%20APSR%20-%20ALL%20MATERIALS.pdf>, Section II: Services Description Update (pages 11-111) and Section III, Chafee Foster Care Independence Program (CFCIP)(pages 111-177).

Stakeholder Feedback

2017 IA Child Welfare Stakeholders Survey: In February 2018, DHS surveyed a vast array of child welfare stakeholders from across the state. DHS central office staff sent the survey via email to DHS program managers who sent the survey by email to their contracted service providers and advisory committees with which they work. DHS central office staff also sent the survey via email to DHS Service Area Managers and Social Work Administrators, Chief Juvenile Court Officers, state level stakeholders, etc. There were a total of 128 respondents to the survey. There are no known limitations with the survey data.

The survey asked respondents to answer questions based on their experiences from July 1, 2015 through June 30, 2017. One-hundred-twenty-eight (128) respondents

answered the question referenced in Table 4E(1), which shows the diversity of roles respondents represented.

Table 4E(1): 2017 IA Child Welfare Stakeholders Survey Community Partner Connection	
Answer	First, so that we may understand the nature of your involvement in the child welfare system, please indicate your connection as a community partner: (check all that apply)
Family Safety, Risk & Permanency (FSRP) Services/Safety Plan Services (SPS) Provider	7% (n=15/209)
Community Care Service Provider	2% (n=4/209)
Child Welfare Emergency Services (CWES) Provider	4% (n=8/209)
Foster Group Care Services Provider	3% (n=6/209)
Supervised Apartment Living (SAL) Provider	2% (n=4/209)
Recruitment, Retention, Training and Support of Resource Families (RTS) Provider	1% (n=2/209)
Parent Partners	2% (n=4/209)
Aftercare Provider	2% (n=4/209)
Iowa Foster Care Youth Councils	1% (n=3/209)
Early Childhood	11% (n=24/209)
Child Advocacy Center	0% (n=0/209)
Child or Youth Advocacy Organization	3% (n=6/209)
Domestic Violence	2% (n=5/209)
Education	19% (n=40/209)
Substance Abuse	4% (n=9/209)
Mental Health	11% (n=22/209)
Foster and Adoptive Parents Association	<1% (n=1/209)
Native American Tribe	0% (n=0/209)
Child Abuse Prevention	7% (n=15/209)
Chief Juvenile Court Officer	<1% (n=1/209)
DHS Service Area Manager	2% (n=4/209)
Other (please specify)	15% (n=32/209) <ul style="list-style-type: none"> • DHS staff not listed above – (n=9) • Foster parents – (n=2) • Parents as Teachers – (n=2) • Decat – (n=2) • Responses not listed above – (n=14)
Total Responses	209
Total Respondents	128

Source: DHS Survey, Survey Monkey

At the end of the survey, the survey asked respondents to indicate the county in which they primarily worked. There were 99 respondents to the question. The majority of the 99 respondents (70%, n=69/99) worked in seven Iowa counties, with one county having 6% (Dubuque County (n=6/99)), four counties having 8% each (Buchanan, Fayette,

Linn, and Polk Counties (n=8/99)), one county having 11% (Delaware County (n=11/99)), and one county having 20% (Black Hawk County (n=20/99)). Additionally, 6% (n=6/99) of respondents reported working at the statewide level. The remaining 23 respondents worked in various counties across the state, with each county having less than 5.

The survey asked respondents about services availability in their area (Table 4E(2)) below. The majority of respondents indicated services were available in their area; 59% indicated services were “always/frequently” available or “sometimes” (24%) available.

Table 4E(2): 2017 IA Child Welfare Stakeholders Survey Accessibility of Iowa’s Service Array	
Answers	During the time period of July 2015 through June 2017, were services, that address the needs of families to create a safe home environment, generally available in your area? Examples include parent education, Parent Partners, Family Safety, Risk & Permanency (FSRP) services, Safety Plan Services, addiction treatment, domestic violence treatment, anger management, respite care, etc.
Always/Frequently	59% (n=59/100)
Sometimes	24% (n=24/100)
Rarely/Never	8% (n=8/100)
NA	2% (n=2/100)
Not Sure	7% (n=7/100)
Total	100
Responses/Respondents	

Source: DHS Survey, Survey Monkey

Table 4E(3) reflects barriers for families in receiving the services they needed. The top three barriers identified were mental health services availability (18%), transportation (15%), and DHS or JCS caseworker job demands (10%).

Table 4E(3): 2017 IA Child Welfare Stakeholders Survey Barriers to Receiving Needed Services	
Answers	What were the barriers, if any, for families to receive the services they needed to create a safe home environment? Choose your top 3 answers.
DHS or JCS caseworker job demands	10% (n=29/304)
Lack of DHS or JCS caseworker knowledge about services	2% (n=5/304)
Lack of DHS or JCS caseworker engagement with the family	5% (n=15/304)
Mental health services availability	18% (n=55/304)
Substance abuse services availability	5% (n=16/304)
Domestic violence services availability	2% (n=6/304)

Family Safety, Risk & Permanency (FSRP) services availability	2% (n=6/304)
Support services (e.g. respite care, Parent Partners) availability	3% (n=10/304)
Child care availability	6% (n=17/304)
Funding for treatment	8% (n=24/304)
Affordable housing	8% (n=25/304)
Available friend/relative support	4% (n=11/304)
Transportation	15% (n=47/304)
Ability to access services	7% (n=20/304)
NA	1% (n=4/304)
Other (please specify)	5% (n=14/304)
Total Responses	304
Total Respondents	100

Source: DHS Survey, Survey Monkey

- **Youth:**

- “Extend Aftercare services to age 24. Services for youth who age out in Iowa currently end at age 21, an age when few young adults are fully self-sufficient. Allowing us to continue to access supports as needed would provide time for us to finish our educations and/or establish a career.
- Develop creative solutions to address barriers to housing. Youth exiting care typically have limited income, savings or credit history, and many don’t have access to an adult who can serve as a co-signer on a lease. These factors seriously limit our options to secure decent housing.
- Don’t exit youth to homelessness. Youth should not be discharged from care if they do not have a realistic plan for safe housing. That plan needs to include backup plans for housing if the first or second options don’t work out.
- Consider extending foster care to age 21. The option to remain in or return to care with the safety and supports the system provides can be a life saver and make a real difference in our long-term success.”²

- **CWPPG:**

- “Those interviewed in the Des Moines area in particular pointed to a wealth of resources as a substantial strength...The most consistently cited area of need was in mental health treatment, especially insofar as in-patient services are concerned.” (page 16)
- “The Parent Partners program which provides trained and supervised parents who have already successfully experienced child welfare services, operates in all counties in Iowa. It currently employs 150 “partners” under the supervision of 18 coordinators. This model was mentioned by DHS and contracted services staff, court personnel, and parents themselves as being one of the most favorable aspects of the service array. Most indicated that it needs increased capacity.” (page 16)
- “Parents, grandparents, and client advocate groups interviewed appreciated the use of Parent Partners.” (page 18)

² Ibid, pages 6-7.

State Performance

Iowa rates this item an area needing improvement. Although Iowa has a vast array of child welfare services available across the state, families accessibility to these services are hampered by a lack of mental health services availability, a lack of transportation to access services, and high caseloads for DHS or JCS staff that makes it difficult for staff to ensure families are able to access services they need to create a safe environment for their children and family. Additionally, foster care youth identified a need for safe and affordable housing as they transition from foster care to adulthood.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- *Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.*

Iowa Response:

Iowa's child welfare service array provides enhanced flexibility and embraces strength-based, family-focused philosophies of intervention. The goal of the service array is to be responsive to child and family cultural considerations and identities, connect families to informal support systems, bolster their protective capacities, and maintain and strengthen family connections to neighborhoods and communities. Contractors have the flexibility and the opportunity to earn financial incentives when achieving outcomes related to safety, permanency, and child and family well-being. Contractors demonstrate their capacity to hire staff, or contract with community organizations, that reflect the cultural diversity of the service area or county(ies) and describe their plan to tailor services to serve families of different race/ethnicity and cultural backgrounds. Contracted service providers deliver individualized child welfare services to meet the unique needs of the children and family.

For more detailed information regarding Iowa's service array, including performance measures for a variety of services, please see Iowa's FFY 2018 Annual Progress and Services Report (APSR), available at <https://dhs.iowa.gov/sites/default/files/0.%20%20IA%202018%20APSR%20-%20ALL%20MATERIALS.pdf>, Section II: Services Description Update (pages 11-111) and Section III, Chafee Foster Care Independence Program (CFCIP)(pages 111-177).

Stakeholder Feedback

2017 IA Child Welfare Stakeholders Survey: Please see the preceding item for a description of the child welfare stakeholders' survey.

The survey asked respondents about whether services in their area were individualized to meet the unique needs of children and families (Table 4E(4)) below. The majority of respondents indicated services in their area were tailored to meet children and families' needs; 40% indicated services were "always/frequently" tailored or "sometimes" (35%) tailored.

Table 4E(4): 2017 IA Child Welfare Stakeholders Survey Individualization of Child Welfare Services	
Answers	During the time period of July 2015 through June 2017, were services in your area tailored to meet the unique needs of children and families?
Always/Frequently	40% (n=40/100)
Sometimes	35% (n=35/100)
Rarely/Never	12% (n=12/100)
NA	9% (n=9/100)
Not Sure	4% (n=4/100)
Total	100
Responses/Respondents	

Source: DHS Survey, Survey Monkey

Table 4E(5) reflects barriers for families in receiving services tailored to their unique needs. The top three barriers identified were residential services for dually diagnosed children availability (i.e. both developmental disability and mental illness) (15%), developmentally appropriate services for older youth (12%), and a tie among a lack of service providers' capacity to individualize services for children and parents with developmental disabilities, services tailored to meet the needs of parents, and a lack of collaboration between Child Welfare, Behavioral Health, Developmental Disability, and Tribes (9%).

Table 4E(5): 2017 IA Child Welfare Stakeholders Survey	
Answers	What were the barriers, if any, in your area to providing tailored services to meet the unique needs of children and families? Choose your top three.
Lack of Native American foster homes and/or elders/mentors	1% (n=3/252)
The child's distance from the home/Tribe	6% (n=14/252)
Lack of services in languages other than English	7% (n=18/252)
Understanding related to child's development	3% (n=7/252)

**Table 4E(5): 2017 IA Child Welfare Stakeholders Survey
Barriers to Providing Individualized Services**

Answers	What were the barriers, if any, in your area to providing tailored services to meet the unique needs of children and families? Choose your top three.
Understanding related to diverse cultures	6% (n=16/252)
Developmentally appropriate services for young children (i.e. 5 years old and under)	3% (n=7/252)
Developmentally appropriate services for older youth	12% (n=30/252)
Lack of service providers' capacity to individualize services for children and parents with developmental disabilities	9% (n=23/252)
Services tailored to meet the needs of parents	9% (n=23/252)
Culturally appropriate services availability	6% (n=15/252)
Lack of collaboration between Child Welfare, Behavioral Health, Developmental Disability, and Tribes	9% (n=22/252)
Residential services for dually diagnosed children availability (i.e. both developmental disability and mental illness)	15% (n=39/252)
Parent education resources for developmentally disabled parents	4% (n=11/252)
Tribal settlement services availability	1% (n=1/252)
NA	6% (n=15/252)
Other (please specify)	3% (n=8/252)
Total Responses	252
Total Respondents	97

Source: DHS Survey, Survey Monkey

State Performance

Iowa rates this item an area needing improvement. Although survey respondents noted services in their area were tailored to meet the unique needs of children and families, survey respondents also identified barriers to receiving these tailored services, which were residential services for dually diagnosed children availability (i.e. both developmental disability and mental illness) (15%), developmentally appropriate services for older youth (12%), and a tie among a lack of service providers' capacity to individualize services for children and parents with developmental disabilities, services tailored to meet the needs of parents, and a lack of collaboration between Child Welfare, Behavioral Health, Developmental Disability, and Tribes (9%).

Overall rating for Service Array and Resource Development Systemic Factor

Iowa rates the Service Array and Resource Development Systemic Factor not in substantial conformity due to both items rated as areas needing improvement.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, 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, objectives, and annual updates of the CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, 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, objectives, and annual updates of the CFSP.

Iowa Response:

The Department of Human Services (DHS) engages stakeholders in substantial, ongoing, and meaningful collaboration through various existing venues related to different aspects of the child welfare system in order to implement Iowa’s Child and Family Services Plan (CFSP) and to develop the Annual Progress and Services Report (APSR). Table 4F(1) shows the stakeholders involved in development of Iowa’s FFY 2015-2019 CFSP, available at http://dhs.iowa.gov/sites/default/files/IV-B_Plan_0.pdf, and their continued involvement in Iowa’s FFY 2018 APSR through existing collaborations.

TABLE 4F(1) – COLLABORATIONS WITH STAKEHOLDERS	
REPRESENTED GROUP OR ORGANIZATION	COLLABORATIVE VENUE REFLECTED IN APSR
Child Welfare Service Providers	<ul style="list-style-type: none"> • Child Welfare Partners Committee (CWPC) • Child Welfare Advisory Committee (CWAC) • Child Abuse Prevention Program Advisory Committee (CAPPAC) • Child Protection Council (CPC) • Statewide Cultural Equity Alliance Steering Committee (CEASC) • Community Teams (Described later in this section under Community Teams and Learning Sessions)

TABLE 4F(1) – COLLABORATIONS WITH STAKEHOLDERS	
REPRESENTED GROUP OR ORGANIZATION	COLLABORATIVE VENUE REFLECTED IN APSR
Consumers: <ul style="list-style-type: none"> • Children/Youth • Parents (Parent Partners) • Foster/Adoptive Parents 	<ul style="list-style-type: none"> • CWAC, CPC, CEASC, Community Teams (Described later in this section under Community Teams and Learning Sessions), Achieving Maximum Potential (AMP)(Described in Chafee section) • CWAC, CPC, CEASC, Community Teams (Described later in this section under Community Teams and Learning Sessions), Parent Partners (Described in Intervention section) • CWAC
Early Childhood Iowa	Early Childhood Iowa Results Accountability
Iowa Chapter of Child Advocacy Centers	CAPPAC
Iowa Child Advocacy Board	CWAC
Iowa Children’s Justice	<ul style="list-style-type: none"> • CWAC • CEASC • System of Care and Child Welfare Services
Iowa Coalition Against Domestic Violence	Community Teams (Described later in this section under Community Teams and Learning Sessions), Child Death Review Team (described in Statistical and Supporting Information section)
Iowa Department of Education	CWAC, Attended Learning Sessions
Iowa Department of Public Health	Iowa Family Support, Child Advocacy Centers, System of Care and Child Welfare Services, Attended Learning Sessions
Iowa Foster and Adoptive Parents Association (IFAPA)	<ul style="list-style-type: none"> • CWAC • CWPC • System of Care and Child Welfare Services • Additional information described in Performance Assessment Update, Staff and Provider Training section
Juvenile Court Services	CEASC, System of Care and Child Welfare Services
Meskwaki Family Services	CEASC, Parent Partner Diversity, Community Initiative for Native Children and Families (CINCF) (described in the Consultation and Coordination Between States and Tribes section)
Prevent Child Abuse Iowa	CAPPAC, CPC

TABLE 4F(1) – COLLABORATIONS WITH STAKEHOLDERS	
REPRESENTED GROUP OR ORGANIZATION	COLLABORATIVE VENUE REFLECTED IN APSR
Youth Policy Institute of Iowa	Education and Retention Workgroup (described in the Education and Training Voucher (ETV) section)

Additionally, descriptions of collaborative activities are included throughout Iowa’s FFY 2018 APSR, available at <https://dhs.iowa.gov/sites/default/files/0.%20%20IA%202018%20APSR%20-%20ALL%20MATERIALS.pdf>.

Although Iowa did not alter goals and outcomes specified in Iowa’s CFSP or Iowa’s FFY 2018 APSR due to stakeholder collaborations, stakeholder collaborations resulted in changes in program design for services and practices, as indicated throughout Iowa’s FFY 2018 APSR. Data supports the Iowa’s CFSP and APSR goals and outcomes, which align with the federal Child and Family Services Review (CFSR). In the discussions below and applicable program areas throughout Iowa’s FFY 2018 APSR, Iowa included descriptions of stakeholder involvement and impact for change in the child welfare system.

Use of Collaborative Venues

To maximize limited resources, the DHS utilized a variety of collaborative venues, mentioned in this section and throughout Iowa’s FFY 2018 APSR, to implement the CFSP by ensuring discussion of performance assessment related data; improvement plan goals, objectives, and interventions so that we all work together toward shared goals, activities, and outcomes; and to monitor progress of CFSP implementation in order to improve Iowa's child welfare system.

Prevention

Child Abuse Prevention Program Advisory Committee (CAPPAC)

The role of the Child Abuse Prevention Program Advisory Committee (CAPPAC), formerly known as the Governor’s Advisory Council (GAC), is to assist the DHS in the planning and implementation of the Iowa Child Abuse Prevention Program (ICAPP), DHS’ foremost approach to the prevention of child abuse. The duties of the advisory committee, as outlined in Iowa Code §217.3A, include all of the following:

- Advise the director of human services and the administrator of the division of the department of human services responsible for child and family programs regarding expenditures of funds received for the child abuse prevention program.
- Review the implementation and effectiveness of legislation and administrative rules concerning the child abuse prevention program.
- Recommend changes in legislation and administrative rules to the general assembly and the appropriate administrative officials.
- Require reports from state agencies and other entities as necessary to perform its duties.

- Receive and review complaints from the public concerning the operation and management of the child abuse prevention program.
- Approve grant proposals.

For the state fiscal years (SFY) 2016-2018 ICAPP contracts, effective July 1, 2015, the CAPPAC reviewed all proposal scores, along with comments provided by an independent team of evaluators, before making the final award recommendations to the DHS' Adult, Children and Family Services (ACFS) Division Administrator.

In SFY 2017, the CAPPAC participated in a number of activities, including:

- The recruitment of new members to fill vacancies on the committee;
- The development of a formal charter agreement with the Council on Human Services (the group that oversees the committee); and
- The renewal process for existing service contractors.

In SFY 2018, the CAPPAC played a critical role in Iowa's child abuse prevention work as we combine our federal CBCAP (Community-Based Child Abuse Prevention) funding into ICAPP. The CAPPAC worked with the program administrator, Prevent Child Abuse Iowa, on a statewide needs assessment and strategic plan as it relates to child maltreatment prevention in Iowa, which will direct the program in the coming years. For additional information on the CAPPAC, please visit <http://dhs.iowa.gov/capac>.

Pregnancy Prevention

The DHS Bureau of Child Welfare also has been actively involved in various collaborations with other pregnancy prevention programs. The CAPP (Community Adolescent Pregnancy Prevention) program manager worked with IDPH staff involved in the federal PREP (Personal Responsibility Education Program) and AEGP (Abstinence Education Grant Program) grant programs in their recent application to the Office of Adolescent Health's Pregnancy Assistance Fund (PAF). Iowa received a one year award for this grant, the CAPP program manager is a part of the advisory group required for the program, which serves young parents attending school.

The CAPP program manager also worked with the Youth Policy Institute of Iowa (YPII) on their Pregnancy Prevention and Parenting Support project application (through Jim Casey foundation). This project recently received \$30,000 to gather powerful data to better understand the correlating factors that lead to young parenting in Iowa's foster care youth population. DHS program managers are an active part of the project and are looking forward to the insight it will provide.

Intervention

Child Protection Council (CPC)

The Child Protection Council (CPC) serves as the statewide citizen review panel that meets federal requirements for the federal Child Abuse Prevention and Treatment Act (CAPTA). In addition, the CPC serves as Iowa's Children's Justice Act (CJA) state taskforce. The purpose of the CPC is to bring child protection to the community level

and allow for citizen input in the way in which the State of Iowa seeks to protect children. The CPC comprises a multidisciplinary team of volunteer members who are broadly representative of the various professionals involved in child safety, welfare, and permanency. The current membership includes professionals with knowledge of, and experience in, the areas of law enforcement, criminal justice, child advocacy, health, child protective services, mental health, and individuals who represent parent groups and children with disabilities in Iowa. The duties of the council, as outlined in 441 Iowa Administrative Code (IAC) 175.43, include all of the following:

- Examine the practices in addition to the policies and procedures of State and local agencies to evaluate the extent to which the agencies are effectively discharging their child protection responsibilities.
- Provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community.
- Make recommendations to the State and public on improving the child protective services system at the State and local levels.

The DHS requested the Child Protection Council's (CPC) participation in a targeted case review of child protective assessments to examine safety and risk assessment, safety planning, provision of services to prevent removal, and appropriateness of service recommendations. Some CPC members volunteered to participate in the two day event, which occurred on November 14 and 15, 2017. CPC members who participated in the review included individuals representing the medical community, mental health, juvenile court, defense attorneys, child advocacy, court appointed special advocate (CASA), law enforcement, DHS, and an individual with experience working with children with disabilities. Reviewers examined 20 cases from across the state. For more information, please see Section III, Child Protection Council Project in this report.

Drug Endangered Children (DEC) Workgroup

DHS received some concerns from community stakeholders, particularly stakeholders related to Drug Endangered Children (DEC) groups, regarding the prevalence of substance abuse in cases assigned to the Family Assessment pathway and whether this is the most appropriate pathway for assessment of these cases. As part of Senate File 2258 (2016 Iowa Legislative Session), a DEC workgroup convened, by the Governor's Office of Drug Control Policy, on September 22, 2016 and November 17, 2016 to examine issues and develop policy recommendations related to the protection and safety of drug endangered children for the purposes of child in need of assistance and child abuse proceedings.

DEC workgroup membership included three members of the General Assembly appointed to serve in an ex officio, nonvoting capacity. Voting members included fifteen representatives from:

- The division of criminal and juvenile justice planning in the department of human rights.
- The department of human services.
- The child advocacy board.
- The department of justice.

- The judicial branch.
- The governor's office of drug control policy.
- The Iowa alliance for drug endangered children.
- The Iowa county attorneys association.
- The Iowa state sheriffs' and deputies' association.
- A child welfare service provider group.
- A health care provider group.
- A mental health care provider group.
- A substance abuse provider group.
- A peace officer group.
- A child abuse prevention advocate.

Workgroup members received information from the Governor's Office of Drug Control Policy regarding evolving issues and trends of drug abuse in Iowa. The DHS also presented an overview and update of the Differential Response System and shared DHS substance abuse related child welfare data. Questions from workgroup members as well as members from the public contributed to productive discussion and consideration for proposed changes to increase protection and safety of drug endangered children.

Supplemental to recommendations for legislative change, the DHS also took time to review the tools already in place or recently added to the intake and assessment procedures which addressed concerns that the DHS had been hearing from external stakeholders since the implementation of the Differential Response System in 2014. Those concerns included a desire for the DHS to:

- Use a standardized list of criteria to determine when to reassign a case from the Family Assessment pathway to the Child Abuse Assessment pathway.
- Issue formal guidelines relating to a child protective workers ability to confidentially access a child at school during the course of a Family Assessment.
- Track and evaluate data measures specific to domestic violence, substance abuse, and mental health.
- Include enhanced data measures in the annual Differential Response Report.
- Create a formalized method by which the DHS and external stakeholders can engage.
- Require methamphetamine, cocaine, heroin, and synthetic opioid drug allegations to always go down the Child Abuse Assessment pathway, despite the age of the child.

These administrative changes are elaborated upon in the Child Protective Assessment section of Iowa's FFY 2018 APSR, available at

<https://dhs.iowa.gov/sites/default/files/0.%20%20IA%202018%20APSR%20-%20ALL%20MATERIALS.pdf>.

Ultimately, four recommendations for legislative change were proposed by the workgroup:

1. Adopt a "Drug Endangered Child" definition to be used as a standard for reference in the DEC community, but not adopted into law.

2. Modify the definition of a child in need of assistance to include cocaine, heroin, and other synthetic opioids to the list of dangerous substances for which a child could be adjudicated as a child in need of assistance.
3. Modify the definition of child abuse to include cocaine, heroin, and other synthetic opioids to the list of dangerous substances for which a child abuse assessment would be assigned, rather than a family assessment.
4. Modify mandatory reporting laws to require healthcare providers involved in the delivery or care of infants affected by prenatal drug or alcohol use to report to the DHS.

The DEC workgroup's final report includes the workgroups purpose, recommendations, summary, membership, and an appendix with links to all other workgroup information. The meeting minutes as well as the presentations and additional resources are included in the other workgroup information. The full report is also available at <https://odcp.iowa.gov/sites/default/files/documents/2016/12/decworkgroupreport12.15.16.pdf>.

The DEC workgroup report was submitted to the legislature on December 15, 2016. During the 2017 Iowa Legislative Session, the workgroup recommendations 2, 3, and 4 were passed unanimously by both the House and Senate and signed into law by the Governor on April 20, 2017. These legislative changes are elaborated upon in the Child Protective Assessment section of Iowa's FFY 2018 APSR.

Early Childhood Mental Health Consultation Leadership Group

A new collaboration this past year within the DHS Bureau of Child Welfare is participation on the Early Childhood Mental Health Consultation (ECMHC) Leadership Group lead by the Iowa Department of Public Health (IDPH). Iowa, like many rural states, struggles with adequately serving the mental health needs of our residents. As population shifts trend toward more regionalized services, it can leave large parts of the state under-equipped to address complex mental health needs, which is just as critical for infants and children as it is for Iowa's adult population.

There were pockets of ECMHC in the state, but there was not a consistent, coordinated, statewide approach to implementing such a model. Therefore, IDPH staff recently applied for technical assistance from the Center of Excellence for Infant and Early Childhood Mental Health Consultation (IECMHC). IDPH requested DHS child welfare staff to participate in the core group of members, given the correlation between maltreatment and infant and early childhood mental health. Currently, the bureau's prevention program manager participates in this leadership group as they work towards an action plan for the state.

Iowa Family Support

The State of Iowa has worked towards state infrastructure building in the area of family support for many years. However, as a recipient of federal Maternal Infant Early Childhood Home Visitation (MIECHV) funding, the state had an opportunity to really propel this work forward. The Iowa Family Support Program, housed in the Iowa

Department of Public Health (IDPH), Bureau of Family Health, serves as a hub for numerous programs, services, and initiatives including:

- The National Academy – an online learning environment built upon core competencies necessary for success in the field of family support
- The Iowa Family Support Network website – an information and resource referral source for various support programs in the state
- Parentivity – a new web-based community for parents currently being piloted in the state
- The Iowa Family Support Credentialing Program – an accreditation program for family support programs in Iowa
- Family Support Leadership Group – a multidisciplinary group of stakeholders from various public/private agencies who lead various state family support and/or home visitation programs
- Family Support Programming:
 - *HOPES/HFI* – Healthy Opportunities for Parents to Experience Success - Healthy Families Iowa (HOPES-HFI) follows the national Healthy Families America evidence-based program model.
 - *MIECHV* – Maternal Infant Early Childhood Home Visitation, federal funding for various evidence based home visitation models used in a number of “high risk” communities in Iowa.

The DHS, Bureau of Child Welfare and Community Services, continues to be involved in many of these efforts by participating on the Family Support Leadership Group and serving on the MIECHV State Advisory Committee.

Treatment and Foster Care Services

Child Welfare Partners Committee (CWPC)

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

Through collaborative public-private efforts, a more accountable, results-driven, high quality, integrated system of contracted services is created that achieves results consistent with federal and state mandates and the Child and Family Services Review (CFSR) outcomes and performance indicators. The committee serves as the State’s primary vehicle for discussion of current and future policy/practice and fiscal issues

related to contracted services. Specifically, using a continuous quality improvement framework, the committee proposes, implements, evaluates, and revises new collaborative policies and/or practices to address issues identified in workgroup discussions. Both the public and private child welfare organizations have critical roles to play in meeting the needs of Iowa's children and families. A stronger public-private partnership is essential to achieve positive results. The committee meets on a regular basis with the goal being monthly.

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

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

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

An example of an identified task within the strategic plan is the development of two new workgroups. The workgroups are co-chaired by public and private members of the CWPC and include representatives of DHS and service contractor partners. The two workgroups are Child Welfare Services Workforce and Communication.

The purpose of the Child Welfare Services Workforce workgroup is to ensure competent and skilled staff to fully meet contractual terms of service. Goals of this workgroup include the following:

- Review current contract expectations, staff qualifications, and other necessary components to build a competent, diverse workforce consistent with the families served.
- Identify the forces for/against recruitment and retention of diverse staff.
- Enhance relationships with higher education to create an employment stream of potential staff, educate students on the benefits/realities of child welfare work, and offer leadership opportunities.

The outcomes of this workgroup are applicable to all performance-based child welfare service contracts and include the following:

- Identify the specific staff qualifications across the current child welfare service array contracts.
 - Develop specific concrete examples of what is similar and what is different across the contracts for staff qualifications.
- Identify a specific plan to overcome identified barriers on recruitment and retention of diverse staff.
- Identify a plan to enhance relationships with higher education entities to create an employment stream of potential staff.

The Child Welfare Services Workforce workgroup completed several of the identified goals, including review of the current contract expectations and staff qualifications. Based upon this review, the workgroup made recommendations to members of the CWPC in relation to proposed changes to staff qualifications, which were incorporated into contract amendments. (For additional information on changes to staff qualifications, refer to the FSRP Services and Community Care sections within Iowa's FFY 2018 APSR, available at <https://dhs.iowa.gov/sites/default/files/0.%20%20IA%202018%20APSR%20-%20ALL%20MATERIALS.pdf>).

The purpose of the Communication workgroup is to establish a communication structure to regularly disseminate information regarding CWPC activities and gather practice information pertinent to the committee's work from other stakeholders. Goals of this workgroup include the following:

- Collect and disseminate information.
- Develop communication loops.
- Develop a set of talking points that details the work of CWPC and engages the perspective of stakeholders, partner agencies, and others.

The outcomes of this workgroup are applicable to all performance-based child welfare service contracts and include the following:

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

The third active workgroup under the CWPC purview is the Joint Training workgroup. All DHS service areas are represented on this workgroup which include representatives from each of the current child welfare service contracts (i.e. Child Welfare Emergency Services (CWES), Safety Plan/Family Safety, Risk and Permanency (SP/FSRP) Services, Supervised Apartment Living (SAL), Foster Group Care, Recruitment and

Retention (R&R), Support Services for Resource Families, and Community Care); a representative from the University of Iowa; the Child Welfare Provider Training Academy; and DHS, including representatives from the field, Central Office, and Training.

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

- Identify and prioritize child welfare training needs relevant across Service Areas and contracts.
- Develop and enhance skills of public and private providers of child welfare services at all levels, including direct care staff, supervisors, and administrators.
- Ensure coordination of child welfare training for public and private child welfare services partners.
- Identify and promote best practices in child welfare which support CFSR outcomes, the DHS Model of Practice, Iowa's Blueprint for Forever Families (2011), Six Principles of Partnership, Guiding Principles for Iowa's Child Welfare System, and Guiding Principles for Cultural Equity.
- Translate quality assurance findings into meaningful training and service protocol improvements.

The outcomes of this workgroup include the following:

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

All active workgroups provide regular updates to members of the CWPC and make recommendations to the committee for approval prior to moving any changes into contracts and practice. All workgroups will continue to meet through the remainder of the state fiscal year to work toward achievement of additional goals and objectives as outlined in the current strategic plan.

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

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

Annual Statewide Meeting

Each year there is an annual statewide meeting that includes representation from current child welfare service contractors, DHS Field and Central Office staff, and other external partners. The purpose of the statewide meeting is to bring DHS and current child welfare services contractors together to continue strengthening relationships and identifying ways to work together across the entire service array to improve our child welfare outcomes. A small number public and private CWPC members volunteer to participate in a planning committee to prepare and plan for the statewide meeting. In SFY 2016, the annual statewide meeting occurred on June 1, 2016. The topics addressed and discussed during this meeting included the Six Principles of Partnership, the Guiding Principles for Iowa's Child Welfare System, and the Guiding Principles for Cultural Equity. In the afternoon, there were three (3) separate breakout sessions that allowed attendees to rotate to ensure participation in all three sessions. The topics of the sessions were (1) Guiding Principles, (2) CFSR Outcomes – where are we and where are we going, and (3) A facilitated/guided discussion based upon information shared throughout the day which also allowed for an opportunity to network.

The next annual statewide meeting occurred on June 7, 2017. The topics for this meeting included general child welfare service updates, a presentation on SafeCare, CFSR updates, presentation on new procurements including Crisis Intervention, Stabilization, and Reunification (CISR) and Recruitment, Retention, Training, and Support (RRTS), and breakout sessions by service area for guided discussions on the child welfare service array.

Overarching Collaborations

Children's Mental Health Workgroup

In response to 2016 Iowa Acts Chapter 1139, Sections 64 and 65, the Department of Human Services (DHS) awarded competitively bid grants to two agencies to plan and implement children's mental health crisis services and to two agencies to develop an expansive structured learning network (learning labs) for improving child wellbeing. The grantees were required to submit reports to the DHS by December 15, 2016. Section 64 and Section 65 directed the DHS to combine the essentials of the crisis grant reports and recommendations from the learning lab reports and report to the Legislature by January 15, 2017. All the reports are available at <https://dhs.iowa.gov/mhds-advisory-groups/childrens-mental-health-well-being-workgroup>.

The 2016 legislature also directed the DHS to reconvene the Children's Mental Health and Wellbeing Workgroup and to submit a report regarding children's mental health crisis services. Workgroup members included representatives from the child welfare, mental health and disability services, education, the courts, non-profit agencies, public health, hospital, integrated health homes, etc. The Workgroup received the charge to make recommendations regarding the next steps in establishing a children's mental health system.

The Workgroup recommended building on the lessons learned by the two children's mental health crisis grants and the two child wellbeing learning labs by requesting appropriations to fund competitively bid grants for Children's Wellbeing Collaboratives that focus on child and family wellbeing, including mental health, through prevention and early intervention. The goal of Wellbeing Collaboratives is to bring a broad cross section of entities together in a defined geographic area to collaborate and cooperate in their efforts to build and improve the effectiveness of prevention services. The Collaboratives' prevention services are to measurably improve the wellbeing of children and families, including children's mental health. The Workgroup recommended that Wellbeing Collaboratives' use sound public health principles of prevention and population health. The Workgroup recommended that the Collaboratives regularly report their progress and that the Workgroup continue to meet to help steer the work of developing a children and family service system.

Child Welfare Advisory Committee (CWAC)

Defined in Iowa Code §217.3A, the [Child Welfare Advisory Committee \(CWAC\)](#) began in April 2009. The purpose of this group is to consult with and make recommendations to the DHS concerning budget, policy, and program issues related to child welfare. CWAC membership includes representatives from DHS, Iowa Children's Justice, Iowa Child Advocacy Board, legal community, etc. The CWAC is to convene on a quarterly basis.

Since Iowa's FFY 2017 APSR, CWAC met two times, September 2016 and April 2017 with no meetings since. During these meetings, CWAC members discussed a variety of issues, such as the DHS budget, the new child welfare procurements, the process of submitting and approving DHS pre-files for legislative session, CFSR case review observations by Region VII Children's Bureau staff, member updates, etc. For example, in September 2016, Children's Justice staff discussed their training with county clerks on entering order information correctly and assuring that permanency hearings are timely; the upcoming judges training, which also covered the information in the clerk's training plus information on IV-E and legislative updates, the new ICWA guidelines, federal change to CAPTA, etc.

CWAC operates as an advisory committee to the Council on Human Services (Council). During the Council's July 12, 2017 meeting, the Executive Director for the Coalition for Family and Children's Services in Iowa (Coalition) provided written and oral testimony. In her testimony, she indicated that the CWAC was not meeting consistently and it lacked "...a directed purpose". The Coalition formally recommended to the Council that the CWAC "...be given a clear focus and deliverables. The representation on CWAC should help provide the Council, DHS and the State with a more systemic and coordinated approach to services and protect the safety net from being stretched too far. A report should be submitted to the Council for their consideration of any findings and recommendations for change, and a work plan for the upcoming year."

Iowa Child Advocacy Board

DHS child welfare staff and DIA Iowa Child Advocacy Board (ICAB) staff continue to work together to ensure Foster Care Review Board (FCRB) administrative reviews continue in areas where there is a FCRB operating. We continue to enhance processes in regards to timeliness of reports, with some improvement noted. ICAB staff continues to meet, as needed, with Service Area Managers (SAMs) and Social Work Administrators (SWAs) to discuss any issues related to implementation of the protocol and other topics of mutual interest. Additionally, ICAB and DHS staffs continue to discuss potential changes to the Iowa Code related to clarification of data that can be shared and other needed changes. The DHS Service Business Team (SBT) also met with ICAB staff in May 2017 to discuss FCRB reviews, capacity, related data and the CASA program.

On December 1, 2017, the DHS Director, the DHS Field Operations Division Administrator, and the DHS Bureau Chief of Child Welfare and Community Services met with the ICAB Administrator and the ICAB President to discuss the four items below, which were raised by the ICAB:

- With current constraints on the state's budget, the Child Advocacy Board remains concerned about the extent of sufficient staff and financial resources available to the courts and public and private child-serving agencies responsible for protection of abused, neglected and other vulnerable children in Iowa.
- Our staff has observed what appears to be a relatively high rate of turnover among FSRP services staff in many areas of the state and have expressed concern about the impact this has on service continuity for families and children who have been abused or neglected. In multiple counties, staff reported that FSRP services workers refuse to transport children and that FSRP services workers have denied parent-child visits with reportedly poor justification.
- When it is necessary to remove children from their homes, it appears that placement options are often unavailable within the child's community. Even when homes are available, our staff report that the foster families selected to offer a placement are ill-prepared to manage some of the more difficult behaviors that children display. This combination of circumstances appears to contribute to the need for multiple placement moves for children.
- A number of foster parents have expressed concern about the level and timeliness of support they receive from some DHS workers. These concerns include lack of communication with workers about case issues, lack of information about the case including not receiving a copy of the case plan, and a perception of poor treatment by workers in some instances.

In the meeting, meeting participants talked through the concerns noted above, including DHS staff answering ICAB staff questions around staffing levels, impacts from the system of care contracts, and data around volume of intakes, etc. DHS staff provided ICAB staff with information on the following: SafeCare, workgroup for youth with low IQ in residential treatment, Family and Children Services (FACS) replacement efforts, and Treatment Outcome Package (TOP). DHS staff also reported an increased volume of FSRP services cases (over 5,000 on a daily basis, which is a new high), increased use

of foster homes (around 6%) and reduction in Iowa's group care population. Meeting participants also discussed the need for Iowa's child welfare system to be resourced sufficiently in order to have an efficient and effective system. ICAB staff was open about wanting to assist in messaging the need for resources.

Iowa Children's Justice

DHS staff also remains active in the [Children's Justice \(CJ\) State Council](#), as well as Children's Justice (CJ) Advisory Committee, and other task forces and workgroups. The CJ State Council and CJ Advisory Committee meet quarterly, with members representing all state level child welfare partners. Council and committee members discuss policy issues, changes in practice, updates of child welfare relevance, and legislative issues, which continues to inform the implementation of the CFSP. For example, in the Children's Justice Advisory Committee meetings, members discussed Family Treatment Court outcomes, Children's Justice federal grant application and strategic plan, timeliness of permanency hearings (see B. Case Review System), attorney trainings, the new child welfare procurements, etc. Additionally, Iowa Children's Justice staff serves on various DHS committees.

Additional information regarding substantive and ongoing meaningful collaboration with Iowa Children's Justice is available in Iowa's FFY 2018 APSR, available at <https://dhs.iowa.gov/sites/default/files/0.%20%20IA%202018%20APSR%20-%20ALL%20MATERIALS.pdf>.

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

One of the early tasks for this committee was to develop a set of guiding principles for the agency's work with children, youth and families. Upon CEA recommendations, the DHS officially adopted the fifteen Guiding Principles for Cultural Equity (GPCE) as a framework for moving the work forward. The GPCE are based on the Office of Minority Health standards for cultural and linguistic competence.

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

- Collaboration and Communication Work Group Activities:

- Members gave ten presentations on the GPCE to approximately 300 partners including providers, courts and law enforcement representatives, Council of Human Services (including legislators), Community Partnership Network and other child welfare partners.
- To strengthen communication, developed a Power Point presentation and written materials.
- Developed a speaker bureau, each community team recruited presenters to utilize these materials for local GPCE presentations. The members of this speaker bureau received coaching on the presentation.
- The GPCE are being integrated into the procurement process, DHS employee handbook and staff training.
- Disseminated laminated copies of the GPCE throughout the state for posting in local offices and community sites.
- University of Northern Iowa hosts a CEA Facebook page, Cultural Equity Resources for Iowa, to provide an avenue for disseminating articles, trainings and other related information.
- Building a Foundation (training/recruitment/retention) Work Group Activities:
 - Implemented requirements for all child protection staff to attend Race: Power of an Illusion (RPI) training within the next two years.
 - Incorporated the GPCE into the following trainings: New Worker Training, Family Team Decision-Making, Youth Transition Decision-Making and Race Power of an illusion.
 - Continued to review existing training and make recommendations to strengthening cultural responsive components within these training
 - Developed presentation and toolkit for agencies to utilize with staff to create awareness for cultural equity, which was piloted with representatives from the Aftercare provider community and presented during the statewide Learning Session.
 - Researched ways to recruit and retain staff to reflect the minority population served.
- Culturally Responsive Services Work Group Activities:
 - Developed and implemented a statewide survey in order to understand how interpreter and translation services and telephone-based resources were utilized statewide.
 - Worked with Dr. Michele Devlin to develop three webinars:
 - The Changing Demographics of Iowa and Implications for the Child Welfare System
 - Work Effectively with Hispanics in Iowa's Child Welfare System
 - Working with Human Service Interpreters through In-Person and Telephone Methods
 - Researched resources and tools to provide staff guidance while working with immigrant and refugee populations.
 - Promoted and received approval to purchase access to Culture Vision database. This tool provides a quick, researched-based avenue for cultural information for over 50 countries. Access began on July 1, 2017.

Table 4F(2): Culture Vision™ Usage (7/1/2017 – 12/31/2017)	
Quarter (Total Hits)	Top 5 Group Hits (# of Hits)
SFY 2018 Q1 (435)	<ul style="list-style-type: none"> • American Indian (48) • Japanese (45) • Ethiopian/Eritrean (32) • Afghan (31) • Somali (27)
SFY 2018 Q2 (1,472)	<ul style="list-style-type: none"> • Amish (116) • Ukranian (105) • African American (77) • Somali (74) • Cuban (61)
Source: Culture Vision™	

- Data Collection and Evaluation Work Group Activities:
 - Explored ways in which various state agencies collect and use information on race and ethnicity to determine the feasibility of refining existing race and ethnic categories.
 - Written analysis on the development and implementation of Community Teams' PDSA (Plan, Do, Study, and Act) projects, impact of Race: Power of an Illusion Learning Exchanges and Learning Session conferences evaluations.

Race: Power of an Illusion: In partnership with Casey Family Programs, Iowa developed a train-the-trainer program for implementing *Race: Power of Illusion* (RPI) training throughout the state. A comprehensive curriculum was completed to enable capacity building for additional facilitators, which will result in implementing more workshops. Currently, there are fourteen approved facilitators. Twenty (20) workshops occurred throughout this last year and many more will be scheduled for next year. The focus of these workshops was to promote community partners and DHS staff to have courageous conversations regarding disproportionality and disparity in the child welfare system and work towards identifying barriers and gaps. Iowa anticipates that approximately 590 individuals will complete this training this year.

Work groups formed to provide input on the development for three projects:

- RPI curriculum revision provides more graphics, current data and more activities tailored to the adult learner. Iowa State University is assisting with the new curriculum design.
- Development of a RPI follow-up facilitated session. This session is designed for interested individuals to meet after RPI to continue the conversation and possibility to form an on-going discussion group. The first session is facilitated by an RPI facilitator and the local group will take responsibility for any additional or on-going sessions.
- Development of a toolkit with exercises to provide learning opportunities, and awareness, and encourage conversation. This toolkit is designed to be utilized by internal staff, providers, partnering agencies and community partners.

DHS contracted with University of Iowa to receive input from the workgroups and write the structured facilitator guide for the RPI follow-up session and toolkit, with August 1, 2017 implementation.

For additional information on child welfare collaborations, please see Iowa's FFY 2018 APSR, available at

<https://dhs.iowa.gov/sites/default/files/0.%20%20IA%202018%20APSR%20-%20ALL%20MATERIALS.pdf>, Services Description Update, Chafee Foster Care Independence Program (CFCIP), Education and Training Voucher (ETV), and Collaboration and Coordination with Tribes.

State Performance

Iowa rates this item a strength. The DHS engages stakeholders in a variety of collaborative venues, as described above and in Iowa's FFY 2018 APSR. These collaborations result in program design, policy, practice, and legislative changes reflected in Iowa's annual updates to the CFSP. We look forward to continuing and strengthening these collaborations moving forward.

Item 32: Coordination of CFSP Services With Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

Iowa Response:

Coordination of services or benefits within the Iowa Department of Human Services

The Iowa Department of Human Services (DHS) is the agency that administers, in addition to child welfare, a variety of services, such as the Family Investment Program (FIP), Iowa's cash benefit under Temporary Assistance to Needy Families (TANF), food assistance, Medicaid, child support, and child care assistance. When child welfare social workers engage children and families, they complete a comprehensive assessment of the family and their circumstances, which might indicate current usage of these services or a need to be referred to these services. The social workers then work with the family and if needed the DHS income maintenance or child support staff to ensure the family completes the necessary application and provides supportive paperwork for determining the family's eligibility for the services, child support payment amounts, to coordinate case planning activities, etc.

For example, the social worker may have concerns about the child's safety and may, in concert with the family, request protective day care assistance by working with day care assistance staff to get such assistance approved and set up. Another example is that a social worker may coordinate case planning activities with those activities under Promise JOBS so that the parents are not overwhelmed with a plethora of activities that

are disconnected from each other. The DHS contracts with the Iowa Department of Workforce Development (IWD) to provide PROMISE JOBS services, i.e. employment, post-employment and training activities through a Family Investment Agreement (FIA) with the family. The DHS Bureau of Refugee Services provides PROMISE JOBS services for individuals with limited English proficiency.

Children in foster care may be placed with caregivers who need daycare assistance because the caregiver works. Daycare must be provided by a licensed or registered provider when:

- The foster parents are working and the child is not in school, and
- The provision of child care is identified in the Family Case Plan.

If there is a need, the worker proceeds to request daycare for the foster care provider by completing a form with approval by child welfare leadership that is then processed by daycare staff. Iowa then reimburses the foster care provider for daycare costs, limited to the rates allowed in Child Care Assistance policy, that are processed as special issuances in the child welfare information system (CWIS).

When a child enters foster care, child welfare staff may enter information into the CWIS to complete an electronic referral to the Foster Care Recovery Unit (FCRU). The amount of parental liability for the child's foster care stay is set by a court order or by an administrative order filed by the FCRU, which is located in the Bureau of Child Support Recovery, and the parental liability is paid to the Collections Services Center. Referrals to the FCRU are required for all children in family foster care, group care, shelter care, or supervised apartment living. However, referrals are not required for children in PMIC placements, other Medicaid placements (i.e., Iowa Plan), non-licensed relative placements, or subsidized adoption. Child welfare and child support staff work together to ensure parents are referred appropriately and that child support staff have all the documentation they need.

Child welfare staff continues to collaborate with DHS Medicaid staff to ensure that children in foster care receive appropriate medical care without interruption or difficulties. If there are any difficulties with Medicaid insurance coverage, the social worker or the social worker's supervisor follow-up with managed care organization (MCO) staff or Medicaid staff.

The DHS has a Memorandum of Understanding with the federal Office of Child Support Enforcement (OCSE) to utilize the federal parent locator service (FPLS). Child welfare staff utilize Iowa's state child support portal to search for parents and relatives via FPLS when children enter foster care. Child support policy staff and the child welfare FPLS program manager consult when needed to ensure there are no issues related to child welfare staff's use of the FPLS or to trouble shoot issues when they arise.

Iowa utilizes TANF funding for the following child welfare related work and services:

- **Community Adolescent Pregnancy Prevention Program:** TANF funds are used for teen pregnancy prevention programs designed to prevent adolescent pregnancy and to promote self-sufficiency and physical and emotional well-being for pregnant

and parenting adolescents. Eligible adolescents must be less than 18 years of age and attending school to pursue a high school diploma or equivalent. Services to an adolescent under 18 may continue beyond the adolescent's eighteenth birthday under certain circumstances.

- **Child Abuse Prevention Program:** TANF funds are used for community-based child abuse prevention services that provide family support, home visitation, and respite care. Programs are expected to provide targeted services to families with specific risk factors for maltreatment. Local child abuse prevention councils compete for funds to develop and operate programs in one or more of five major areas: (1) community development (i.e. public awareness, engagement); (2) home visitation (requires use of a federally recognized evidence-based model); (3) parent development (group family support or education); (4) respite care; and (5) sexual abuse prevention. Crisis and/or respite care provided using TANF funds are limited to non-recurrent, short-term services. Child abuse prevention programs are open to all members of the community without regard to family structure, education, income or resources; however, non-TANF funds are used for individuals and families not eligible to receive benefits funded by TANF; e.g., ineligible aliens programs are expected to provide targeted services to families with specific risk factors for maltreatment.
- **Child Protective Assessments:** TANF funds are used to assess reported incidents of child abuse and neglect when the family is determined to be ineligible for funding under Title IV-E of the Social Security Act.
- **Community Care Services:** Community Care is a voluntary service that provides child and family focused services and supports to families referred by the DHS, to reduce safety and risk concerns. These services and supports are geared to: keeping the children in the family safe from abuse and neglect; keeping the family intact; preventing the need for further and future intervention by the DHS (including removal of the child from the home); and building ongoing linkages to community-based resources that improve the safety, health, stability, and well-being of those served.
- **Child Welfare Services:** Iowa uses TANF funds for a number of child welfare services. These services include: social casework; protective day care; family centered/family preservation which includes safety plan services; family safety, risk, and permanency services with family team decision-making meeting facilitation; and drug testing.

Coordination of services or benefits with other state agencies

- **Iowa Children's Justice:** Family Treatment Court (FTC) and Coordination of DHS Family Centered Services: The DHS works collaboratively with the Children's Justice and the FTCs to ensure that services provided through the FTCs are coordinated with DHS' family centered service, i.e. Family Safety, Risk and Permanency (FSRP) services. The Iowa Family Treatment Court Standards and Practice Recommendations, Adopted by the Iowa Supreme Court on July 17, 2014 (Attachment 4F) provides information regarding collaboration and the coordination of services. Additionally, with some of the FTCs implementing the Strengthening Families™ program, DHS staff and Children's Justice staff have met to discuss

ensuring that FSRP providers, in the areas where Strengthening Families™ will be implemented, are aware that these services are being provided to the families they serve in an effort to avoid duplication of services.

- **Iowa Department of Education (DE):**

- Youth Mental Health First Aid Training – DHS staff from the Mental Health and Disability Services Division (MHDS) facilitated an introduction between the DHS' foster and adoption program manager and Iowa Department of Education (DE) staff to bring Youth Mental Health First Aid training to Iowa's foster and adoptive parents. Through the SEA Project AWARE grant, DE staff is able to provide the training at no cost to the department.

In October 2014, the DE received a five year, 9.6 million dollar federal grant, the State Education Agency (SEA) Now Is the Time Project Advancing Wellness and Resilience in Education (AWARE) federal grant through the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Administration (SAMHSA). At the same time, the DE received a complimentary federal grant, the SEA School Climate Transformation grant through the U.S. Department of Education. Both grants were a part of the Now Is the Time federal initiative to make schools safer and increase youth and children's access to mental health services and supports.

SEA Now Is the Time Project AWARE Iowa Grant:

The five year grant awarded by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Administration (SAMHSA) has three main goals:

- Goal 1: Increase awareness of mental health issues
- Goal 2: Train school and agency staff to recognize potential risk factors and warning signs for a range of mental health problems through the Youth Mental Health First Aid Program
- Goal 3: Help target LEAs (Davenport, Sioux City, & Waterloo) effectively implement systems to: (1) identify students early, (2) refer students to appropriate behavioral health supports, and (3) monitor student progress to ensure the supports are effective

The DHS foster care and adoption program manager is working with DE staff and RRTS contractors to implement the training with foster and adoptive parents.

- Every Student Succeeds Act (ESSA): Please see the Chafee Section of Iowa's FFY 2018, pages 157-159, for information on coordination of services with DE for the purposes of implementing ESSA in Iowa.
- Head Start/Early Head Start: While DHS does not have memorandums of understandings (MOUs) with the Head Start/Early Head Start agencies, which are under the DE's oversight, child welfare staff does refer children, including foster care children, and families to the program.
- Homeless and housing programs: Please see Chafee Section, pages 161-164, of Iowa's FFY 2018 APSR for information on child welfare coordination with FYSB, Iowa Finance Authority, and FUP.

Early Childhood Iowa

Early Childhood Iowa (ECI) began with the premise that communities and state government can work together to improve the well-being of our youngest children. The initiative is an alliance of stakeholders in Early Care, Health, and Education systems that affect children, prenatal to 5 years of age, in the State of Iowa. ECI's efforts unite agencies, organizations and community partners to speak with a shared voice to support, strengthen and meet the needs of all young children and families.

In the past, ECI included DHS representation from the state's childcare bureau but, until recently, there was minimal involvement within the alliance from DHS program staff involved in child welfare. However, knowing the connection between early childhood development, family support, and prevention of maltreatment, the DHS child welfare bureau made a more concerted effort to be involved with the alliance.

In SFY 2015, the DHS prevention program manager (who oversees child abuse prevention and adolescent pregnancy prevention programs) became an active member of the ECI Results Accountability workgroup. The workgroup's purpose and responsibilities include:

- To define appropriate results and indicators, and serve as a clearinghouse for consistent definitions of result and performance measures among programs;
- To serve as a clearinghouse for national, state and regional data using existing databases and publications to assure consistency in demographic and indicator data; and
- To serve in a consultative capacity to provide feedback on proposed results indicators and service, product, activity performance measures, including definitions, collection methods and reporting formats.

Currently, the group is updating, in partnership with other ECI component groups, the state's early childhood needs assessment with a variety of partnering public/private agencies, including:

- Iowa Department of Human Services – Bureau of Child Welfare, Prevention
- Iowa Department of Human Rights – Family Development Self-Sufficiency Program
- Iowa Department of Public Health – MIECHV and Title V
- Iowa Department of Management – Early Childhood Iowa
- Iowa Department of Education – Early Head Start and State Library
- Iowa State University – Human Development & Family Studies
- Child and Family Policy Center (Iowa's Kids Count Data Agency)

The group is also exploring the use of integrated data systems (IDS) to link administrative data across government agencies to improve programs and practice. A subgroup of members meets regularly and is in the process of applying for Iowa to become a "developing site" with Actionable Intelligence for Social Policy out of the University of Pennsylvania. For additional information on IDS and AISP, please visit: <http://www.aisp.upenn.edu/>.

State Performance

Iowa rates this item a strength. Iowa provided a plethora of examples of how Iowa's child welfare system coordinates services or benefits of other federal or federally assisted programs serving the same population as the child welfare system.

Overall rating for Agency Responsiveness to the Community Systemic Factor

Iowa rates this systemic factor in substantial conformity as both items are rated strengths.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

Iowa Response:

Foster and Adoptive Parent Licensing:

Families who apply to DHS to become licensed foster parents or approved adoptive parents are subject to the same rules and requirements to foster or to adopt. All applicants have background checks completed on any adult household member, have a home study completed using the same outline and content requirements, and are subject to the same pre-service training requirements. All licensed foster families must have an unannounced visit completed annually and must have six hours of in-service training annually. All licensed foster families and approved adoptive families have the same licensing/approval duration.

DHS has a process to waive non-safety standards for relatives who apply to become licensed foster parents for a child in their care. Relatives who are caring for a child in the home and who apply to become licensed or approved may have the 30 hours of pre-service training waived, as well as any non-safety standards such as bedroom space, or sibling sharing a room. Licensed relative foster parents are required to complete the same in-service training hours and other licensing requirements as any other licensed foster family.

Non-relative applicants complete the 30 hours of pre-service training, background checks on all adult household members, and the home study. Non-relative foster family applicants may be given a variance to a non-safety standard when an alternative is presented that meets the requirement. An example would be an applicant who cannot secure their divorce decree provides a written statement from a family member that the divorce occurred.

Requests to waive a non-safety standard or allow a variance to meeting a standard are presented in writing to local area leadership. The request is reviewed and a written decision made to allow or deny the waiver or variance request. Child specific requests are voided when the child leaves the foster home.

In SFYs 2016 and 2017, Iowa licensing data for foster homes indicate that 0% of foster homes were approved without meeting full licensing standards. All licensed foster family homes meet licensing standards as Iowa does not issue provisional licenses. If after licensure a licensed foster family is found to be out of compliance or no longer meets a licensing standard that has not been waived or given an approved variance, a corrective action plan is put in place to correct the deficiencies. Failure to complete the corrective action plan may result in removal of the license. Iowa does not have data available at this time regarding corrective action plans.

Shelter and Group Care Facilities:

DHS signed a Memorandum of Understanding with the Department of Inspections and Appeals (DIA) for the initial licensure survey, annual and other periodically scheduled onsite visits, unannounced visits, complaint investigations, and re-licensure surveys of emergency juvenile shelter and group care facilities. The DHS is the licensing agent for these programs and uses the DIA's written reports and recommendations to make all final licensing decisions before it issues licenses, certificates of approval, and Notices of Decision. Exceptions to licensure policies may be granted for shelter and group care facilities by the DHS when circumstances justify them, but they are rarely requested or needed. Provisional licenses are not common, but they might be used temporarily in lieu of full licensure in order to give a facility time to correct licensing deficiencies. Not all identified deficiencies result in the need for provisional licensing or a formal corrective action plan. However, all licensing deficiencies are to be corrected by the licensee. Services continue under a provisional license when determined that the safety of the youth in care is not jeopardized. Provisional licenses require corrective action plans that generally last for about 30 days, which is usually sufficient to correct the deficiencies and for the DIA to re-inspect the program.

Licensing data indicate that the DHS issued one provisional license in calendar year 2016 and one provisional license in calendar year 2017. Each provisional license was due to discovered licensing deficiencies serious enough to require corrective actions but did not place youth in care in unsafe conditions. All of the provisional licensees returned to full licensure status within the time periods comparable to the description above.

State Performance

Iowa rates this item a strength because licensing data indicate in SFYs 2016 and 2017 0% of foster and adoptive homes were approved without meeting full licensing standards. Additionally, licensing data indicates only one facility in calendar year 2016 and one facility in calendar year 2017 was issued a 30 day provisional license with both facilities implementing corrective action plans that led to their full licensure within the allotted time period mentioned above.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

Iowa Response

Foster and Adoptive Parent Licensing:

The foster and adoptive parent licensing contractors, under the previous Recruitment and Retention (R&R) contract and the current Recruitment, Retention, Training, and Support (RRTS) contract, prepare and submit licensing packets to service area field staff. Licensing packets include the following:

- Universal Precaution self-study training
- PS-MAPP family profile
- Physician's report for foster and adoptive parents
- HIV general agreement
- Foster Care Private Water supply survey (well water)
- Provision for alternate water supply (if applicable)
- Floor Plan of the home/living space
- Three reference names and addresses (The home study licensing worker selects and contacts three additional references.)
- Criminal background checks
- Applicable consents to release of information
- The Foster Family Survey Report, which documents the foster family's compliance with all licensing requirements
- The home study summary and recommendation
- All forms obtained through record checks and assessment of the family.

All prospective foster and adoptive families and adults in the home complete record checks as required by federal policy. DHS staff monitors the safety of children in care through ongoing safety and risk assessments conducted during monthly visits with the child and foster parents as part of the case planning process. Service providers also monitor safety of the child through the provision of services, and report any concerns to DHS for follow-up.

The RRTS contractors have a DHS approved checklist of all required documents that need to be in a packet. DHS licensing staff review 100% of all packets and advise the RRTS contractor if a document is missing. Missing documents and dates requested are

recorded on a tracking tool by DHS. DHS central office staff reviewed the tracking tool and no licenses were issued to any family who did not have complete record checks in SFY 2016 and SFY 2017. A packet would be returned or the contractor notified if any document, especially a record check, was missing.

Shelter and Group Care Facilities:

The DHS has a Memorandum of Understanding (MOU) with the Iowa Department of Inspections and Appeals (DIA) for DIA staff to conduct initial and renewal licensing inspections, which includes review of the facility's child abuse and criminal history checks for new facility employees. DHS staff sends completed application materials for initial and renewal licenses to DIA for conducting the licensing inspections. DIA staff provides written reports to DHS staff containing documentation of findings and licensure recommendations within twenty (20) business days following the inspection. When a facility is required to provide a plan of correction, DIA staff provides its recommendation to DHS staff regarding the plan. DHS staff then makes licensing decisions, including decisions of approval for the corrective action plans, based on the DIA report and other available information. DHS then issues the licenses to applicants as applicable. Shelter licenses are for one year; foster group care facilities licenses vary from one to three years; and supervised apartment living cluster site licenses are three years.

DHS central office staff took a spreadsheet with the list of the child welfare facility contracts for SFYs 2016 and 2017, assigned the contracts a number, and then randomly chose 70 contracts out of 75 to review the contractors' DIA licensing review and unannounced visit reports. The random sample is statistically significant with a 95% confidence level within +/- 3%. The data indicated that in 98% of all licensing reviews and unannounced visits' reports, criminal background checks were completed in accordance with the federal requirement. There is no known limitation of the data.

During the week of August 1-5, 2016, the Children's Bureau (CB) of the Administration for Children and Families, in collaboration with Iowa DHS staff, court staff, and a cross-state peer reviewer, conducted a review of the Iowa Title IV-E foster care program. The review examined 80 cases. In the Final Report, Iowa Department of Human Services, Primary Review, Title IV-E Foster Care Eligibility, Report of Findings for October 1, 2015 – March 31, 2016, published by the Children's Bureau of the federal Administration for Children and Families, identified the following strengths:

- Criminal records checks and child abuse checks for foster care providers and for child care institution staff are well documented. Iowa's review sample included 16 children with a child care institution placement during the period under review, representing 10 facilities across the state. The state licensing agency conducts annual unannounced visits, licensing visits and complaint visits to ensure all background checks are completed timely. The result of each visit is documented in a written report to Iowa DHS. Should a complaint against a facility allege a potential harm to a child, the licensing agency collaborates with Iowa DHS to either remedy the deficiency, remove the children and/or take action on the facility's license.
- Child care institutions in the state are required to have documentation that a criminal records check and a child abuse registry check have been completed on a staff

person prior to providing any care or service directly or indirectly to children under the care of the facility. For some facilities in Iowa, the facilities exceed the state requirements by also completing the background safety checks at various intervals during an employee's tenure with the facility. For example, at some of the child care institutions, new criminal records checks and child abuse checks are completed every year at the time of the employee's performance appraisal and for other facilities at two-year intervals.

State Performance

Iowa rates this item a strength because there were no cases in SFY 2016 or 2017 in which a foster or adoptive licensing packet had missing required criminal background checks. Additionally, 98% of child facilities licensing review and unannounced visit reports randomly sampled showed that criminal background checks occurred in accordance with the federal requirements.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

Iowa Response:

SFY 2016 and 2017: Iowa KidsNet was responsible for developing annual, service area specific plans that included strategies and numerical goals for each service area. The contract manager reviewed the plans for a statewide view of recruitment and retention needs. Iowa's child welfare information system data showed that while the plans were specific to the community connections and networking by service area, the demographic needs were similar across the state. All service areas had a need for non-white resource families, families who could parent teens, and families who could parent sibling groups. Successful strategies were shared across service areas and modified, as necessary, to meet the needs in that specific area. Iowa KidsNet, DHS, IFAPA and community partners also participated in statewide events such as National Foster Care Month and Adoption Month events, the IFAPA statewide conference, and other large community events.

Recruitment Plans included recruiting and retaining resource families to address gaps in available resource family homes and to identify incremental steps to close those gaps. The criteria was to have families that reflect the race and ethnicity of the children in care in the service area, families to care for sibling groups, families who could parent teens, families who were geographically located to allow children to remain in their neighborhoods and schools, and families who could parent children with significant

behavioral, medical, and mental health needs. DHS expected resource families to work closely with birth families, support family interaction and actively assist children in maintaining cultural connections to their communities. Recruitment plans were based on service area specific child welfare information data that included the age, race and ethnicity of children coming into care as well as the race and ethnicity of foster families. The contractor received child welfare information data throughout the year to inform and drive the development of each year's recruitment and retention plan. The Service Area Recruitment Teams reviewed the initial plan, and met at least quarterly during the year to review data, strategies, and activities to monitor progress toward stated recruitment and retention goals. The DHS contract manager reviewed all service area recruitment plans, which then provided input into the statewide diligent recruitment plan.

**Table 4G(1): Number of Children in Family Foster Care by Race and Ethnicity
As of 6/30/2016**

	Western	Northern	Eastern	Cedar Rapids	Des Moines	Total
American Indian	38	2	0	9	5	54
African American	52	100	63	99	113	427
Asian	6	1	8	0	13	28
Native Hawaiian/Pacific Islander	1	1	1	1	0	4
Multi-Racial	38	35	36	83	42	234
All Other	18	28	19	15	115	195
White	537	464	297	440	397	2135
Hispanic	120	75	20	56	72	343

Source: DHS CWIS

Table 4G(2): Number of Foster Families by Race and Ethnicity - As of 6/30/2016

	Western	Northern	Eastern	Cedar Rapids	Des Moines	Total
American Indian	2	1	1	0	0	4
African American	3	10	6	25	34	77
Asian	0	0	1	2	0	3
Native Hawaiian/Pacific Islander	0	1	1	1	0	3
Multi-Racial	23	21	16	19	21	100
All Other	1	0	0	2	2	5
White	414	402	216	454	496	1982
Hispanic	6	1	1	1	11	20

Source: DHS CWIS

Table 4G(3): Number of Children in Family Foster Care by Race and Ethnicity As of 6/30/2017						
	Western	Northern	Eastern	Cedar Rapids	Des Moines	Total
American Indian	47	1	1	3	1	53
African American	64	75	99	122	112	472
Asian	3	1	6	1	6	17
Native Hawaiian Pacific Islander	13	2	0	1	2	18
Multi-Racial	56	20	46	86	63	271
All Other	26	41	20	7	51	145
White	606	454	333	445	543	2381
Hispanic	97	63	12	36	71	279

Source: DHS CWIS

Table 4G(4): Number of Foster Families by Race and Ethnicity - As of 6/30/2017						
	Western	Northern	Eastern	Cedar Rapids	Des Moines	Total
American Indian	2	1	1	0	0	4
African American	3	9	8	20	39	77
Asian	0	0	1	3	0	4
Native Hawaiian Pacific Islander	0	1	1	1	0	3
Multi-Racial	18	5	12	19	18	72
All Other	0	0	0	2	2	4
White	398	387	221	427	509	1942
Hispanic	0	5	8	9	15	37

Source: DHS CWIS

SFY 2018: At the start of the new contract, July 1, 2017, the RRTS providers were given child welfare information data on children in foster care in Iowa, including race and ethnicity data, as well as race and ethnicity data on licensed foster parents. RRTS contractors are required to collaborate with DHS staff in their service area to develop a recruitment and retention plan to address the needs of that area, including non-white foster families, families for sibling groups, families for teens and families who can care for children with specialized needs. These plans are reviewed throughout the year collaboratively by DHS and RRTS contractors, and adjusted as needed based on changes in the data. The RRTS contractors are also able to track the race and ethnicity of foster families in their area, and use that data to track numbers of families and the areas where families live. The new contract has a paid performance measure for the RRTS contractor to increase the number of non-white foster families based on a target provided by DHS. It is an annual target but progress towards the target is tracked and reported quarterly to the service areas.

Stakeholder Feedback

- Iowa Child Advocacy Board (ICAB): Please refer back to Section III, pages 35 and 36, of this report that provides relevant information.

State Performance

Iowa rates this item a strength because Iowa has a service area process in place for the diligent recruitment of foster and adoptive homes based upon Iowa CWIS data regarding the racial and ethnic diversity of children in foster care. RRTS contractors work with DHS service area and local leadership to identify gaps in foster and adoptive homes that reflect the racial and ethnic diversity of children in foster care in that service area and develop specific plans to decrease the gaps. As the data above shows, Iowa experienced some improvement over time recruiting foster and adoptive parents among Asian and Hispanic groups, while remaining status quo or losing ground with other racial and ethnic groups.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

Iowa Response:

The Interstate Compact on the Placement of Children (ICPC) is a statutory agreement between all states which provides safety and protection to children in out of state placements. The rules and regulations of ICPC are adopted and enacted by each state and governed by policies and procedures that must be followed when placing children out of state. The agreement also includes directives to a state's financial responsibility for the welfare of each child's placement.

Services under ICPC include a home study of the proposed resource prior to placement in the receiving state. Each home study assesses the safety of the home and ensures the placement resource can meet the individual needs of the child. Once the home is approved and the child placed, the receiving state provides post placement supervision and reports until permanency is established or until the child returns to the sending state. If a child placed experiences a disruption in the placement, the receiving state will notify and assist in returning the child to the sending state's jurisdiction.

The DHS employs the ICPC unit in Iowa DHS at the central office in Des Moines, IA. Iowa's foster care recruitment and retention contractor(s) receives and completes the majority of the home studies requested through ICPC. There is a 60 day timeframe to process and complete parent and relative home studies.

Provisions exist under ICPC Regulation 7 for expedited cases in which a home study must be completed within 20 business days. An internal computer program is used to record the date a home study packet is received at the Iowa ICPC office, the date the request is forwarded to the field, and the date the completed home study is sent to the sending state.

The Recruitment, Retention, Training and Support of Resource Families (RRTS) provider assists DHS staff in finding adoptive families for waiting children by:

- Registering the children on the national exchange through AdoptUSKids;
- Providing adoptive families with AdoptUSKids registration information; and
- Facilitating information sharing between adoptive families and DHS adoption workers.

The Safe and Timely Interstate Placement of Foster Children Act of 2006 applies to foster care and adoption home studies only. For the period of January 1, 2017 through September 10, 2017, Iowa completed a total of 69 out-of-state requests for foster care and adoption home studies only. Of those 69 home studies, 21 (30%) met the 60 day requirement and 48 (70%) exceeded the 60 day requirement. However, 61 (88%) of the 69 total home studies were completed within 75 days with 8 (12%) of the home studies exceeding 75 days.

State Performance

Iowa rates this item as an area needing improvement. Data shows only 30% of the out of state requests for home studies were completed timely. Barriers to timely completion include difficulty connecting the home study worker with the placement resource to schedule the required visits and failure of the placement resource to complete the necessary documentation. Of note, 88% of the home studies were completed within 75 days.

Overall Rating for the Foster and Adoptive Parent Licensing, Recruitment, and Retention Systemic Factor

Iowa rates the Foster and Adoptive Parent Licensing, Recruitment, and Retention Systemic Factor in substantial conformity because only three of the four items were rated a strength.

SECTION V: ATTACHMENTS

- Attachment 2A: Iowa Child and Family Service Review (CFSR 3) Data Profile, September 2017
- Attachment 3A: Iowa Department of Human Services, Initial Targeted Child Welfare Review, Child Welfare Policy and Practice Group, dated December 22, 2017
- Attachment 3B: Iowa Youth Advocacy Agenda, InSights, October 2017
- Attachment 4B(1): Iowa Court Notice for Hearings
- Attachment 4B(2): Iowa Foster Care Review Boarding Meeting Notice
- Attachment 4D (1): New Worker Training Plans (previously Part A)
- Attachment 4D(2): Matrices
- Attachment 4D(3): Post-Training Phone Survey Results (April 1, 2016 – March 31, 2017)
- Attachment 4D(4): Pre- and Post-Tests
- Attachment 4D(5): Pre- and Post-Tests
- Attachment 4D(6): post-training phone survey Results (April 1, 2016 – March 31, 2017) – ongoing trng
- Attachment 4D(7): CWPTA Training Plan
- Attachment 4F: The Iowa Family Treatment Court Standards and Practice Recommendations, Adopted by the Iowa Supreme Court on July 17, 2014