



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Children's Bureau – Region 7 Office

601 East 12th Street, Room 349, Kansas City, MO 64106-2808 [www.acf.hhs.gov](http://www.acf.hhs.gov)

May 8, 2018

Wendy Rickman  
Division Administrator of Adult, Children, and Family Services  
Iowa Department of Human Services  
1305 East Walnut Street, 5<sup>th</sup> Floor  
Des Moines, IA 50319

Dear Ms. Rickman:

The purpose of this correspondence is to provide information on the outcome of our review and discussions concerning the final version of the Iowa Child and Family Services Review (CFSR) Statewide Assessment Instrument (SAI) submitted on February 15, 2018. This information can be helpful for your states' planning and coordination of stakeholder interviews we will conduct as a component of the Iowa CFSR.

We have determined stakeholder interviews are needed to collect additional information and data to inform ratings and determinations of substantial conformity with federal requirements for the following systemic factor(s):

Statewide Information System

Item 19 Statewide Information System

Case Review System

Item 21 Periodic Reviews

Item 22 Permanency Hearings

Item 23 Termination of Parental Rights

Quality Assurance System

Item 25 Quality Assurance System

Agency Responsiveness to the Community

Item 31 State Engagement & Consultation with Stakeholders Pursuant to  
CFSP & APSR

Item 32 Coordination of CFSP Services with Other Federal Programs

- Foster & Adoptive Parent Licensing, Recruitment, & Retention
- Item 33 Standards Applied Equally
- Item 34 Requirements for Criminal Background Checks
- Item 35 Diligent Recruitment of Foster and Adoptive Homes

The state and the Children’s Bureau (CB) are in agreement the systemic factor item(s) identified below are not functioning as required and stakeholder interviews are not needed to determine systemic factor item ratings and substantial conformity with federal requirements. Based on mutual agreement, these systemic factor items will be rated as an “Area Needing Improvement (ANI)” in the state’s CFSR Final Report. However, based on our previous discussion, we will conduct stakeholder interviews for the systemic factor items marked with an asterisk (\*) to help the state learn more about potential barriers to systemic factor item functioning.

Case Review System

- Item 20 Written Case Plan
- Item 24 Notice of Hearings and Reviews to Caregivers

Staff and Provider Training

- Item 26 Initial Staff Training\*
- Item 27 Ongoing Staff Training\*
- Item 28 Foster and Adoptive Parent Training\*

Service Array and Resource Development

- Item 29 Array of Services\*
- Item 30 Individualizing Services\*

Foster & Adoptive Parent Licensing, Recruitment, & Retention

- Item 36 State Use of Cross-Jurisdictional Resources for Placement\*

Attached to this letter is a table that identifies: (1) individuals and/or groups we recommend be interviewed to gather additional data and information, and (2) the corresponding systemic factor items that will be addressed in the interview. It is important the state identify individuals and/or groups that can individually or collectively address how well the specified systemic factors are functioning statewide. We will continue to discuss the stakeholder interview plan in more detail as we move forward.

Stakeholder interviews will be tailored to the specific individuals and/or groups. The state can help stakeholders prepare for the interviews by asking the individuals and/or groups to review relevant sections of the state’s SAI. The stakeholder interview questions are outlined in the CFSR Stakeholder Interview Guide (SIG) dated April 2014 and is available on the CFSR portal at: [https://training.cfsrportal.org/resources/3105#Stakeholder Interview Guide](https://training.cfsrportal.org/resources/3105#Stakeholder%20Interview%20Guide).

The schedule which was sent by the state on May 4, 2018 has been reviewed by the Children’s Bureau. Amy Hance, Child and Family Program Specialist, will continue to be your point of

contact as you plan and coordinate stakeholder interviews in preparation for your state Child and Family Services Review.

Thank you for your partnership in this process.

Sincerely,



Deborah Smith  
Regional Program Manager, Children's Bureau

Enclosure: Stakeholder Interview Groups and Corresponding Systemic Factor Items

cc: Janee Harvey, Bureau Chief of Child Welfare, IA DHS; Des Moines, IA  
Kara Lynn Regula, CFSR Program Manager, IA DHS; Des Moines, IA  
Amy Hance, Child and Family Program Specialist, CB Region 7; Kansas City, MO  
Sylvia Kim, Child and Family Program Specialist, CB CFSR Unit; Washington, DC



### Stakeholder Interview Groups and Corresponding Systemic Factor Items

Stakeholders	Systemic Factor Item Numbers
DHS Administrative Review Staff	Items 22, 29, 30, 31
Attorney(s) for Agency	Items 22, 29, 30, 31
Attorney(s) for Child/Youth	Items 22, 29, 30, 31
Attorney(s) for Parents	Items 22, 29, 30, 31
Author of and Data Provider for SWA	Items 21, 22, 23, 27
CASA	Item 29, 30, 31
Child welfare agency senior manager(s) (Social Work Administrators and Service Area Managers)	Items 25, 26, 27, 28, 29, 30, 31, 32
Child welfare Caseworker(s) (DHS SW2s and SW3s)	Items 19, 22, 25, 26, 27, 28, 29, 30, 31, 34, 36
Child welfare program manager(s)	Items 25, 26, 27, 28, 29, 30, 31, 32, 34, 35, 36
Child welfare Supervisor(s)	Items 19, 22, 25, 26, 27, 29, 30, 31
Contract Caseworkers/Supervisors	Items 19, 25, 28, 29, 30, 31, 34
Court system / Court improvement program (CIP)	Items 22, 23, 29, 30, 31, 32
Department of Inspections & Appeals	Items 28, 33
CQI Staff	Items 19, 22, 25, 26, 29, 30
Foster/adoptive parent(s)	Items 25, 28, 29, 30, 31, 34
Foster/Adoptive Recruitment, Retention, Training, and Licensing Staff (DHS, RRTS, etc.)	Items 25, 28, 29, 30, 33, 34, 35
ICPC Staff	Items 36
Information System Staff	Item 19
IV-E Staff	Item 33
Judges	Item 29, 30, 31
Juvenile Justice Department Staff (JCS)	Items 26, 27, 29, 30, 31
Other public agencies (DOE, IDPH, DOC, IWD, DHR, etc.)	Items 29, 30, 31, 32
Parents	Items 20, 29, 30, 31
Public/Private Agency Training Staff (includes Child Welfare Provider Training Academy, DHS, ISU, etc.)	Items 25, 26, 27, 28
Relative Caregivers	Items 29, 30, 31
Service provider(s) – Administrators for Contractors and State	Items 25, 29, 30, 31



State Licensed/Approved Child Care Facility Staff	Item 28, 29, 30, 33, 34
Tribal Representative(s)	Items 29, 30, 31, 32
Youth	Items 22, 29, 30, 31



# 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

Name: Kara Lynn H. Regula, LMSW

Title: CFSR, IV-B, IV-E, ICWA & Responsible Fatherhood Program Manager

Address: 1305 E Walnut St, Hoover Bldg, 5<sup>th</sup> Fl, Des Moines, IA 50319

Phone: (515) 281-8977

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E-mail: [kregula@dhs.state.ia.us](mailto:kregula@dhs.state.ia.us)

### 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.

<b>Name</b>	<b>Organization</b>	<b>Role</b>
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)
James Hennessey	Iowa Department of	Child Protection Council



<b>Name</b>	<b>Organization</b>	<b>Role</b>
	Inspections and Appeals	(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)
Lynda Miller	DHS	Provided case review samples (Management Analyst 3)

<b>Name</b>	<b>Organization</b>	<b>Role</b>
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)
Heather Davidson	DHS	Provided information and feedback on the following Systemic Factors: Staff and Provider Training; Service Array and Resource Development; and Foster and

Name	Organization	Role
		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)
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



<b>Name</b>	<b>Organization</b>	<b>Role</b>
		(CWIS Bureau Chief/SBT Member)
Kara Lynn Regula	DHS	Provided information for the Statewide Assessment (CFSR Program Manager)
<b>Reports</b>		
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
<b>Surveys</b>		
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

*Please refer to Attachment 2A: Iowa, Child and Family Services Review (CFSR 3) Data Profile, dated September 2017*

## 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.

<b>Table 3: Performance Assessment Section Sources of Data and Required Elements</b>			
<b>Data Source</b>	<b>Data Collection Methods</b>	<b>Known Issues with Data Quality/Limitations</b>	<b>Data Time Period(s)</b>
<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>
<p>State CFSR Case Reviews completed in</p>	<p>Reviewer pairs enter case review information,</p>	<p>Limitations of generalization are due to small number of</p>	<p>As indicated in tables or charts</p>

<b>Data Source</b>	<b>Data Collection Methods</b>	<b>Known Issues with Data Quality/Limitations</b>	<b>Data Time Period(s)</b>
federal Online Monitoring System (OMS)	collected through the use of the federal Onsite Review Instrument (OSRI), into the federal Online Monitoring System (OMS), Iowa CQI.	cases read.	

*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:

<b>Table 3A(1): Recurrence of Maltreatment</b>	
<b>National Performance</b>	<b>FFY 2015-2016*</b>
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?

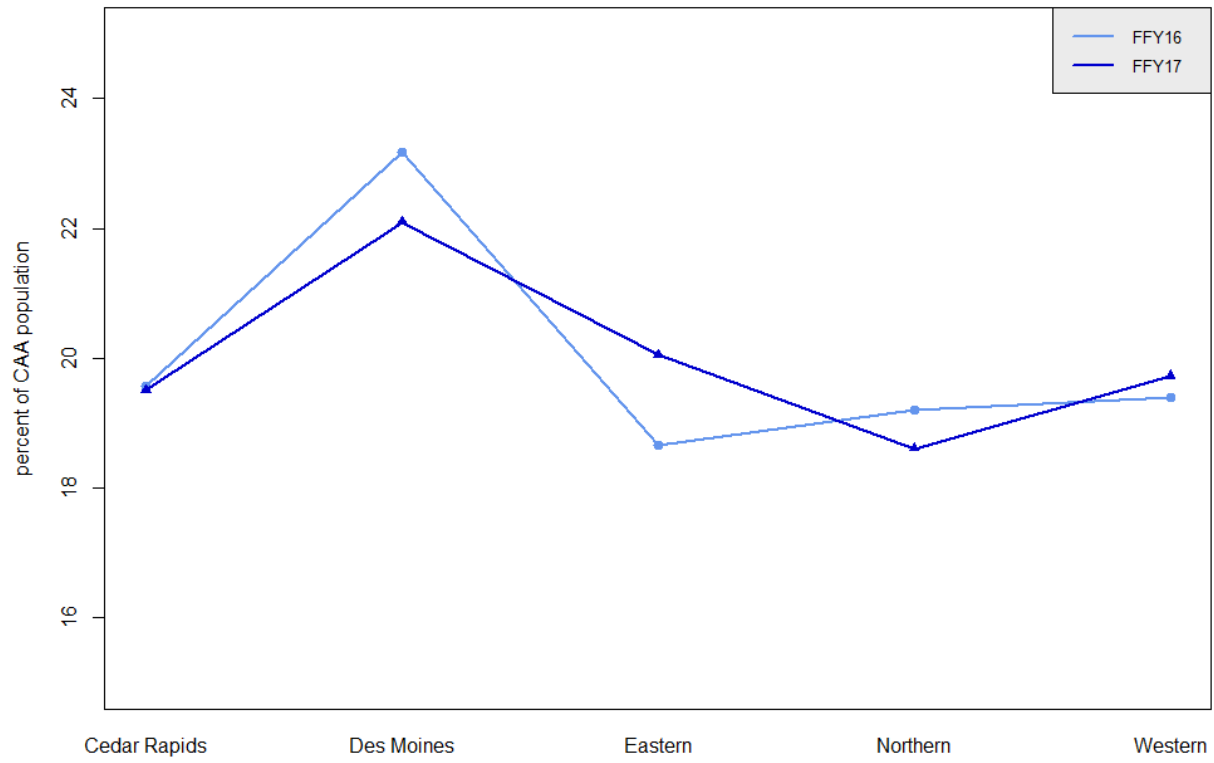
<b>Table 3A(2): Maltreatment in Foster Care</b>	
<b>National Performance</b>	<b>FFY 2015*</b>
9.67 or less	19.77%**
Source: State Data Profile provided by the federal Children’s Bureau, dated September 2017 *Time period for data used **Risk standardized performance	

*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

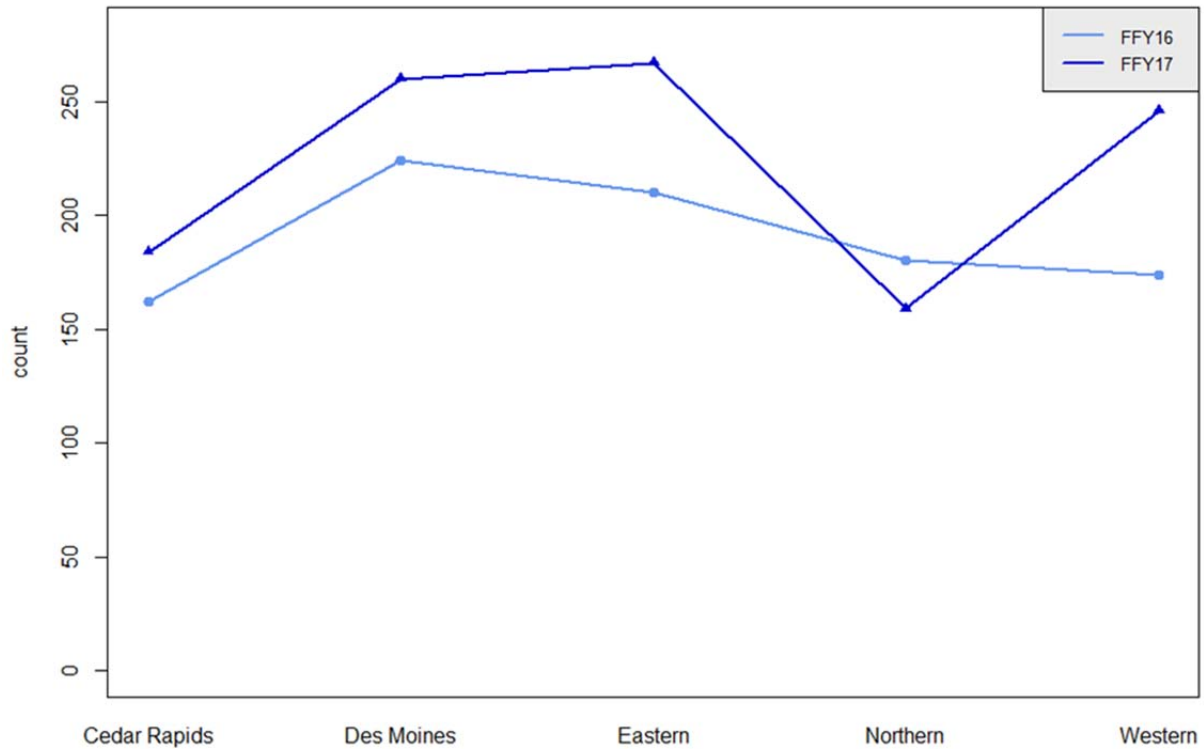
Recurrence of Maltreatment: The following data (Charts 3A(1) and 3A(2)) covers two federal fiscal years (FFY 2016 and 2017). DHS staff disaggregated Iowa’s child welfare information system data to analyze each FFY separately. Below is a service area breakdown showing the percent and count of children 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



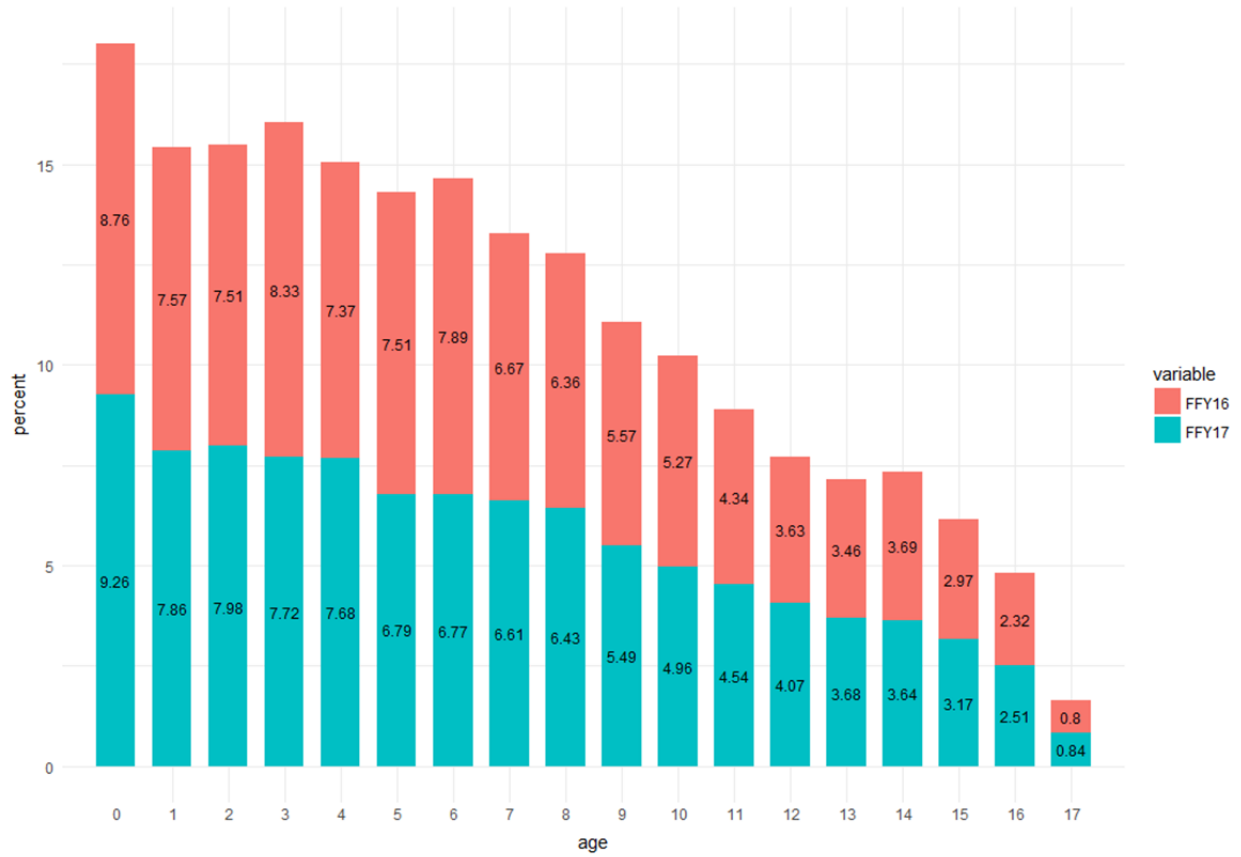


**FFYs 16/17 Count of Population Experiencing Recurrence of Maltreatment**

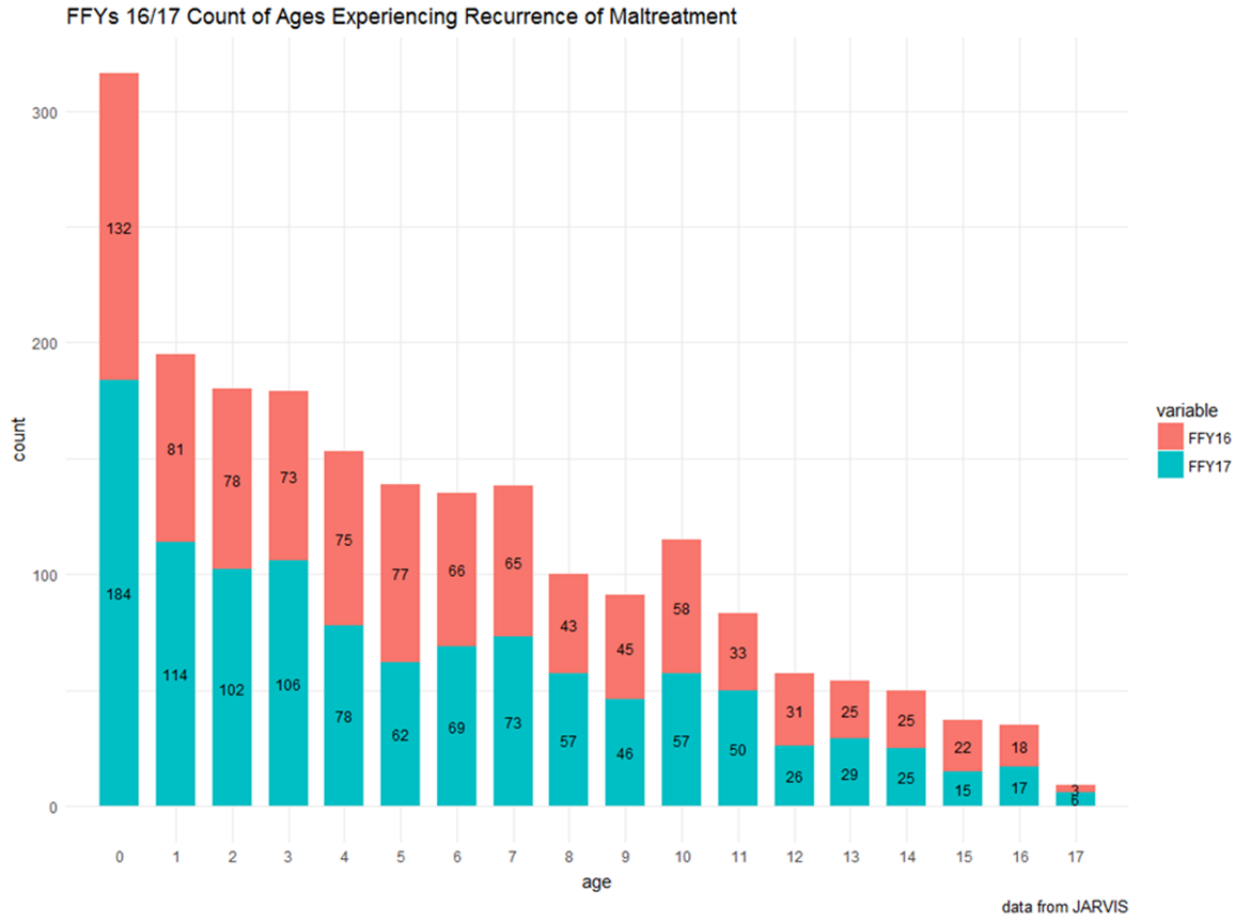


Generally those experiencing re-abuse were less than one year old (Charts 3A(3) and 3A(4)). Re-abuse rates did rise in FFY 2017, but this is likely explained by the practice change of opening additional assessments for additional allegations rather than adding to an existing investigation. Likewise,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

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

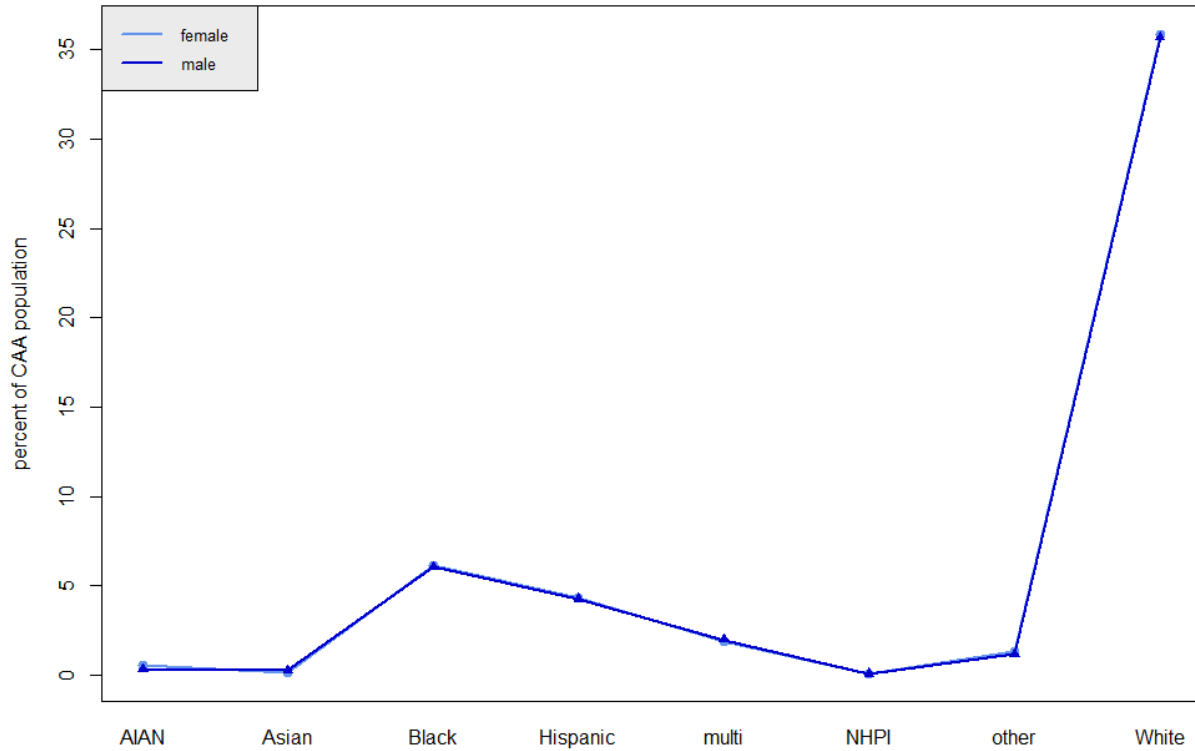


data from JARVIS

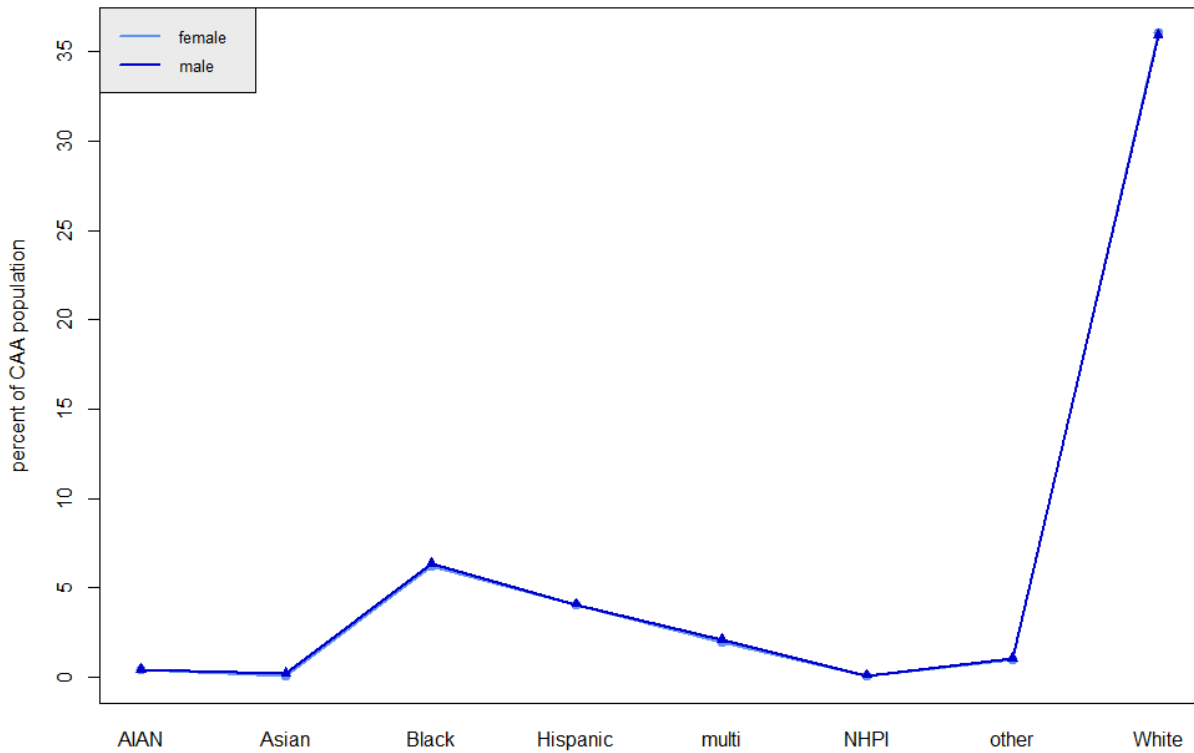


Males and females had nearly proportionately identical re-abuse rates (Charts 3A(5) and 3A(6)). Only two variables showed even slightly different trends between the overall child abuse assessment population and the re-abused population: the number of previous reports to DHS (Charts 3A(7) and 3A(8)) and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

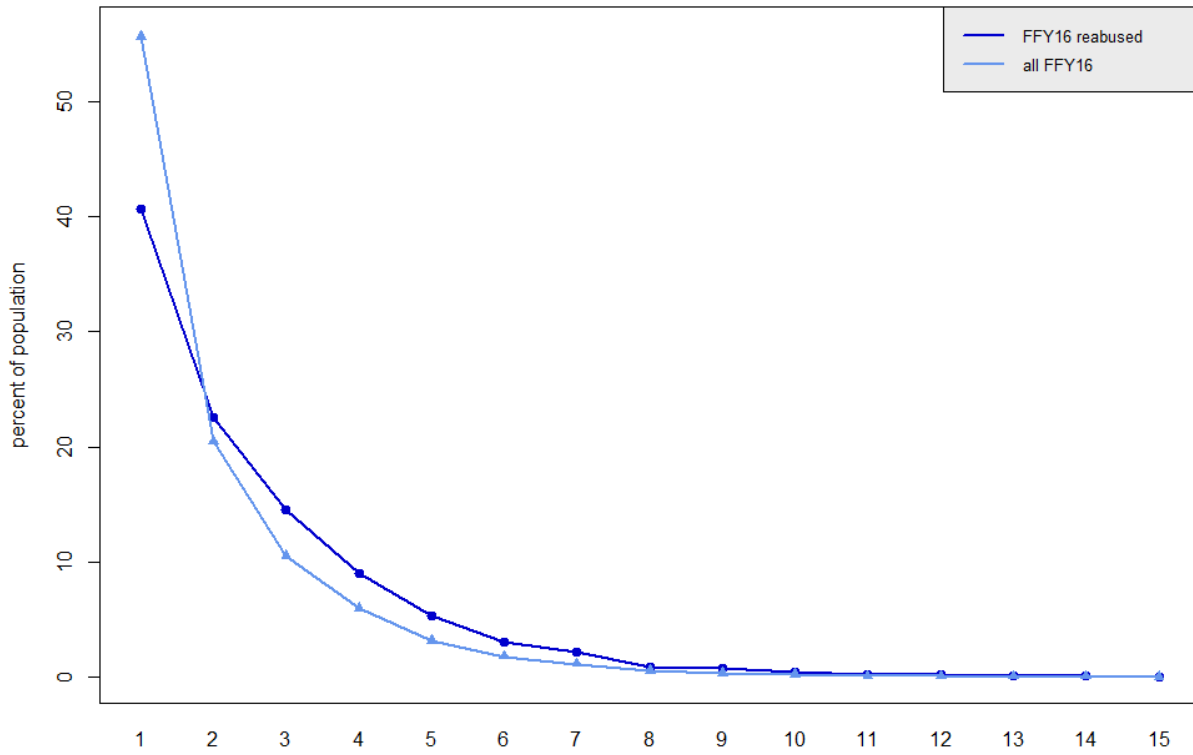
**FFY16 CAA Population Reabused by Gender/Ethnicity**



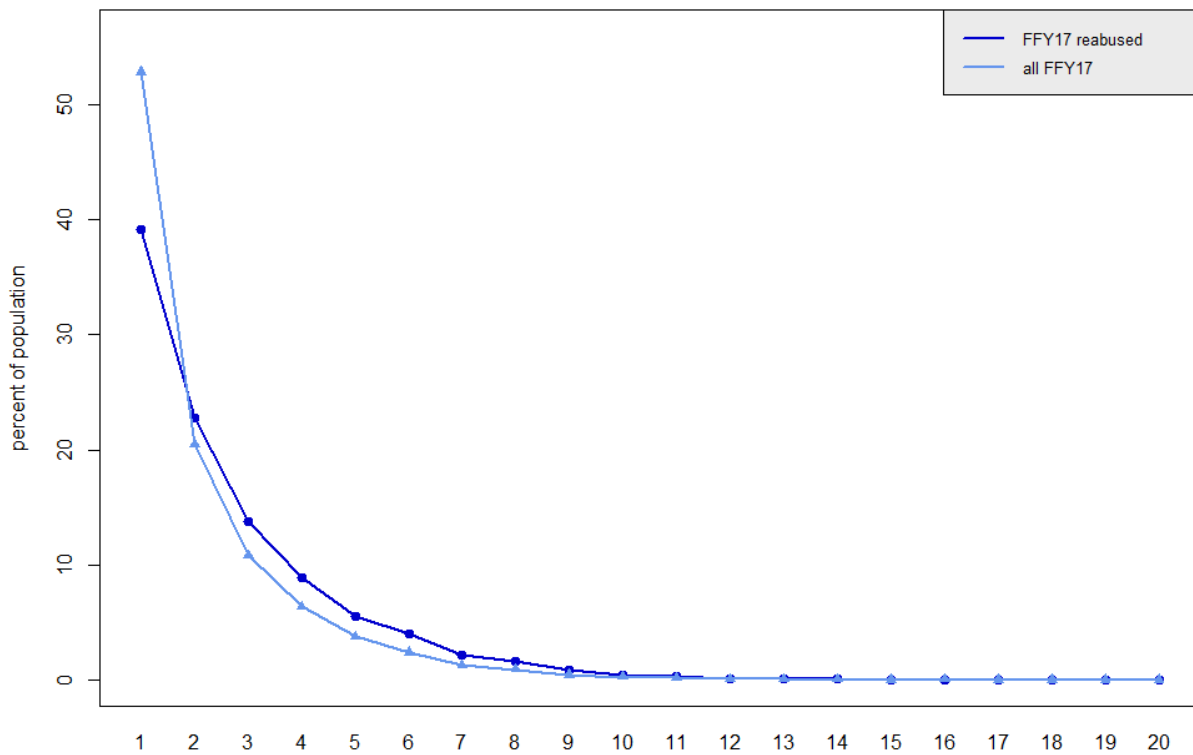
**FFY17 CAA Population Reabused by Gender/Ethnicity**



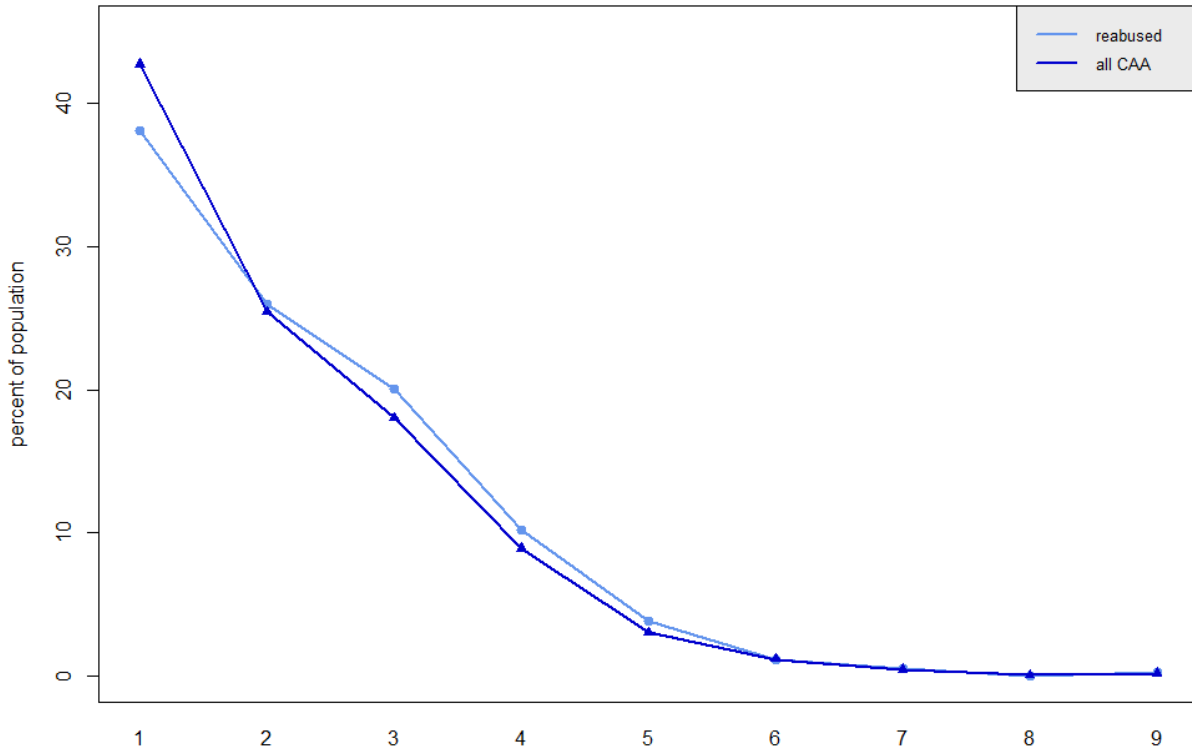
**FFY16 Distribution of CAA and Reabuse Populations by Number of Prior Reports**



**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**

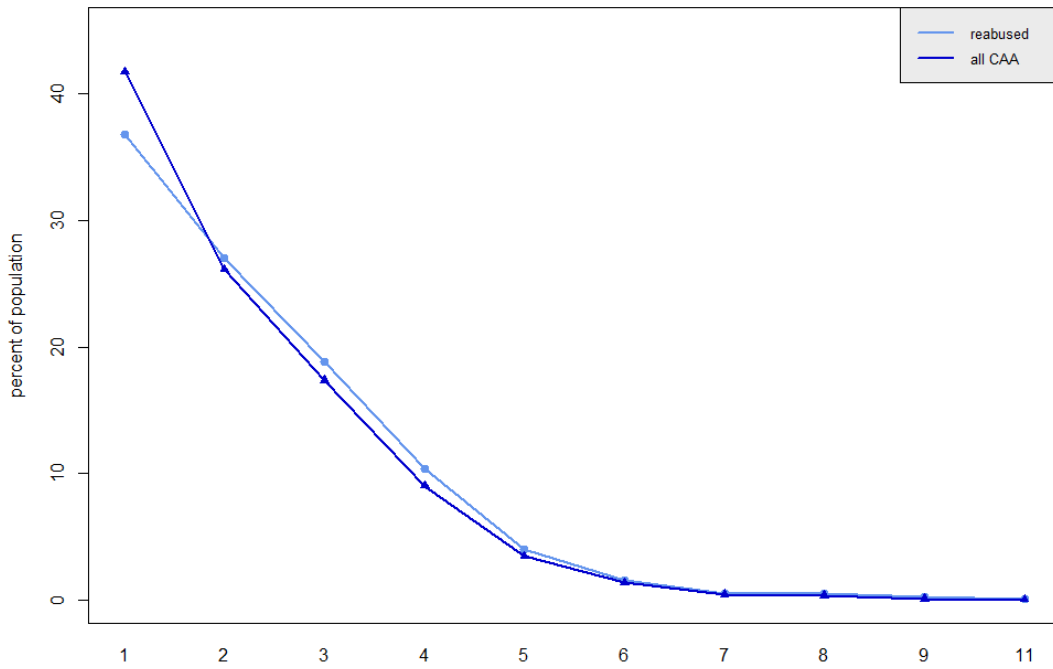
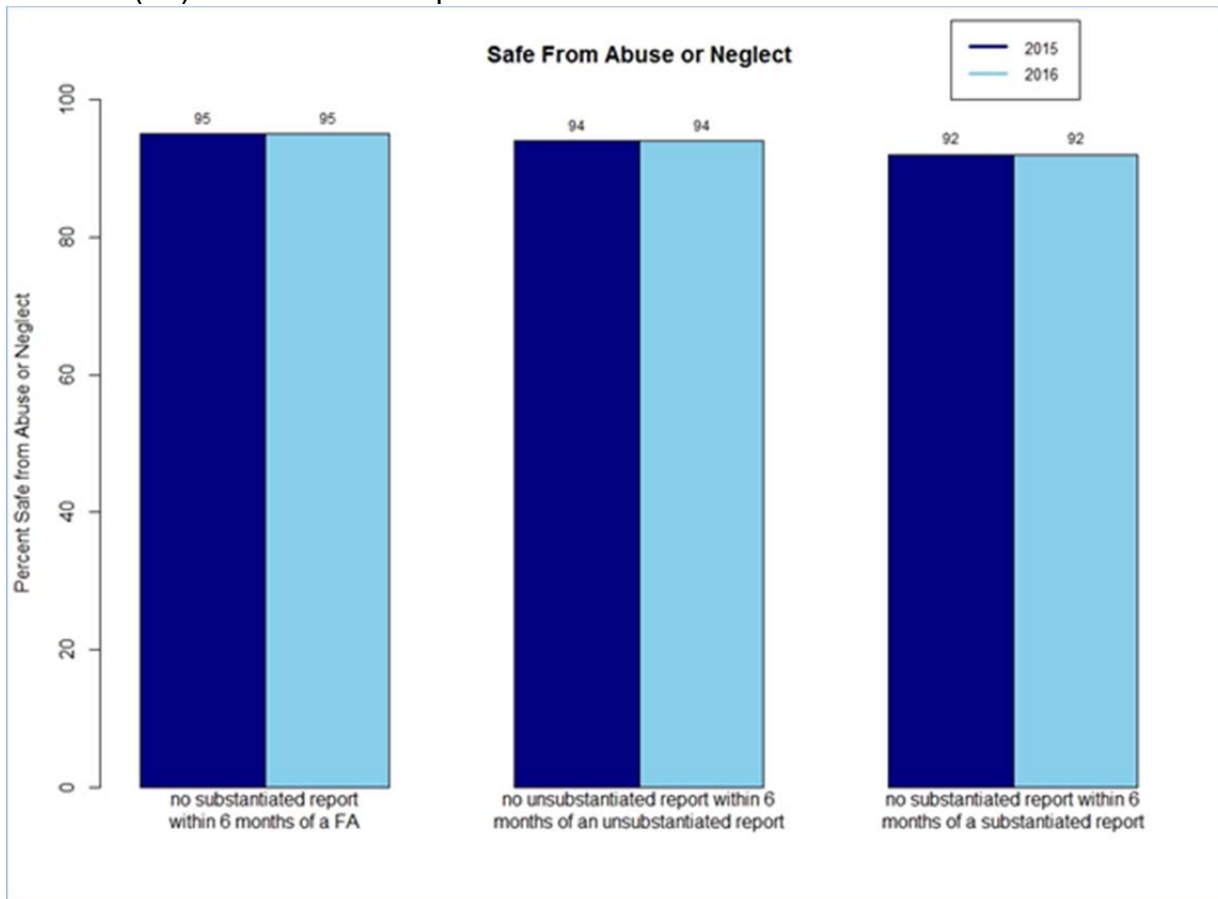


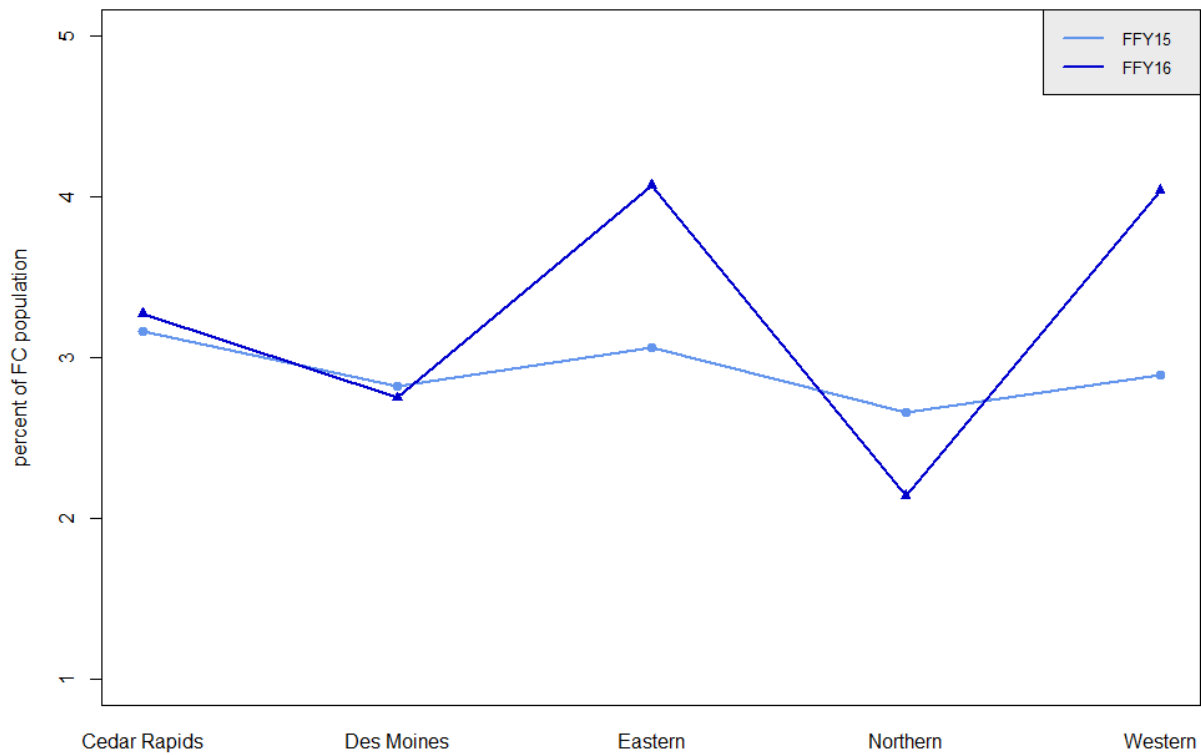
Chart 3A(11): Differential Response and Recurrence of Maltreatment



Source: Differential Response System Overview, Calendar Year 2016, available at [http://dhs.iowa.gov/sites/default/files/CY\\_16\\_DR\\_RPT.pdf](http://dhs.iowa.gov/sites/default/files/CY_16_DR_RPT.pdf).

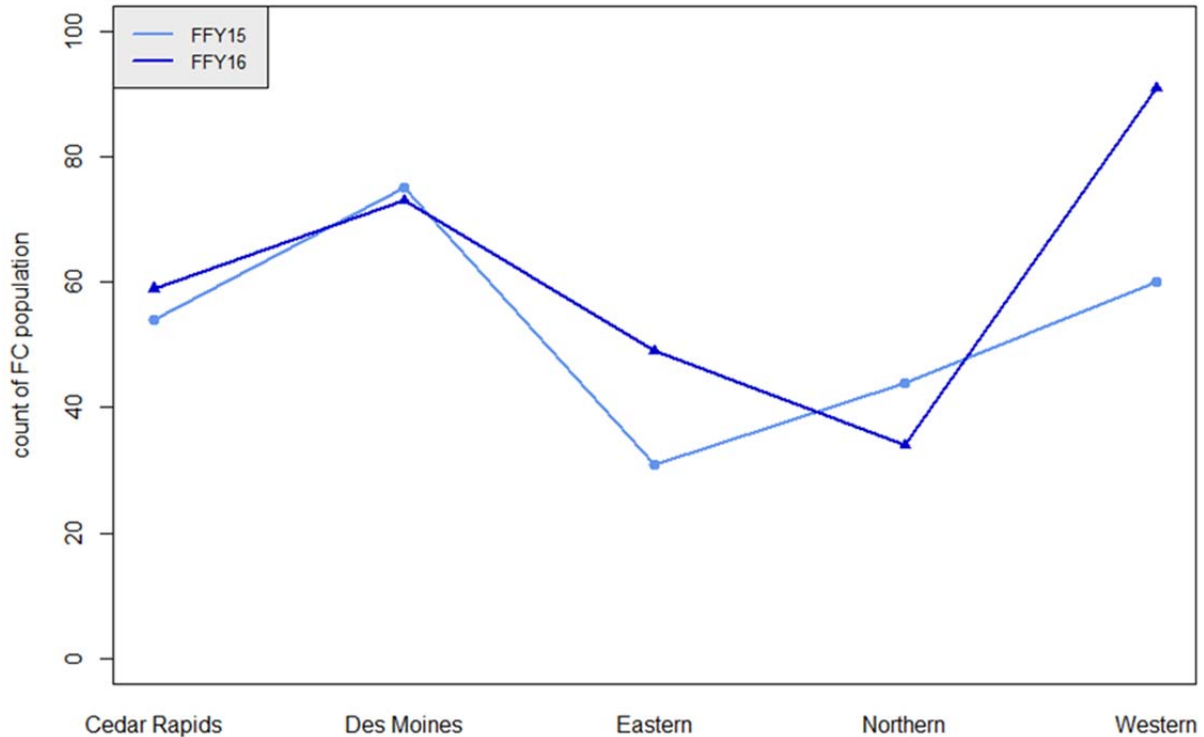
Maltreatment in Foster Care: The following data covers two years. DHS staff disaggregated Iowa's child welfare information system data to analyze each FFY separately. Below is a service area breakdown showing the percent and count of children in foster care who experience abuse of the entire foster care 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**



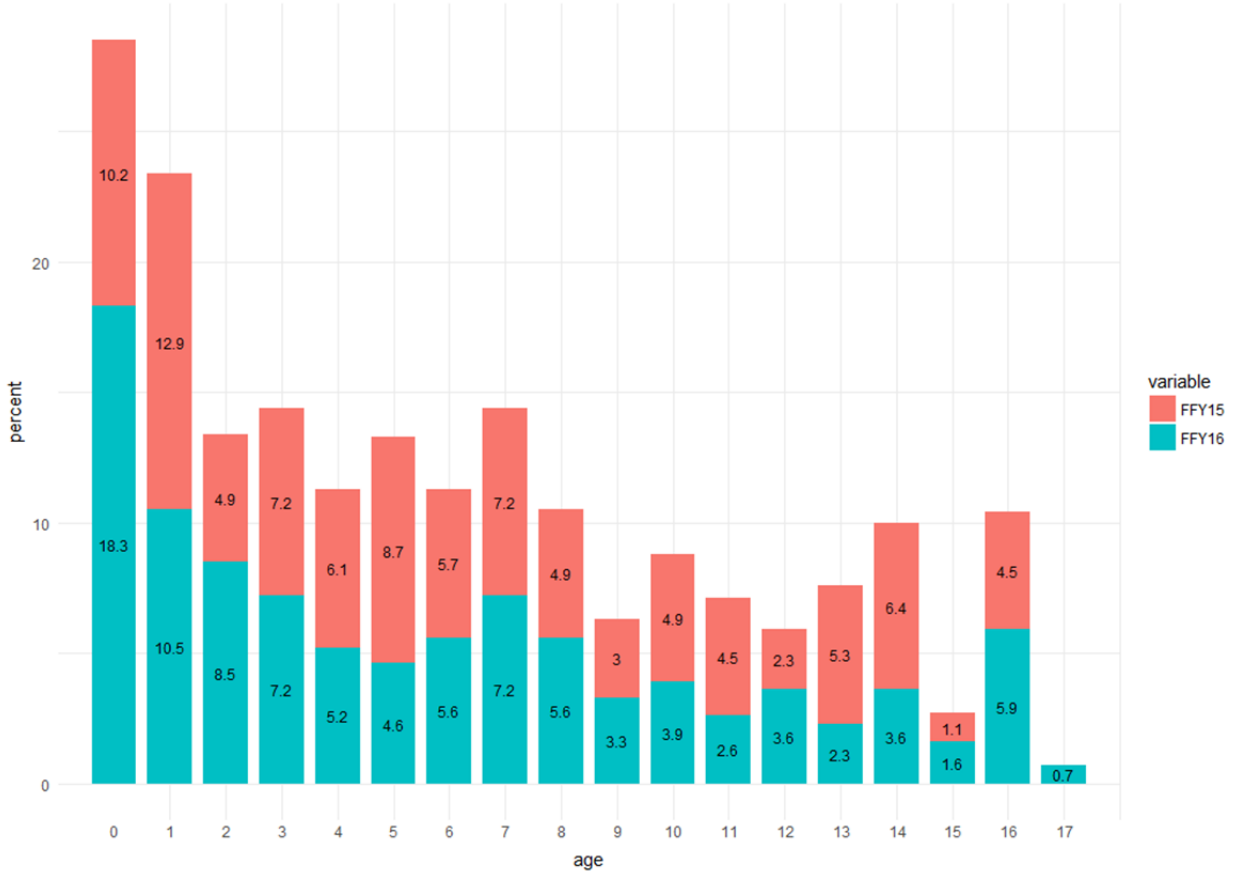


**FFYs 15 & 16 Count of FC Population Experiencing Maltreatment**

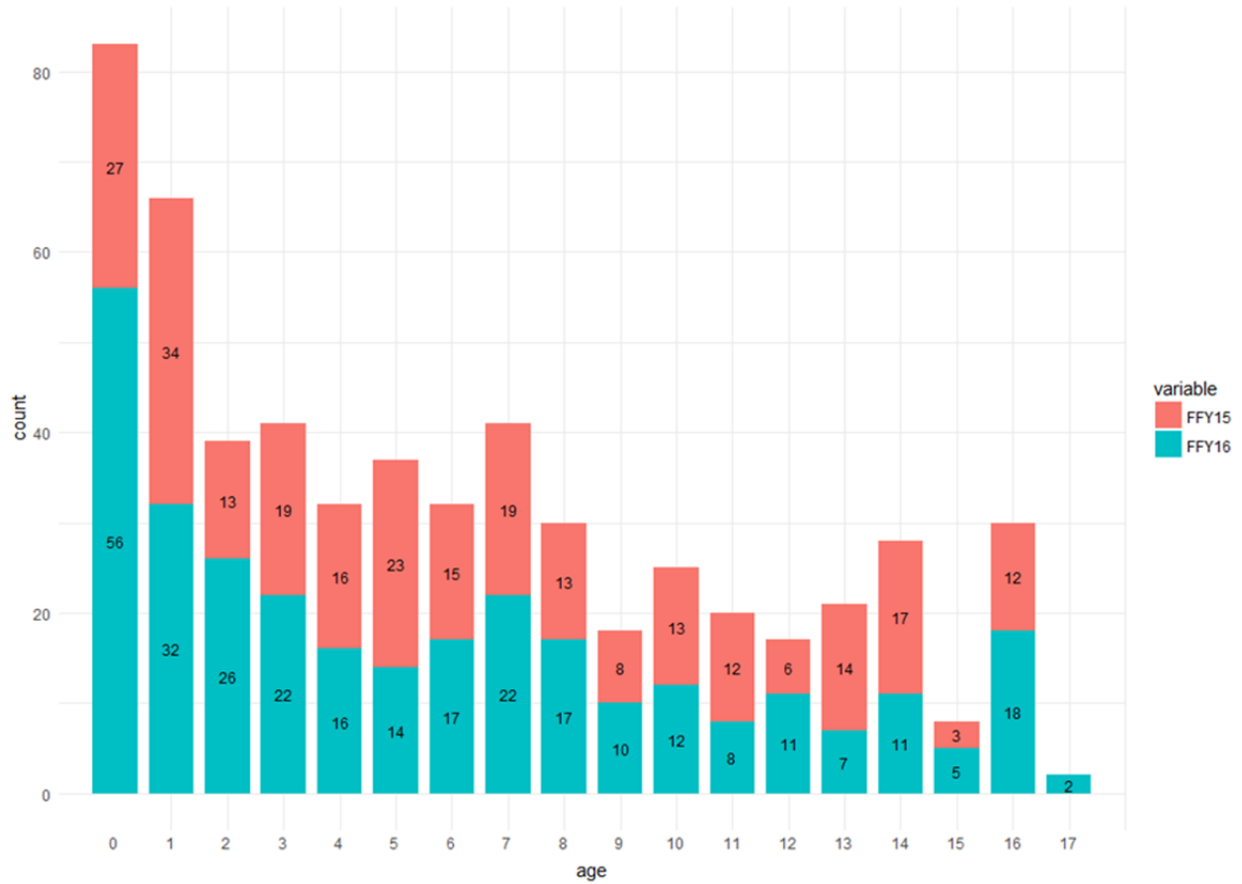


Generally those experiencing abuse in foster care were infants, and both the count of children and the percent of population increased in FFY 2016 for children under the age of three (see Charts 3A(14) and 3A(15) below). Nearly 20% of those abused in foster care were less than one year old, and 45% were 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

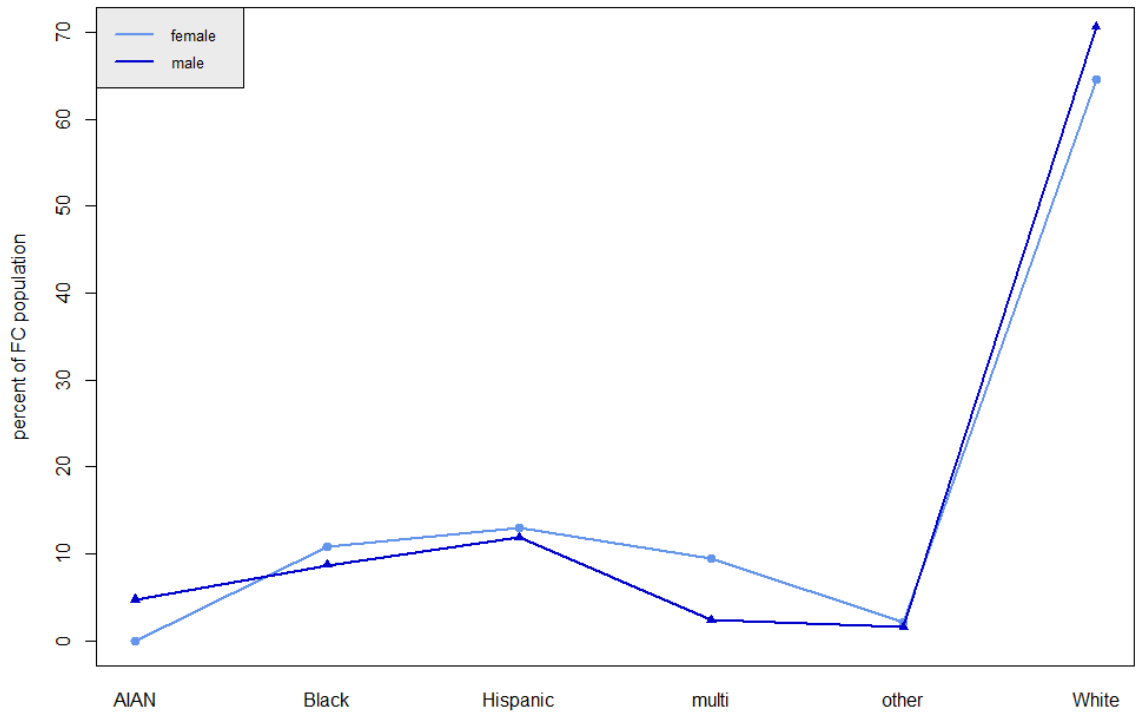


FFYs 15 & 16 Count of Ages Maltreated in Foster Care

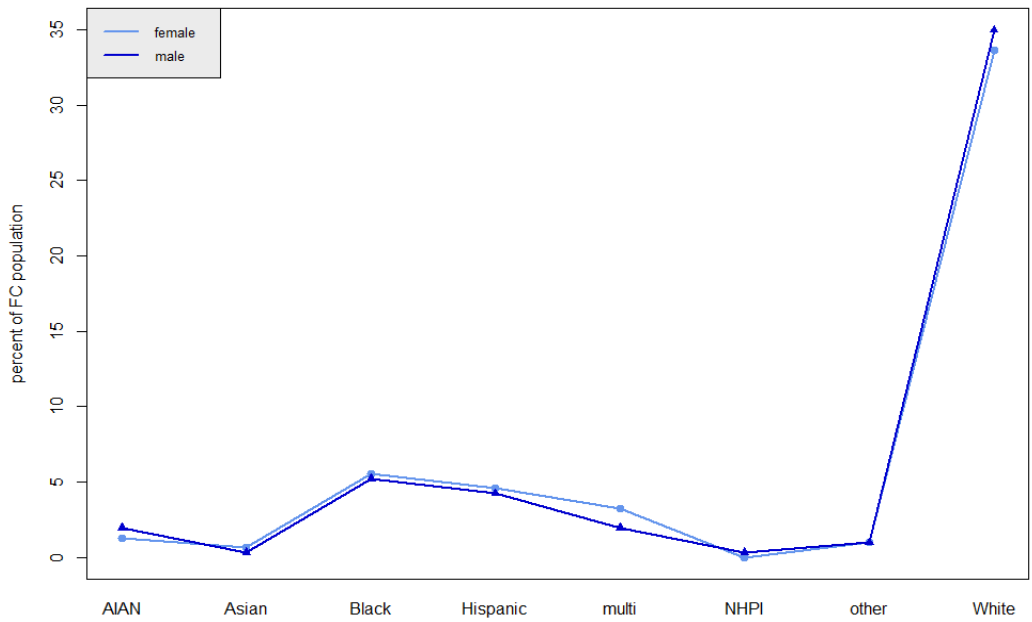


In both years (Charts 3A(16) and 3A(17)), almost 95% of the children were under DHS and not JCS, which makes sense given the very young demographic of those abused in care. In both FFYs, white females were slightly over-represented in the population of those abused in care, compared with the general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

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

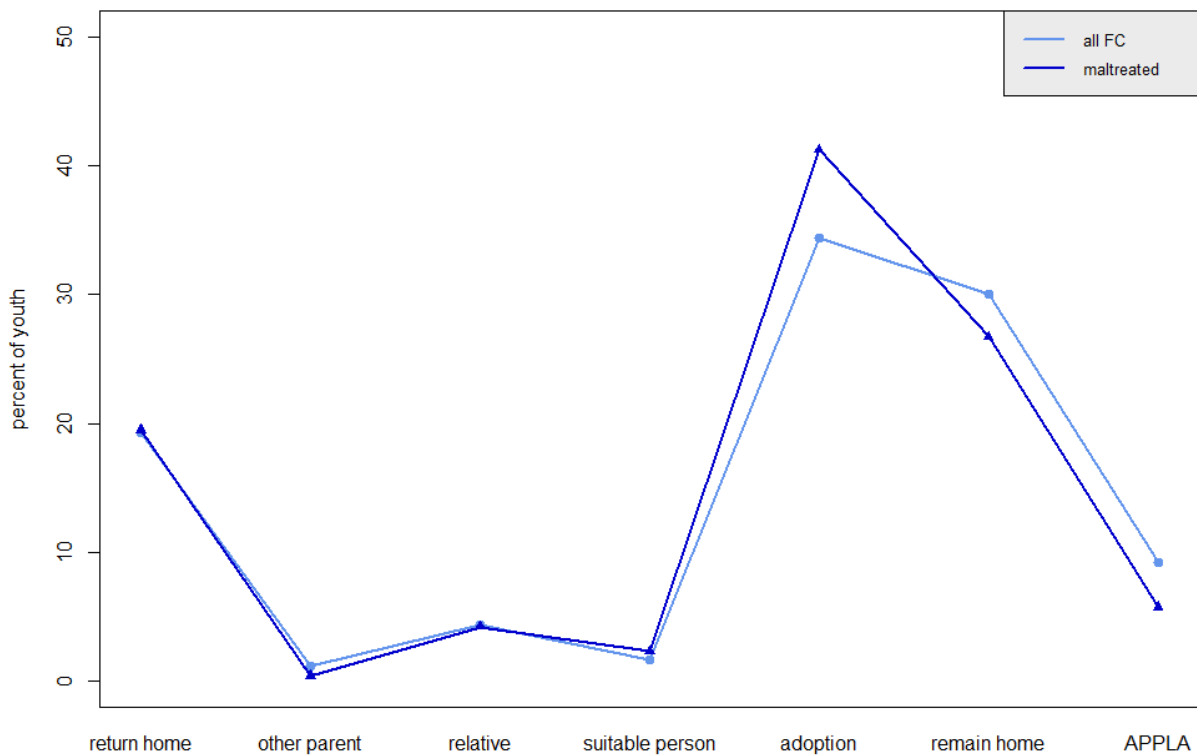


**FFY16 Percent of those Maltreated in Foster Care by Gender/Ethnicity**

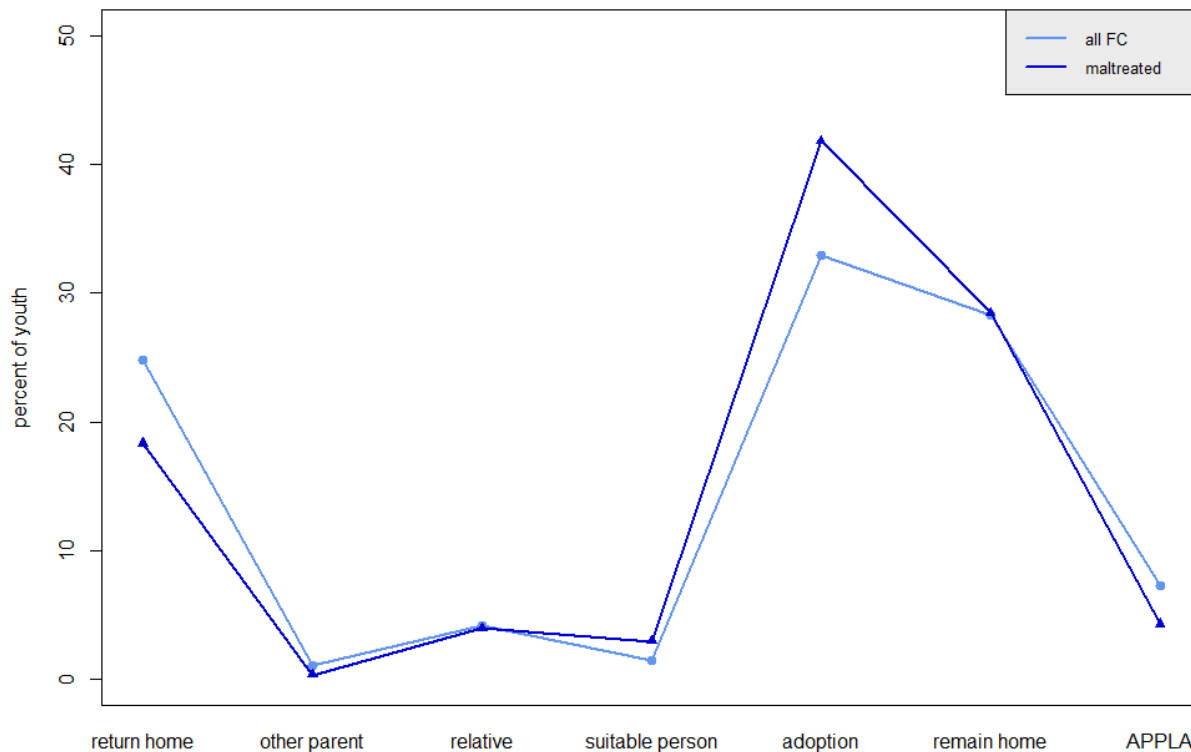


One difference between children maltreated in foster care and those who were not was the difference between the case plan goal and the federal exit reason (Charts 3A(18) and 3A(19)). This analysis was slightly hindered by 8.4% of the FFY 2016 youth still being in care, and therefore having no exit reason. 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

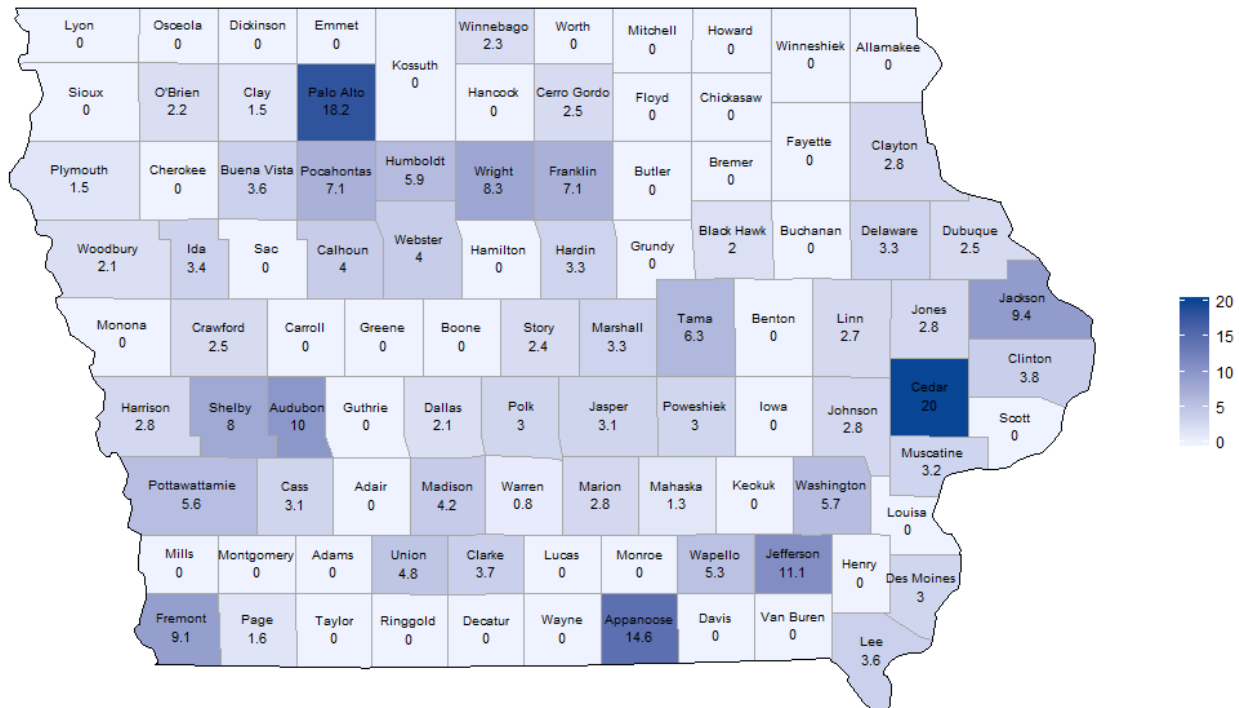


FFY 16 Percent of Youth's Case Plan



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.

**FY15-17 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.

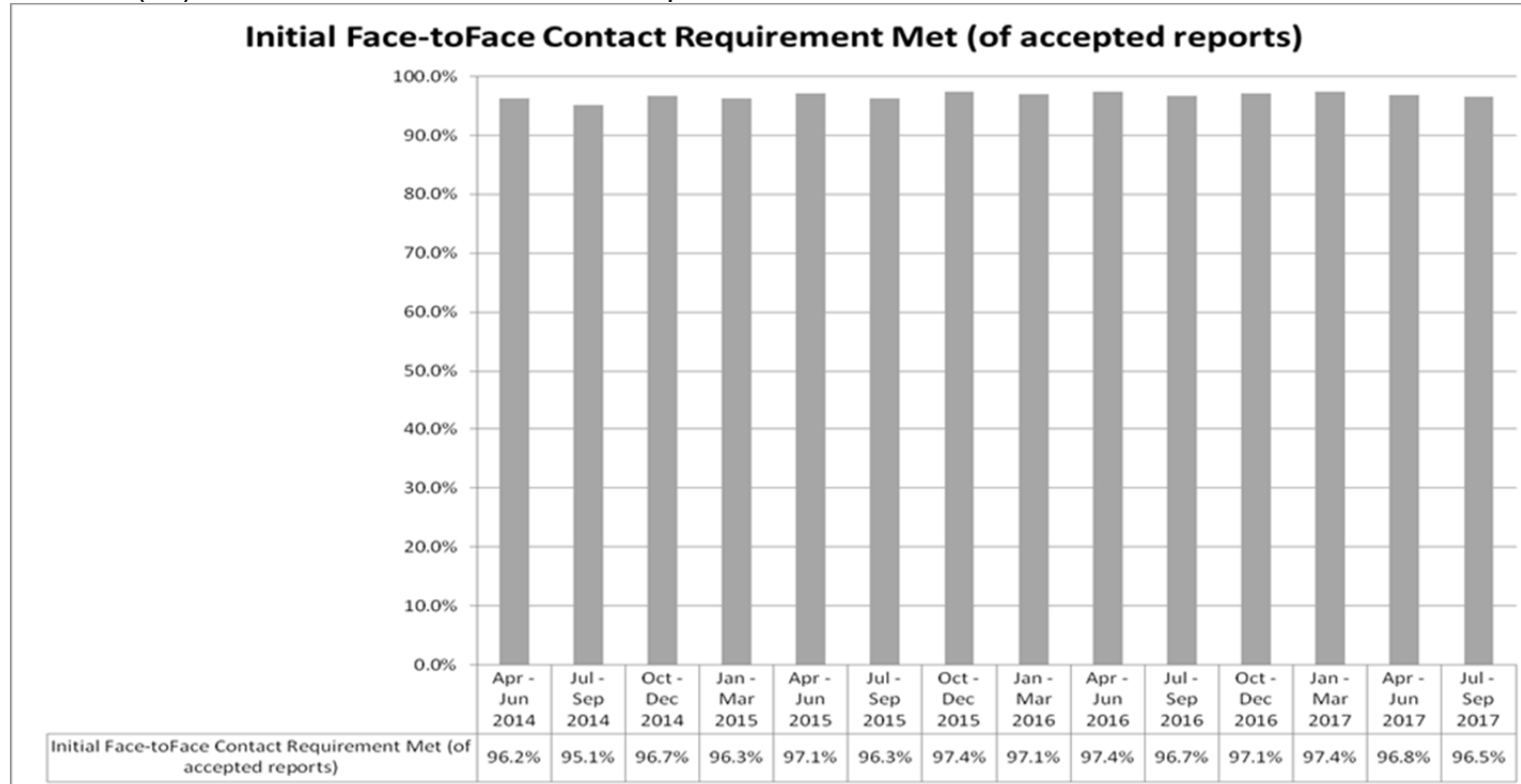
Reasonable efforts require making more than one type of effort to identify, locate, and contact. Supervisory approval confirms the worker exhausted all avenues that existed to attempt to observe the alleged child victim and evaluate their safety. The worker documents their rationale and their supervisor's 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



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

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.

<b>Table 3A(3): Case Reviews – Safety Outcome 1 State Fiscal Year (SFY) 2016 (7/1/15 – 6/30/16)(N=150)</b>	
<b>Item</b>	<b>SFY 2016</b>
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.

<b>Table 3A(4): Case Reviews – State Fiscal Year (SFY) 2017 (7/1/16 – 6/30/17)(N=65) Safety Outcome 1</b>		
<b>Item</b>	<b>Goal</b>	<b>Performance</b>
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.

<b>Table 3A(5): SFY 2017 Case Reviews – Item 1 Results by Case Type</b>	
<b>Type of Case</b>	<b>Performance</b>
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 2016<sup>1</sup>” 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

<sup>1</sup> Source: Differential Response System Overview, Calendar Year 2016, available at [http://dhs.iowa.gov/sites/default/files/CY\\_16\\_DR\\_RPT.pdf](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

<b>Table 3A(6): Case Reviews – Safety Outcome 2 State Fiscal Year (SFY) 2016 (7/1/15 – 6/30/16)(N=150)</b>	
<b>Item</b>	<b>SFY 2016</b>
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**

<b>Item</b>	<b>Goal</b>	<b>Performance</b>
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

<b>Item</b>	<b>Type of Case</b>	<b>Performance</b>
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:

<b>Table 3B(4) Case Reviews – Permanency Outcome 2 State Fiscal Year (SFY) 2016 (7/1/15 – 6/30/16)(N=150)</b>	
<b>Item</b>	<b>SFY 2016</b>
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.

<b>Table 3B(5): Case Reviews – Permanency Outcome 2 State Fiscal Year (SFY) 2017 (7/1/16 – 6/30/17)(N=40)</b>		
<b>Item</b>	<b>Goal</b>	<b>Performance</b>
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)
Item 11: Relationship of Child	The percentage of cases where the child's	56%

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

Item	Goal	Performance
in Care with Parents	positive relationships with his or her mother and father or primary caregiver were promoted, supported, and/or maintained will be 95% or more.	(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"> <li>Visit frequency – 85% (n=22/26)</li> <li>Visit Quality – 91% (n=21/23)</li> </ul>	<ul style="list-style-type: none"> <li>Visit frequency – 76% (n=13/17)</li> <li>Visit Quality – 86% (n=12/14)</li> </ul>
Item 10: Relative Placement (Concerted efforts to identify, locate, inform and evaluate relatives)**	Of the 6 ANI cases: <ul style="list-style-type: none"> <li>Identify, Locate, Inform &amp; Evaluate – 50% (n=3/6)</li> <li>Inform &amp; Evaluate – 17% (n=1/6)</li> <li>Evaluate – 33% (n=2/6)</li> </ul>	Of the 6 ANI cases: <ul style="list-style-type: none"> <li>Identify, Locate, Inform &amp; Evaluate – 50% (n=3/6)</li> <li>Inform &amp; Evaluate – 17% (n=1/6)</li> <li>Evaluate – 33% (n=2/6)</li> </ul>
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

<b>Table 3C(1): Case Reviews – Well-Being Outcome 1 State Fiscal Year (SFY) 2016 (7/1/15 – 6/30/16)(N=150)</b>	
<b>Item</b>	<b>SFY 2016</b>
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.

<b>Table 3C(2): Case Reviews – State Fiscal Year (SFY) 2017 (7/1/16 – 6/30/17)(N=65) Well-Being Outcome 1</b>		
<b>Item</b>	<b>Goal</b>	<b>Performance</b>
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		
Item	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:	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.”(YP11, 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)
	<ul style="list-style-type: none"> <li>• Foster care cases</li> <li>• In-home services cases</li> <li>• Community Care cases</li> </ul>	92% (n=35/38) 50% (n=2/4) 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

<b>Table 3C(8): Case Reviews – Well-Being Outcome 3 State Fiscal Year (SFY) 2016 (7/1/15 – 6/30/16)(N=150)</b>	
<b>Item</b>	<b>SFY 2016</b>
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.

<b>Table 3C(9): Case Reviews – State Fiscal Year (SFY) 2017 (7/1/16 – 6/30/17)(N=65) Well-Being Outcome 3</b>		
<b>Item</b>	<b>Goal</b>	<b>Performance</b>
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.

<b>Table 4A(1): Adoption and Foster Care Analysis and Reporting System (AFCARS)</b>		
<b>Element</b>	<b>AFCARS Data Validation Review - Item Description</b>	<b>CY2017</b>
<b>FC-06</b>	Does the child's DOB in FACS accurately reflect what's listed in paper file documentation?	99%
<b>FC-07</b>	Does the child's Gender in FACS accurately reflect what's listed in paper file documentation?	100%
<b>FC-08</b>	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
<b>FC-09</b>	Does the child's Hispanic or Latino Ethnicity in FACS accurately reflect what's listed in paper file documentation?	99%
<b>FC-21</b>	Does the child's Date of Latest Removal in FACS accurately reflect what's listed in paper file documentation?	96%
<b>FC-25</b>	Does the child's Manner of Removal in FACS accurately reflect what's listed in paper file documentation?	99%
<b>FC-41</b>	Does the child's Current Setting in FACS accurately reflect what's listed in paper file documentation?	98%
<b>FC-43</b>	Does the child's Case Plan Goal in FACS accurately reflect what's listed in paper file documentation?	90%
<b>FC-56</b>	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

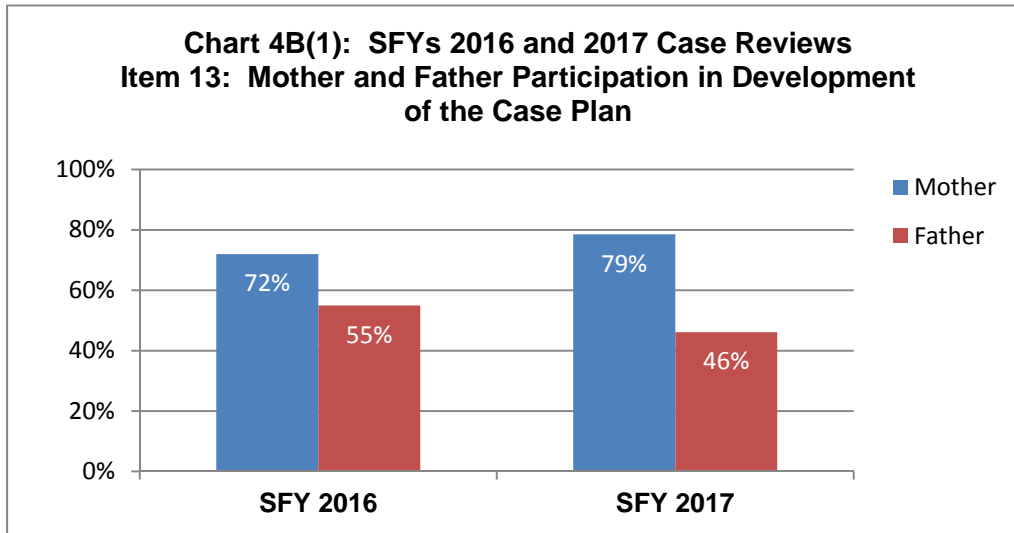
Part B also includes a narrative review section to capture case plan review information and a signature page to reflect individuals' participation in development of the case plan and case plan review.

- 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%).

<b>Table 4B(1): 2017 IA Legal Community Survey Parents Participation in Development of Case Plans</b>					
<b>Statements</b>	<b>Always/ Very Frequently</b>	<b>Occasionally</b>	<b>Rarely/ Very Rarely</b>	<b>Never</b>	<b>NA</b>
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.

<b>Table 4B(2): 2017 IA Legal Community Survey</b>	
<b>Answers</b>	<b>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.</b>
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"> <li>• every 3 months, or</li> <li>• within 5 months, or</li> <li>• within 6 months</li> </ul>
Total Responses	25 responses
Total Respondents	16 respondents

Source:  
DHS  
Survey,  
Survey  
Monkey

<b>Table 4B(3): 2017 IA Legal Community Survey Required Provisions Discussed During Court Review Hearings</b>					
<b>Statements</b>	<b>Always/ Very Frequently</b>	<b>Occasionally</b>	<b>Rarely/ Very Rarely</b>	<b>Never</b>	<b>NA</b>
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)
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)
<b>Total Respondents = 16</b>					

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)	6% (n=1/18)
	Responses: <ul style="list-style-type: none"> <li>Hearings held timely (2 responses), with 1 response indicating continuance for parental progress</li> <li>Initial hearing held within 12 months with review of permanency order hearings every 3 months thereafter (1 response)</li> </ul>	
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)
In the case of a child placed out-of-state, determination of whether the out-of-state placement	81% (n=13/16)	0% (n=0/0)	0% (n=0/0)	0% (n=0/0)	19% (n=3/16)

Table 4B(6): 2017 IA Legal Community Survey Required Provisions Discussed During Permanency Hearings					
Statements	Always/ Very Frequently	Occasionally	Rarely/ Very Rarely	Never	NA
continues to be appropriate and in the child's best interests.					
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.

<b>Table 4B(8): Case Reviews – Item 5 – Sub-Items F &amp; G State Fiscal Year (SFY) 2016 and 2017</b>		
	<b>SFY 2016</b>	<b>SFY 2017</b>
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"> <li>• No exceptions apply</li> <li>• At the option of the state, the child is being cared for by a relative at the 15/22-month time frame.</li> <li>• 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.</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>9 cases</li> <li>5 cases</li> <li>21 cases</li> <li>0 cases</li> </ul>	<ul style="list-style-type: none"> <li>5 cases</li> <li>2 cases</li> <li>4 cases</li> <li>0 cases</li> </ul>

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.

<b>Table 4B(9): 2017 IA Legal Community Survey</b>				
<b>Timely Filing of Termination of Parental Rights Petitions (TPR)</b>				
<b>During the time period of July 2015 through June 2017, did the DHS staff in your jurisdiction...</b>	<b>Always/ Usually</b>	<b>About Half the Time</b>	<b>Seldom/ Never</b>	<b>NA</b>
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)
<b>Total Respondents: 16</b>				

Source: DHS Survey, Survey Monkey

<b>Table 4B(10): 2017 IA Legal Community Survey</b>	
<b>Barriers to Timely Filing of TPR Petitions</b>	
<b>Answers</b>	<b>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?</b>
County Attorney's Office has limited resources	19% (n=4/21)
High DHS caseloads	29% (n=6/21)
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)

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?
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.

<b>Table 4B(11): IA 2017 Foster Care Caregivers Survey: Role Type (N=99 Responses from 72 Respondents)</b>	
<b>Role</b>	<b>Percentage (N)</b>
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 Relative (Not Licensed)	27% (n=27)
Non-Relative Caregiver (Not Licensed)(aka Suitable Other)	26% (n=26)
	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.

<b>Table 4B(12): 2017 IA Foster Care Caregivers Survey Notifications for Court Hearings and Foster Care Review Board Meetings</b>		
<b>Answers</b>	<b>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)</b>	<b>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)</b>
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 court.	33% (n=40)	Not Applicable
Yes, I received notices from the foster care review board.	Not Applicable	20% (n=17)

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

<b>Answers</b>	<b>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)</b>	<b>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)</b>
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)
<b>Total Responses</b>	<b>121 responses</b>	<b>85 responses</b>
<b>Total Respondents</b>	<b>70 respondents</b>	<b>65 respondents</b>

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:

#### o **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. CFSR 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 2<sup>nd</sup> 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 CF SR 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 CF SR that Iowa utilizes to measure the quality of its services.

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

Iowa utilizes the aforementioned CF SR 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 CF SR 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).

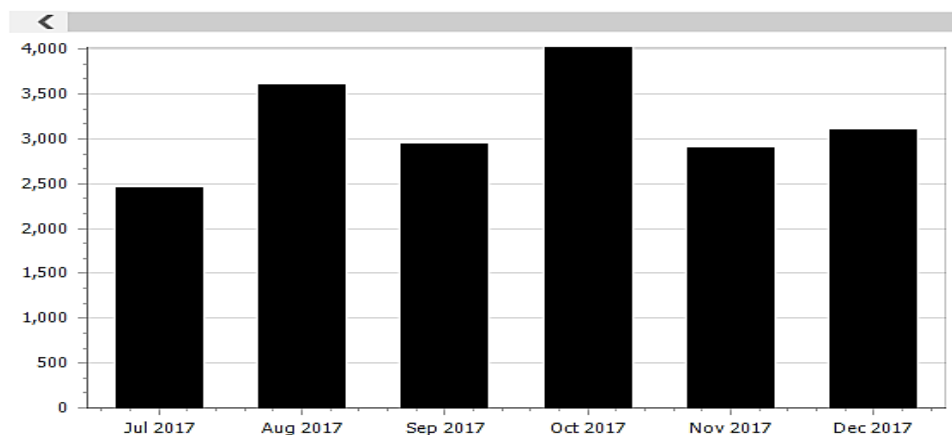
Iowa has both an internal and public facing ROM, which examines the placement population, CFSR Round 3 Measures, and Iowa's in-home services population. Because Iowa depends on ROM, much of our monitoring and analysis is information made available via ROM. This allows staff to find most of the information 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.

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

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

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

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

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

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
<b>Grand Total</b>	<b>65</b>	<b>69</b>	<b>46</b>	<b>53</b>	<b>40</b>	<b>39</b>	<b>312</b>
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
<b>Grand Total</b>	<b>81</b>	<b>53</b>	<b>134</b>
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
<b>Grand Total</b>	<b>74</b>	<b>7</b>	<b>81</b>
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+	
<b>Met</b>	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
<b>Re-entry</b>	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
<b>Grand Total</b>	<b>296</b>	<b>251</b>	<b>184</b>	<b>167</b>	<b>131</b>	<b>420</b>	<b>1449</b>



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?

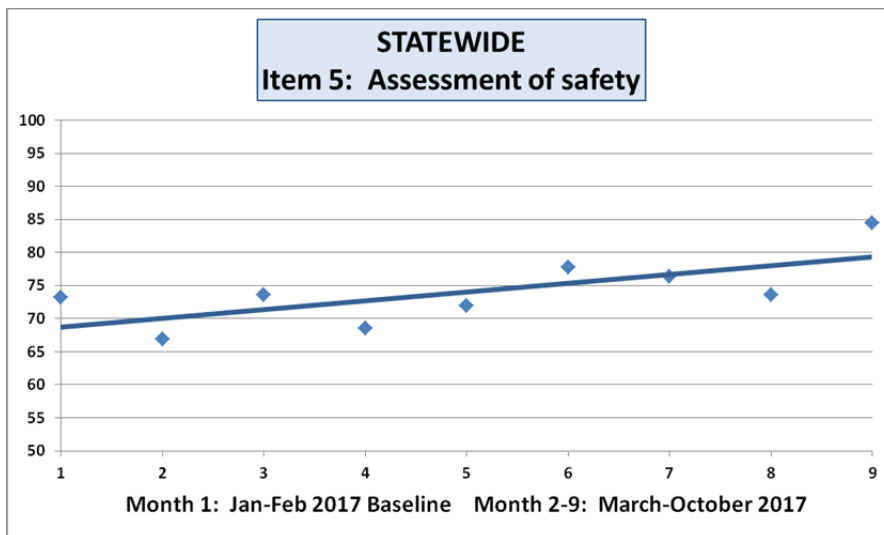


- a. Integration quality, or quality of completeness, can present big challenges. Integration quality problems occur because information is isolated by system or departmental boundaries. It might be important for a child welfare manager to know the status of the child involvement with special educational 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
<b># Responded</b>	<b>175</b>	<b>106</b>	<b>136</b>	<b>93</b>	<b>163</b>	<b>110</b>	<b>139</b>	<b>119</b>
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	99%	95%	98%	97%	98%	100%	100%	100%



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
become a foster or adoptive parent								
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.” (YPH, 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**

<b>SERVICES</b>	<b>AVAILABLE TO ALL COMMUNITIES (Y/N)</b>	<b>COMMENTS</b>
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
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	Y	Must meet eligibility criteria

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

	<b>AVAILABLE TO ALL COMMUNITIES (Y/N)</b>	<b>COMMENTS</b>
Program		
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.

<b>Table 4E(1): 2017 IA Child Welfare Stakeholders Survey</b>	
<b>Answer</b>	<b>Community Partner Connection</b> 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	1% (n=2/209)



**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)
of Resource Families (RRTS) Provider	
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"> <li>• DHS staff not listed above – (n=9)</li> <li>• Foster parents – (n=2)</li> <li>• Parents as Teachers – (n=2)</li> <li>• Decat – (n=2)</li> <li>• Responses not listed above – (n=14)</li> </ul>
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**

<b>Answers</b>	<b>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 &amp; Permanency (FSRP) services, Safety Plan Services, addiction treatment, domestic violence treatment, anger management, respite care, etc.</b>
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**

<b>Answers</b>	<b>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.</b>
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.”<sup>2</sup>
- 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 inpatient 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)

### *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.

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<sup>2</sup> Ibid, pages 6-7.

### 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**

Source: DHS Survey, Survey Monkey

<b>Answers</b>	<b>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?</b>
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 Responses/Respondents	100

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  
Barriers to Providing Individualized Services**

<b>Answers</b>	<b>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.</b>
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)
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,	9% (n=22/252)

**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.
and Tribes	
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](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.

<b>TABLE 4F(1) – COLLABORATIONS WITH STAKEHOLDERS</b>	
<b>REPRESENTED GROUP OR ORGANIZATION</b>	<b>COLLABORATIVE VENUE REFLECTED IN APSR</b>
Child Welfare Service Providers	<ul style="list-style-type: none"> <li>• Child Welfare Partners Committee (CWPC)</li> <li>• Child Welfare Advisory Committee (CWAC)</li> <li>• Child Abuse Prevention Program Advisory Committee (CAPPAC)</li> <li>• Child Protection Council (CPC)</li> <li>• Statewide Cultural Equity Alliance Steering Committee (CEASC)</li> <li>• Community Teams (Described later in this section under Community Teams and Learning Sessions)</li> </ul>
Consumers: <ul style="list-style-type: none"> <li>• Children/Youth</li> <li>• Parents (Parent Partners)</li> <li>• Foster/Adoptive Parents</li> </ul>	<ul style="list-style-type: none"> <li>• CWAC, CPC, CEASC, Community Teams (Described later in this section under Community Teams and Learning Sessions), Achieving Maximum Potential (AMP)(Described in Chafee section)</li> <li>• CWAC, CPC, CEASC, Community Teams (Described later in this section under Community Teams and Learning Sessions), Parent Partners (Described in Intervention section)</li> <li>• CWAC</li> </ul>
Early Childhood Iowa	Early Childhood Iowa Results Accountability
Iowa Chapter of Child Advocacy Centers	CAPPAC
Iowa Child Advocacy Board	CWAC



<b>TABLE 4F(1) – COLLABORATIONS WITH STAKEHOLDERS</b>	
<b>REPRESENTED GROUP OR ORGANIZATION</b>	<b>COLLABORATIVE VENUE REFLECTED IN APSR</b>
Iowa Children’s Justice	<ul style="list-style-type: none"> <li>• CWAC</li> <li>• CEASC</li> <li>• System of Care and Child Welfare Services</li> </ul>
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"> <li>• CWAC</li> <li>• CWPC</li> <li>• System of Care and Child Welfare Services</li> <li>• Additional information described in Performance Assessment Update, Staff and Provider Training section</li> </ul>
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
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, CFPSR 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"> <li>● American Indian (48)</li> <li>● Japanese (45)</li> <li>● Ethiopian/Eritrean (32)</li> <li>● Afghan (31)</li> <li>● Somali (27)</li> </ul>
SFY 2018 Q2 (1,472)	<ul style="list-style-type: none"> <li>● Amish (116)</li> <li>● Ukranian (105)</li> <li>● African American (77)</li> <li>● Somali (74)</li> <li>● Cuban (61)</li> </ul>
<b>Source: Culture Vision™</b>	

- 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.

	<b>Western</b>	<b>Northern</b>	<b>Eastern</b>	<b>Cedar Rapids</b>	<b>Des Moines</b>	<b>Total</b>
American Indian	38	2	0	9	5	54
African American	52	100	63	99	113	427

	Western	Northern	Eastern	Cedar Rapids	Des Moines	Total
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

	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

	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

	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

Child and Family Services Review (CFSR 3) Data Profile

Calculations based on revised syntax (pending verification)

Submissions as of 06-17-17 (AFCARS) and 06-01-17 (NCANDS)

**Risk Standardized Performance (RSP)**

Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

- State's performance (using RSP interval) is statistically better than national performance
- State's performance (using RSP interval) is statistically no different than national performance
- State's performance (using RSP interval) is statistically worse than national performance

DQ = Performance was not calculated due to failing one or more data quality (DQ) checks for this indicator. See the data quality table for details.

		National Performance	11B12A	12A12B	12B13A	13A13B	13B14A	14A14B	14B15A	15A15B	15B16A	16A16B	16B17A
<b>Permanency in 12 months (entries)</b>	RSP		44.5%	45.1%	44.4%	44.0%	43.2%	41.6%	42.5%				
	42.7%▲ RSP interval		43.0%-46.0% <sup>1</sup>	43.7%-46.6% <sup>1</sup>	42.9%-45.8% <sup>1</sup>	42.6%-45.5% <sup>2</sup>	41.7%-44.6% <sup>2</sup>	40.1%-43.2% <sup>2</sup>	40.9%-44.0% <sup>2</sup>				
	Data used		11B-14A	12A-14B	12B-15A	13A-15B	13B-16A	14A-16B	14B-17A				
<b>Permanency in 12 months (12 - 23 mos)</b>	RSP						65.0%	63.4%	67.4%	65.6%	65.4%	68.3%	69.2%
	45.9%▲ RSP interval						62.4%-67.5% <sup>1</sup>	60.9%-65.8% <sup>1</sup>	64.9%-69.7% <sup>1</sup>	63.3%-67.9% <sup>1</sup>	63.0%-67.8% <sup>1</sup>	65.9%-70.6% <sup>1</sup>	66.7%-71.7% <sup>1</sup>
	Data used						13B-14A	14A-14B	14B-15A	15A-15B	15B-16A	16A-16B	16B-17A
<b>Permanency in 12 months (24+ mos)</b>	RSP						42.4%	43.5%	43.0%	43.2%	42.8%	46.2%	46.8%
	31.8%▲ RSP interval						39.2%-45.7% <sup>1</sup>	40.3%-46.9% <sup>1</sup>	39.8%-46.4% <sup>1</sup>	40.2%-46.3% <sup>1</sup>	39.6%-46.0% <sup>1</sup>	43.2%-49.3% <sup>1</sup>	43.7%-50.0% <sup>1</sup>
	Data used						13B-14A	14A-14B	14B-15A	15A-15B	15B-16A	16A-16B	16B-17A
<b>Re-entry to foster care</b>	RSP		9.7%	8.5%	7.8%	8.3%	8.6%	8.7%	9.5%				
	8.1%▼ RSP interval		8.5%-11.1% <sup>3</sup>	7.3%-9.8% <sup>2</sup>	6.7%-9.1% <sup>2</sup>	7.2%-9.5% <sup>2</sup>	7.4%-10.0% <sup>2</sup>	7.4%-10.2% <sup>2</sup>	8.2%-11.1% <sup>3</sup>				
	Data used		11B-14A	12A-14B	12B-15A	13A-15B	13B-16A	14A-16B	14B-17A				
<b>Placement stability (moves/1,000 days in care)</b>	RSP						3.20	3.60	3.36	3.44	3.09	3.26	3.15
	4.44▼ RSP interval						3.07-3.33 <sup>1</sup>	3.46-3.74 <sup>1</sup>	3.23-3.51 <sup>1</sup>	3.3-3.58 <sup>1</sup>	2.97-3.23 <sup>1</sup>	3.13-3.4 <sup>1</sup>	3.02-3.29 <sup>1</sup>
	Data used						13B-14A	14A-14B	14B-15A	15A-15B	15B-16A	16A-16B	16B-17A
<b>Maltreatment in care (victimizations/100,000 days in care)</b>	RSP		22.01		19.86		19.77						
	9.67▼ RSP interval		19.88-24.38 <sup>3</sup>		17.82-22.13 <sup>3</sup>		17.68-22.11 <sup>3</sup>						
	Data used		13A-13B, FY13-14		14A-14B, FY14-15		15A-15B, FY15-16						
<b>Recurrence of maltreatment</b>	RSP							14.2%	14.1%	13.5%		14.1%	
	9.5%▼ RSP interval							13.5%-15.0% <sup>3</sup>	13.3%-14.8% <sup>3</sup>	12.7%-14.4% <sup>3</sup>		13.3%-15.0% <sup>3</sup>	
	Data used							FY12-13	FY13-14	FY14-15		FY15-16	

▲ For this indicator, a higher RSP value is desirable. ▼ For this indicator, a lower RSP value is desirable.

**Footnotes**

**National performance (NP)** is the observed performance for the nation for an earlier point in time. This refers to what was formerly referred to as the “national standard.” See the Data Dictionary for more information, including the time periods used to calculate the national performance for each indicator.

**Risk standardized performance (RSP)** is derived from a multi-level statistical model and reflects the state’s performance relative to states with similar children and takes into account the number of children the state served, the age distribution of these children, and, for some indicators, the state’s entry rate. It uses risk-adjustment to minimize differences in outcomes due to factors over which the state has little control and provides a more fair comparison of state performance against the national performance.

**Risk standardized performance (RSP) interval** is the state’s 95% confidence interval estimate for the state’s RSP. The values shown are the lower RSP and upper RSP of the interval estimate. The interval accounts for the amount of uncertainty associated with the RSP. For example, the CB is 95% confident that the true value of the RSP is between the lower and upper limit of the interval. If the interval overlaps the national performance, the state’s performance is statistically no different than the national performance. Otherwise, the state’s performance is statistically higher or lower than the national performance. Whether higher or lower is desirable depends on the desired direction of performance for the indicator.

**Data used** refers to the initial 12-month period (see description for the denominator in the Data Dictionary) and the period(s) of data needed to follow the children to observe their outcome. The FY (e.g., FY13) or federal fiscal year, refers to NCANDS data, which spans the 12-month period Oct 1st – Sept 30th. All other periods refer to AFCARS data: ‘A’ refers to the 6-month period Oct 1st – March 31st. ‘B’ refers to the 6-month period April 1st – Sept 30th. The two-digit year refers to the calendar year in which the period ends (e.g., 13A refers to the 6-month period Oct 1, 2012 – March 31, 2013).



## Child and Family Services Review (CFSR 3) Data Profile

Submissions as of 06-17-17 (AFCARS) and 06-01-17 (NCANDS)

**Observed Performance**

Observed performance is the percent or rate of children experiencing the outcome of interest, without risk adjustment. See the Data Dictionary for a complete description of the numerator and denominator for each statewide data indicator.

		11B12A	12A12B	12B13A	13A13B	13B14A	14A14B	14B15A	15A15B	15B16A	16A16B	16B17A
<b>Permanency in 12 months (entries)</b>	Denominator	3,895	3,933	4,074	4,158	3,999	3,629	3,540				
	Numerator	1,800	1,854	1,890	1,915	1,800	1,555	1,542				
	Observed performance	46.2%	47.1%	46.4%	46.1%	45.0%	42.8%	43.6%				
<b>Permanency in 12 months (12 - 23 mos)</b>	Denominator					1,479	1,536	1,565	1,606	1,535	1,508	1,354
	Numerator					908	925	1,008	1,023	972	994	904
	Observed performance					61.4%	60.2%	64.4%	63.7%	63.3%	65.9%	66.8%
<b>Permanency in 12 months (24+ mos)</b>	Denominator					1,053	1,030	1,039	1,056	1,014	1,055	1,013
	Numerator					356	357	352	388	359	422	407
	Observed performance					33.8%	34.7%	33.9%	36.7%	35.4%	40.0%	40.2%
<b>Re-entry to foster care</b>	Denominator	1,735	1,794	1,825	1,854	1,735	1,495	1,500				
	Numerator	179	158	149	162	156	130	141				
	Observed performance	10.3%	8.8%	8.2%	8.7%	9.0%	8.7%	9.4%				
<b>Placement stability (moves/1,000 days in care)</b>	Denominator					717,877	635,724	615,722	637,563	688,416	672,312	679,483
	Numerator					2,354	2,377	2,160	2,271	2,160	2,208	2,161
	Observed performance					3.28	3.74	3.51	3.56	3.14	3.28	3.18
		13AB,FY13	14AB,FY14	15AB,FY15	FY12-13	FY13-14	FY14-15	FY15-16				
<b>Maltreatment in care (victimizations/100,000 days in care)</b>	Denominator	2,250,778	2,213,955	2,099,064								
	Numerator	368	326	307								
	Observed performance	16.35	14.72	14.63								
<b>Recurrence of maltreatment</b>	Denominator				10,702	11,394	7,839	7,903				
	Numerator				1,203	1,267	830	872				
	Observed performance				11.2%	11.1%	10.6%	11.0%				

DQ = Performance was not calculated due to failing one or more data quality (DQ) checks for this indicator. See the data quality table for details.

**Denominator:** For Placement stability and Maltreatment in care = number of days in care. For all other indicators = number of children.

**Numerator:** For Placement stability = number of moves. For Maltreatment in care = number of victimizations. For all other indicators = number of children.

**Percentage or rate:** For Placement stability = moves per 1,000 days in care. For Maltreatment in care = victimizations per 100,000 days in care. For all other indicators = percentage of children experiencing the outcome.

Submissions as of 06-17-17 (AFCARS) and 06-01-17 (NCANDS)

### Data Quality

Calculating performance on statewide data indicators relies upon states submitting high-quality data. Data quality checks are performed prior to calculating state performance. The values below represent performance on the data quality checks. See the Data Dictionary for a complete description of each check and what the values represent. A blank cell indicates there was no data quality check assessed for that data period because it relies on a subsequent period of data that is not yet available. If the data period needed to calculate performance on an indicator displays an orange value or "DQ", then state performance was not calculated. "DQ" is displayed on the RSP and Observed Performance pages when performance could not be calculated due to data quality.

■ Indicates that data quality performance exceeds the data quality limit. DQ = The data quality check was not performed due to data quality issues.<sup>1</sup>

#### AFCARS Data Quality Checks

	Limit	MFC	Perm	PS	10A	10B	11A	11B	12A	12B	13A	13B	14A	14B	15A	15B	16A	16B	17A	
AFCARS IDs don't match from one period to next	> 40%	●	●	●	25.1%	23.8%	26.2%	23.1%	25.8%	23.7%	24.5%	23.9%	24.5%	24.6%	25.5%	22.3%	25.1%	22.7%		
Age at discharge greater than 21	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Age at entry is greater than 21	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of entry	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of exit	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dropped records	> 10%	●	●	●	0.5%	0.7%	0.6%	0.5%	1.1%	0.6%	0.6%	0.8%	0.5%	0.5%	0.5%	0.4%	0.4%	0.6%		
Enters and exits care the same day	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Exit date is prior to removal date	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
In foster care more than 21 yrs	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of birth	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of latest removal	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing discharge reason (exit date exists)	> 10%		●		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing number of placement settings	> 5%			●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Percentage of children on 1st removal	> 95%	●	●	●	77.0%	76.6%	76.0%	76.6%	77.0%	77.3%	78.2%	78.3%	78.2%	77.9%	78.4%	77.8%	78.4%	78.6%	79.3%	

#### NCANDS Data Quality Checks

	Limit	MFC	RM	12-13	13-14	14-15	15-16	2012	2013	2014	2015	2016
Child IDs for victims match across years	< 1%		●	4.7%	5.0%	4.4%	4.2%					
Child IDs for victims match across years, but dates of birth / age and sex do not	> 5%		●	0.2%	0.7%	1.0%	0.6%					
Missing age for victims	> 5%	●	●					0.0%	0.0%	0.0%	0.0%	0.0%
Some victims should have AFCARS IDs in child file	< 1%	●						100.0%	100.0%	100.0%	100.0%	100.0%
Some victims with AFCARS IDs should match IDs in AFCARS files	N	-	●					Y	Y	Y	Y	Y

MFC = Maltreatment in foster care, PS = Placement stability, RM = Recurrence of maltreatment, Perm = Permanency indicators (Permanency in 12 months for children entering care, in care 12-23 months, in care 24 months of more, and Re-entry to care in 12 months)

<sup>1</sup> For example, there were underlying data quality issues with the AFCARS or NCANDS data set such as AFCARS IDs not being included or a DQ threshold was exceeded on a related data quality check.



THE  
**CHILD WELFARE**  
POLICY & **GROUP**  
PRACTICE

**Iowa Department of Human Services  
Initial Targeted Child Welfare Review**

**Conducted by:**

**The Child Welfare Policy and Practice Group  
December 22, 2017**

## Reviewer Biographies

### **Paul Vincent, MSW, LCSW**

#### **Director, Child Welfare Policy and Practice Group**

Paul Vincent is director of the Child Welfare Policy and Practice Group, a nonprofit technical assistance organization focused on front-line practice change. Vincent has directed the Child Welfare Group since its inception in 1996. In that role, he has led the organization's work in over twenty states, providing technical assistance in strategic system design, practice model development, curriculum development, training, practice coaching, and quality assurance. The Child Welfare Group has also been involved in several court monitoring roles. Vincent served as a member of the Marisol Advisory Panel in New York City, and is currently a member of the Tennessee Technical Assistance Committee related to the Brian A. settlement and chair of the Katie A. Advisory Panel in Los Angeles. The Child Welfare Group also served as the court monitor in Utah's David C. child welfare settlement.

Prior to the creation of the Child Welfare Group, Vincent worked for twenty-five years in the Alabama Department of Human Services, where, as child welfare director, he led the implementation of the RC class action child welfare settlement agreement during its first six years. The RC reforms had a transformational effect on child welfare practice and outcomes in Alabama. During that period, Vincent was awarded NAPCWA's Annual Award for Excellence in Child Welfare Administration.

### **Sue D. Steib, PhD, LCSW**

#### **Independent Consultant**

Sue Steib has over forty-five years of child welfare experience including direct practice, agency administration, research, and consultation. Prior to becoming an independent consultant and joining the Child Welfare Policy and Practice Group in this initiative, she was senior director of strategic consulting at Casey Family Programs (CFP), a position she held for eight years. During that time, she led CFP's work in Louisiana and Oklahoma, joining with child welfare leaders there in their efforts to reduce the need for out-of-home care for children. Additionally, she served as part of a consulting team providing support to child welfare systems in fifteen states. From 2001 to 2008, Steib was director of the Research to Practice initiative at the Child Welfare League of America (CWLA), leading work to synthesize current research in child welfare and related fields and make it accessible to agency leaders and direct practitioners through papers, workshops, and direct consultation. Steib came to CWLA after a thirty-one year career in Louisiana's child welfare system, where she served in positions ranging from caseworker and casework supervisor to administrator, leaving as the statewide child welfare program director.

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**Iowa Department of Human Services  
Initial Targeted Child Welfare Review  
Conducted by:  
The Child Welfare Policy and Practice Group  
December 22, 2017**

**I. Purpose and Focus of the Review**

The Child Welfare Group was contacted by the Iowa Department of Human Services, Child Welfare Division following the deaths of two children who had been placed in adoption through the department. These youth, both girls in their teens, were in finalized, subsidized adoptive placements in separate homes. Both were home schooled and both died of starvation. These two incidents, happening within a few months of each other, caused child welfare and state leaders to question what, if any, role policies and practices in the agency may have played.

Full scale reviews of child welfare systems can be very lengthy. Because the state is anxious for direction in preventing such tragedies in the future, the Child Welfare Group was asked to conduct a two-phase review, with the initial phase being designed to identify areas calling for immediate action as well as those which require further study. Thus the phase one review and findings described in this report are limited in scope and, in some instances, raise additional questions.

Reviewers did not conduct an analysis of the two index cases that precipitated this work; that is being done by the Iowa Ombudsman. Rather, the focus of this review was on system concerns which these cases raised and primarily on those involving the child protection intake and assessment functions of the child welfare system. Obviously, given that both of these youngsters were in adoptive placements, their situations also suggest the need to examine placement decision making and support. However, the more immediate concerns related to the fact that both had, since their respective adoptions, been the subjects of maltreatment reports that did not result in intervention to prevent their deaths.

**II. Methodology**

**A. Data Collection and Analysis**

Reviewers used a variety of data collection techniques including interviews of both individuals and stakeholder groups; review and analysis of quantitative data, especially that related to the DHS workforce and workload and to intake and assessment activities; and documents including intake and assessment forms, practice guidance, training topics, and service contracts.

Interview participants included DHS administrators, managers, supervisors, and case managers, judges, attorneys representing the state, parents, and children, service providers, parents and grandparents, youth, foster and adoptive parents, law enforcement, medical professionals, representatives of the school system, and leaders of community prevention and service groups. One or both reviewers interviewed a total of 137 individuals in 39 sessions. Some participants were interviewed more than once to capture additional information.

All interviews followed a format of inquiring about agency and system strengths and needs. Where needs, in particular, were identified, interviewees were asked about underlying reasons, history, and barriers to improvement. Interviewers took detailed notes which were later transcribed.

Analysis of interviews to identify themes was accomplished by standard coding processes for qualitative data in which interview notes were coded according to a priori and emerging codes. A priori codes included expected categories such as workforce and workload, organizational structure, leadership, data and technology, administration and management, courts and legal system, placement resources, and service resources. Codes such as communication and resource family support emerged from the data.

Assessment of documents focused primarily on consistency with reviewers' understanding of current best practices in child welfare while review of quantitative data was directed to identifying work flow in the agency's intake and investigations functions and, where possible, comparison with national norms.

#### B. Limitations of the Review

Time and resources provided for this review limited its scope and depth in a number of ways. First, interviews were conducted primarily with state level DHS administrators, and with lower level staff, larger system stakeholders, service recipients, and other community members only in the Des Moines and Cedar Rapids services areas. Additionally, reviewers did not read case records or observe the actual work of direct service personnel as might be done in a more in-depth assessment.

There was limited availability of what are generally viewed as key sources of information about practice and performance. While some quantitative data concerning intake and assessment were able to be obtained fairly quickly, that was not true of data reflecting the volume and outcomes in ongoing services due to the limitations DHS currently experiences in the facility of its data system and in the availability of personnel with the capacity to produce reports. Further, reviewers understood that agency policy was undergoing revision and thus relied upon the existing policy manual, rules and practice guides to gain an understanding of policy related to intake and child abuse and family assessment processes. Finally, reviewers did not delve deeply into the department's human resources functions as they affect the child welfare workforce. Thus many questions remain concerning the hiring and selection process, length of time required to fill vacancies, the performance assessment and professional development processes, and the metrics applied in calculating caseload and workload.

### **III. Agency Structure and Capacity**

#### A. Structure

The Iowa Department of Human Services (DHS) is a large human services agency that has responsibility for the administration of multiple programs. In addition to being the state's legally mandated child protection and child welfare authority, it administers adult protective services, placement and supervision of the juvenile justice population, child support enforcement activities, public assistance, and medical services.

Activities of DHS personnel in the agency's six service area offices (the Central Intake Service Area, and five areas comprising geographic subdivisions across Iowa) are managed by the DHS operations division. Staff who fulfill functions related to child protection investigations and the provision of ongoing services to children and families who are the subjects of child maltreatment reports are located in county offices

which also house personnel who fulfill the other functions of DHS. Direct services staff are specialized in that they provide only child welfare and adult protection functions and are supervised by personnel who work only in these areas. Above the level of the direct services supervisor, managers also have responsibility for the other functions of the department.

Child welfare policy and practice guidelines are developed by the Child Welfare Policy Division at the state level. These staff do not have direct oversight of the frontline workforce that actually executes the child protection and ongoing child welfare functions in the county offices but rather work in tandem with the operations division which actually exercises authority over the activities of the county offices.

DHS has full-time offices in 42 of the state's 99 counties. The other 57 counties have office space, but it is not staffed on a full-time basis. This means that personnel from the nearest fully staffed offices travel to work in those counties. Some smaller county offices house child welfare casework staff whose supervisors are located in an adjacent county.

DHS uses a model of child welfare service delivery in which its front-line staff serve as "case managers," meaning that they coordinate casework activities, many of which are actually performed by individuals who are employed in organizations under contract with DHS or in other agencies. The majority of direct services to families are provided by Family Safety, Risk, and Permanency (FSRP) staff who work for contracted agencies. Contracted personnel also have primary responsibility for direct services in family reunification, monitoring of in-home safety plans, and in recruiting, assessing, and training resource families who provide care for children in protective custody.

## B. The Child Welfare Workforce and Workload

### *Staffing and Qualifications*

Service delivery staff in child welfare are of two primary classifications: Social Worker II and Social Worker III. The Social Worker II position is responsible for ongoing services while the III performs the child abuse or family assessments that are done following a report of suspected abuse or neglect being accepted at intake. Their activities are over seen by Social Work Supervisors, most of whom have risen from positions as social workers in direct services.

Social worker is not a legally protected title in Iowa and thus there are no educational or licensure requirements for staff beyond possession of a general baccalaureate degree. Those without social work degrees are required to have at least three years of experience in some aspect of social services although it was not clear to the reviewers just what kinds of work fulfills that requirement. Persons having a baccalaureate degree in social work must have two years of experience and those with a master's degree in social work may be hired without experience.

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.

### *Staff Stability*

Rates of turnover among DHS child welfare staff are relatively low compared with those in many other states. It was reported that turnover among both Social Worker II and III positions over the last five



years has ranged from 3.4 percent to 8 percent. Last year it stood at less than 2 percent, lower than the 8% for state employees overall. The average tenure among Social Worker IIIs performing child abuse and family assessments is 14 years and among Social Worker IIs, 11 years. These figures depict a much more stable workforce than is typically seen in child welfare agencies in the United States where turnover rates average about 20 percent and are often much higher.

Workforce stability is attributed largely to the fact that salaries are relatively good. Additionally, Social Worker IIIs performing child protection assessments are able to draw overtime. Reviewers were told by a number of these staff that they would never consider moving to a supervisor position as the loss of overtime would mean a reduction in pay even with a promotion since supervisors are not eligible for over time compensation.

While statewide figures depict an exceptionally stable workforce, information obtained in interviews indicated that there are exceptions in some counties. Polk County was consistently described as being a county with very high turnover and high turnover was cited in Linn County as well.

### *Workload*

Workload in child welfare is an issue of concern at the current time. Reviewers were unable to determine the exact status of current caseloads. Figures were provided for average caseloads based on the number of positions provided. Reviewers were told that case managers generally carry about 15 families or about 30 children in a combination of out-of-home care and in-home service cases. Assessment staff receive an average of 11.5 new cases per month, down from 13.9 in 2012. This figure was reported to have been stable for the past few years.

Actual caseloads in some counties were reported to be much higher than the statewide average. Reviewers were told this was true in both Polk and Linn counties. Some counties were reported to have ongoing caseloads as high as 40 families with child protection averaging over 20 cases per month. In the two service areas in which interviews were conducted, system partners in the courts, other public agencies, and providers consistently expressed concern about workloads in DHS, with some using the terms “brutal” or “overwhelming”.

A report of cases per worker as of April of 2017, showed 119 of 195 Social Worker IIIs receiving an average of between ten and fourteen cases per month with 61 receiving between fifteen and nineteen. Two had greater than twenty and only thirteen received nine or less. Among 312 Social Worker IIs, 275 were reported to have caseloads of fifteen cases or greater with 144 of those at thirty or greater and over forty exceeding forty. In the case of Social Worker IIs, it is not clear whether cases are considered individual children or families. However, even if these are weighted more heavily as children, these caseloads far exceed those prescribed by Child Welfare League of America Standards or recommended in most child welfare workload studies.

The ratio of supervisors to case managers is one to seven which exceeds the one to five ratio recommended by the Child Welfare League of America. Workloads of some supervisors are also affected by the fact that they must travel to multiple counties. In addition to case consultation, supervisors have responsibility for overseeing and documenting the transfer of learning of new staff who are undergoing training during their first year of work. Although this is a duty that is certainly appropriate for supervisors, it does increase workload, particularly in those counties with higher

turnover in which supervisors are thus being assigned new trainees more frequently than in those counties where the workforce is relatively stable.

#### *Training and Professional Development*

New staff receive four weeks of training consisting of about 160 hours over the course of their first year of work with on-line and classroom training being interspersed with field experience. All child welfare personnel are required to have 24 hours of ongoing training per year. DHS has a relationship with Iowa State University to provide some training using either its own faculty or subcontracting with other professionals who have received positive staff evaluations based on delivery of prior training. In addition, some DHS staff also serve as trainers.

DHS conducts annual training needs surveys and undertakes to develop new course offerings based on survey results. Individual needs for ongoing learning are intended to be identified as part of the annual performance assessment process. It was not clear to reviewers, however, to what extent that is actually being done.

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.

DHS has a contractual relationship with Iowa State University using federal Title IV-E funding that provides subsidies for the professional development of child welfare staff. In many states, such university-agency partnerships also support stipend and internship programs designed to recruit BSW students into child welfare practice and to provide opportunities for those already employed, especially supervisors, to pursue masters in social work. Iowa DHS does not currently use its IV-E funding capacity in this way.

#### *Staff Morale*

Staff morale in the service areas reviewers visited was described by many of those both within and outside of DHS as poor. Recent legislative changes in collective bargaining, budget cuts, workload, and a culture that seems heavily compliance focused were all cited as reasons for this. One advocate observer commented that, "There has for a while now been the expectation of doing more with less. After a point, it becomes impossible."

Some also referenced lack of support within some offices with external system partners in particular observing that front line staff seem to feel that "no one has their backs", and that case managers or supervisors risk becoming scapegoats in case crises regardless of their level of skill or other work record.

### C. Administrative Systems

#### *Child Welfare Policy Division*

Reviewers had multiple interviews with both the Child Welfare Policy Director and the Child Welfare Bureau Chief as well as single interviews with lead administrators in key program areas such as child protection, foster care, adoptions, and those overseeing contracts with service providers. In general,

these individuals have impressive credentials. Most are degreed social workers with several, including the policy director and bureau chief, having Masters in Social Work, and they have lengthy child welfare experience. Most demonstrated knowledge of current best practices including a number of evidence-based models and were able to identify challenges as well as strengths in their areas of responsibility.

Leaders of provider agencies and other system stakeholders tended to express confidence in these administrators, indicating that they were able to communicate well with them and that they found them to be collaborative and supportive of public-private partnership efforts to improve services to children and families. They were also described by several informants outside of DHS as being forward thinking and as doing the best that can be done with resources that, in some respects, are very limited.

### *Data Capacity*

DHS uses the web-based JARVIS system for its intake and assessment functions. This system is updated daily and is reported to provide easily retrievable data tracking intake of reports and their disposition. Unfortunately, the department's capacity to track and easily access and analyze data for ongoing services and children and families involved in out of home care is far less robust. Administrators report that it is badly outdated. The length of time required to retrieve the data requested by reviewers and the form in which it was ultimately produced suggest a system that is incapable of providing the kind of readily accessible, detailed, and easily read reports that twenty-first century child welfare systems require to manage effectively and to actively use data to drive continuous practice assessment and improvement.

Reviewers were told that DHS has outlined a plan for revision of the current child welfare system, but has no timeline for when resources may become available to build it. It was reported that, currently, the majority of funds available in DHS for information technology are being devoted to the system that supports medical assistance.

## B. The Continuum of Child Welfare Services

### *Intake*

Conditions under which reports of maltreatment are accepted and assessed by DHS are prescribed by state law and DHS policy. As in other states, Iowa's law and policy provide that the mandated child welfare agency is responsible for investigating reports alleging that a child is being abused or neglected by a person responsible for his or her care. Reports of maltreatment that do not involve a caregiver as an alleged perpetrator are the sole responsibility of law enforcement. The legal definition of a person responsible for a child's care in Iowa is, however, broader than that of many states and substantially broader than some. Although Iowa does not stand alone in its liberal definition a child's caregiver, it is definitely, in the opinion of reviewers, as broad as any and broader than most. A number of states confine the person responsible for a child's care to parents and legal guardians or custodians. Others also include other adults in the child's household, employees of child care facilities, or of institutions that have a legal responsibility for the care of the child. The Iowa definition has no limits based on age of the caregiver, legal status, or duration of the caregiving responsibility. This means that DHS can also be required to investigate reports of abuse involving only other children as alleged perpetrators in a household or care setting, those involving incidents occurring at the home of a neighbor, or in almost any other setting.

During regular business hours, reports alleging abuse or neglect are received by a central unit or “hotline” which is staffed by 23 Social Worker III and 2 Social Worker IV level staff. These personnel assess whether incoming calls meet the legal requirements of reports and are charged with getting as much information as possible on which to base decisions about the level of priority that will be assigned to a report and to facilitate the initiation of the assessment by designated staff. All calls that are initially rejected by intake staff are subjected to a supervisory review to confirm that the report should have been screened out. The two Social Worker IV staff in the intake unit review reports to identify needs of individual staff for further training and coaching.

Some of the Social Worker III staff working in intake have experience actually conducting child abuse or family assessments. However, that is not true of all. Several of those interviewed expressed concern that the intake unit can hire new Social Workers III who have no experience in the field.

The central intake unit currently receives an average of 250 calls per day and reports that call volume has increased this year. Since the two child deaths which precipitated this review, intake staff have been instructed to accept reports that otherwise meet the legal prerequisites whether or not the reporter is able to offer any information to indicate that the child has sustained harm or is actually threatened with harm as a result of the alleged maltreatment. The number of screened out intakes in Iowa has declined from about 50 percent to about 35 percent of all calls. This indicates that Iowa’s intake unit accepts more reports on average than do other child welfare systems given the most recently published national screen-out rate of 41.8 per cent.<sup>1</sup>

After hours child protection intake is handled by operators at the Iowa State Training School for boys. Calls are then referred to designated Social Work Supervisors. Several of those interviewed within DHS voiced concern about lack of consistency in the after-hours intake process and expressed the view that the central intake unit should be expanded to receive calls around the clock.

Intake designates an assessment track and a response time for each accepted report based on the type of abuse or neglect alleged. Iowa, like many other states, uses a differential response (also called alternative response in some states) system that directs reports deemed to constitute lower risk to a less rigorous family assessment process. These reports allege denial of critical care, but lack any information to suggest imminent danger or injury. The response time for family assessments is 72 hours. As of January 2017, any report that alleges parents are using methamphetamine, amphetamine or have chemicals used in the production of these drugs in the home, even when a child is not present, will be accepted at intake and assigned to a child abuse assessment. Any report that alleges parents are using heroin, cocaine or opiates in the presence of a child, will be accepted and assigned to a child abuse assessment.

All reports that include allegations of immediate danger or harm are referred for child abuse assessments which have more detailed and rigorous investigation requirements. A response priority of one hour, 24 hours, or 96 hours is assigned depending upon the nature of the allegations and the circumstances described by the reporter.

### *Child Protective Services*

Social Worker IIIs, who are based in county offices, conduct both family and child abuse assessments. Iowa, like other states, uses safety and risk assessment tools and all reports, regardless of the track

designated, receive a safety and risk assessment. Assigned caseworkers have ten days to complete a family assessment and twenty days to complete a child abuse assessment.

DHS uses a safety assessment instrument that closely aligns with those in use in other systems. It includes items intended to assess present or impending danger, caretaker capacities, current conditions within the family, child-caregiver interactions, and the home environment. Caseworkers are also required to describe current safety threats and to identify protective factors and the extent to which they might mitigate safety threats. Each child who is the subject of an assessment must be found to be either safe, unsafe, or conditionally safe based on protections that can be put in place to address specific dangers.

Both family and child abuse assessments also use a risk assessment tool to assess the degree of risk of significant harm in the longer term. Iowa uses a risk assessment tool developed and tested in Colorado. Reports of reliability and validity testing conducted by Colorado State University indicate that its items have at least moderate reliability and that they acceptably discriminate between those with greater and lesser likelihood of future referrals of maltreatment.

Child abuse assessments result in a finding of either “not confirmed”, “confirmed”, or “founded”. A designation of confirmed indicates that, while a finding of maltreatment was made, it was determined to be “isolated, minor, and unlikely to happen again”. Confirmed findings are not placed on the central child abuse registry. Founded cases are those deemed to involve greater degrees of harm and/or additional risk and are placed on the child abuse registry.

Practice guidances for child abuse assessments reviewed raised some questions for reviewers insofar as the assigned time frames. The assessment time frames of twenty days for suspected child abuse and ten days for family assessment are significantly shorter than those in many jurisdictions which often provide for between thirty and sixty days.

Iowa DHS implemented its differential response system in January of 2014. A 2016 report issued at the end of calendar year 2016 found that the system was working as intended and that outcomes overall were positive. Specifically, it noted:

- 95% of children who received a family assessment did not have a substantiated abuse report within six months.
- 98.09% of families referred to Community Care services do not experience a Child in Need of Assistance (CINA) adjudication within six months of service.
- 92.92% of families referred to Community Care services do not experience a substantiated abuse report within six months of service.
- 3,815 families were referred to Community Care.
- 1,350 of 8,857 families originally assigned to the family assessment path were re-assigned to the child abuse assessment pathway.
- Reassigned families constitute 5% of all accepted intakes for CY16. Of the families reassigned, 50.5% resulted in a confirmed or founded outcome, which indicates pathway reassignment is being utilized as designed.

Despite the outcomes stated above, however, 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.

### *Ongoing Services*

When children are placed in the protective custody of DHS or families are referred for ongoing services following a child abuse assessment, they are referred to units staffed by Social Worker IIs who serve as case managers. These staff coordinate case activities and carry responsibility for ensuring the development of case plans, provision of services, and working with the courts toward final disposition. They are required to have regular in-person contact with parents and children and visits with children must occur at least monthly in the homes where they are placed. Most direct services, however, are provided by contracted staff.

## C. Key Issues in Policy and Practice

### *Family Engagement*

Although case managers are required to have monthly contacts with parents, these do not have to occur in the parents' homes. Thus, they often take place incidentally in association with parent-child visits, court hearings, or other case activities.

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. One long-time external partner observed that the emphasis on working with families and on reunification seems to have been lost.

Some of those interviewed expressed concern about the number of people, including contracted providers and case managers that are involved with families. They wondered whether, with multiple service providers, particularly when many of them have overwhelming workloads, families really have an opportunity to form a working alliance with anyone.

### *Family Teaming and Case Planning*

In keeping with tenets of good child welfare practice, DHS policy does call for family team meetings and that they be held at least quarterly. However, such meetings are reportedly not held consistently. Interviewees indicated that case plans may be crafted outside of team meetings without input from the family. Some expressed concern that, even when team meetings occur, parents may not be adequately prepared for them and may not understand that they can invite extended family, friends, or other significant persons to be present. Team meetings were described in some locations as often being "too attorney driven" and without strong and expert facilitation. It was also reported that, too often, case plans are "cookie cutter" meaning that they do not appear individualized to meet family needs, but simply incorporate a standard menu of available services.

Despite reported concerns related to the quality and consistency of teaming, reviewers were told that requirements related to facilitation training and the format and timing of team meetings in FSRP contracts are quite detailed and rigorous. All facilitators must undergo a 3 day training followed by a six month period in which they work with a coach who is already an approved facilitator. The trainee must then co-facilitate with the coach, who evaluates his or her performance and makes a recommendation

for approval. There is a separate 1 day training and an additional coaching process for Youth Team Decision Making facilitators. All facilitators must be re-authorized every 2 years and complete 6 hours of training quarterly. Unless there is turnover in facilitators, families are to have the same facilitator at all team meetings.

### *Communication and Confidentiality*

External professionals involved in making referrals to or in serving the child welfare population frequently cited problems related to their inability to communicate with DHS beyond making a report to the central intake section. Physicians, educators, and providers of community-based prevention services, all of whom are mandated reporters of suspected maltreatment, expressed frustration with their inability to communicate with DHS, particularly following their having made a report. Most indicated that they are unable to learn to whom a report has been assigned so that they can communicate additional information.

Educators and community-based prevention providers, in particular, also expressed concern about the way assessments are handled stating that they often result in parents being provided with information that allows them to conclude who made a report or the identities of those contacted as collaterals, causing them to disengage in contacts with the school or with community services even when no intervention occurs to otherwise ensure the safety of the child who was a subject of the report. Several also cited situations in which this has resulted in parents' retaliation against children as information made available to the parents made it clear that children disclosed alleged maltreatment. In these cases, children may cut off communication with teachers, counselors, or mentors whom they had previously trusted.

Youth interviewed also expressed concern about communication. Most said that they had had difficulty reaching their caseworkers and several recalled instances in which they had been unable to participate in school or extra-curricular activities because their parent's or caseworker's permission was required and they had been unable to secure it in time for the event. Both youth and resource parents also expressed frustration with being unable to get copies of needed documents, especially children's birth certificates, which are often needed, particularly by youth as they reach age 18. Apparently birth certificates that DHS obtains are stamped "for DHS use only" and cannot be used for any other purpose such as for a youth to obtain a driver's license.

It was subsequently learned that child welfare policy administrators are aware of the lack of consistent understanding of the federally recognized standards for normalcy which indicate that resource parents should be authorized to approve routine activities such as field trips associated with school for children in their home using the standards of "reasonable and prudent parenting" that apply to parents' decision making for their own children. A training is being developed and will be offered to staff in early 2018.

### *Concurrent Planning*

DHS practice guidance endorses concurrent planning, the practice of identifying an alternative permanent plan for a child in out of home care, even while still working diligently with his or her family of origin to achieve reunification. Concurrent planning is an accepted practice in child welfare that is designed to ensure that children achieve permanent placement outside of foster care as quickly as possible. It is preferred to a sequential planning approach in which an alternative permanency resource

is sought only after reunification has been ruled out. Despite the advocacy of concurrent planning, however, several of those interviewed indicated that they had not observed it to be practiced effectively in many instances. 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.

### C. Review of Quantitative and Qualitative Data

#### *Quantitative Data*

During calendar year 2015, Iowa DHS received 46,994 reports of alleged child maltreatment of which 24,562 (48%) were accepted for assessment. In 2016, that number rose to 50,091 reports with 25,950 (49%) accepted, an increase in assessments of about 6%. During the first half of 2017, 27,463 reports were received and 16,925 (62%) accepted. If reporting and screening continues at these rates through the remainder of the year, the agency will receive 10 per cent more reports than last year and will conduct 31 per cent more assessments. This likely presents a challenge given that the number of Social Work III positions has not increased.

In 2016, of 18,481 child abuse assessments, 6,575, or almost 36 per cent, were either confirmed or founded. Of those, 4,385, were referred for formal ongoing services within DHS while, 1,806 were referred for Community Care and another 1, 268 received information and referral services to connect them with additional resources. As of the first five months of 2017, child abuse assessments have increased substantially, by 43% over last year, likely reflecting lower screen-out rates and the fact that a greater proportion of accepted reports are being referred to the child abuse assessment track than prior to policy changes made this year. The portion of those assessments that are either confirmed or founded has dropped to just over 32 per cent.

Children enter and remain in out of home care in Iowa at a rate higher than the national average. At the end of 2016, Iowa had just under 6,000 children in care, a rate of about 8.2 per 1000 children in the population, compared with a national rate of about 5.5. Entries into care each year occur at a rate of about 6 per 1000 children in the population compared with a national rate of about 3.3. This number is somewhat difficult to interpret, however, given that children entering through the juvenile justice system are also included in the population. This is not true of foster care counts in many states.

A total count of calendar year 2016 showed that 10,200 children were in out of home care for some portion of the year. Of those, 1,530 were placed through juvenile services, and 8,670 entered through child welfare services. If these figures hold true currently, they suggest that, at any one time, about 18 per cent of children in care are placed through juvenile justice.

#### *Qualitative Data*

Evaluators reviewed the statewide CFSR case review data for FY 17. For the 65 cases reviewed, in the 18 items assessed, DHS performed well in areas such as Timeliness of Investigation Initiation (85.9%) and Services to Protect Children in the home and Prevent Removal/Re-entry (91.3%). The Department was challenged in the areas of Child and Family Involvement in Case Planning (53.5%), Needs and Services of Child, Parents and Foster Parents (50.7%) and Caseworker Visits with Parents (20.6%).



#### D. Contracted Services

Iowa DHS has begun to use performance-based contracting in the following areas:

- Child welfare emergency services
- Foster care group care services
- Supervised apartment living
- Recruitment & retention of resource families
- Training and support of foster parents

Both DHS administrators and providers were generally positive about this new contracting approach although some providers expressed concern with its “no reject, no eject” requirement with regard to accepting and maintaining youth in placement even when they believe their program is unable to provide the needed level of care.

The most widely used contracted service for families involved in child welfare appears to be Family Safety, Risk, and Permanency (FSRP), which serves needs related to family preservation and reunification. This includes service planning with families and carries a requirement that service plans be created within the first thirty days after referral, that they be based on the family’s child abuse assessment, and that they align with the DHS case plan which must be created within sixty days. FSRP also arranges and provides supervision for parent-child visits and family interactions when children are in out of home care, provides facilitation for family team decision-making meetings, as well as other activities, interventions, and strategies necessary to achieve desired outcomes. The contract between DHS and providers of FSRP lists extensive functions that the “Care Coordinators” employed by FSRP agencies are to provide. These include help in improving family communication and relationships including parent-child interaction, services to promote family reunification, parent education, parent coaching and mentoring, assessment of parent-child interactions in visits, support and supervision to maintain child safety when children have been reunited with the families, and many more.

Contracts with providers of FSRP specify staff qualifications of a baccalaureate or master’s degree in “human services or a related field” and one year of child welfare experience or an associate’s degree in human services and four years of child welfare experience. It was learned that requirements for these staff had been lowered recently based on contractor feedback. No training requirements are stated. However, providers are required to be accredited by an appropriate national accrediting body which has its own requirements for training. Accrediting bodies also specify requirements for supervisors. Contracted providers are allowed to have their staff attend the training that is provided for DHS staff through the Iowa State University Child Welfare Training Academy if space is available.

A consistent theme in interviews conducted during this review was that FSRP 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 provider agencies, 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. Reviewers were informed that FSRP contracts in the Cedar Rapids and Des Moines service areas experience the highest staff turnover.

FSRP providers elsewhere in the state are reportedly offering some evidence-based intervention models including SafeCare, which is being offered by five of the eight FSRP providers. Some are also offering The Incredible Years and the Boys Town parenting models.

In addition to FSRP, DHS also contracts with these providers for Safety Plan Services. This service is intended to provide short-term support of in-home safety plans for children identified in a child abuse assessment as in danger. Staff are engaged for up to two 15 day periods, must meet with families within 24 hours of the initial referral, and be available to the family 24 hours a day every day to respond to any crisis. 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.

#### E. Service and Placement Resources

##### *Service Array*

Information about the array of resources available to serve children and families involved with DHS is limited as this review is confined to the Des Moines and Cedar Rapids service areas. Those interviewed noted that they enjoyed a wealth of resources in many areas. The most consistently cited area of need was in mental health treatment, especially insofar as in-patient services are concerned.

Those interviewed in the Des Moines area in particular pointed to a wealth of resources as a substantial strength. However, it is not known to what extent that is true in other areas of the state.

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.

Staff in Linn and Polk counties enjoy the support of other disciplines, including medical and law enforcement professionals, in making decisions in especially complex cases. In Polk County in particular the multidisciplinary team which DHS supports and coordinates, was cited as very beneficial. Many workers emphasized the importance of this team in the course of conducting challenging assessments.

##### *Placement Resources*

Given the number of children in out of home care in Iowa, the demands upon DHS for the provision of suitable placements is significant. Currently, DHS is making efforts to place children as close as possible to their families of origin, an effort which reviewers strongly support since keeping children in close proximity to their families greatly contributes to maintaining family connections and increases the chances of reunification.

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.

DHS staff encounter 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. Apparently, in Iowa, there is a right to be a foster parent as some whose homes are closed file appeals that are upheld by state hearing officers. It was also reported to be common to allow variances beyond licensed capacity in resource family homes due to the shortage of placements.

DHS uses shelter care placements across the state. Most of these are licensed for older youth, but some also care for infants and young children. Shelter placement for any age child is intended to be only for very short periods of time. However, several of the youth interviewed indicated that they had been in such placements for several weeks and one for almost a year. These youngsters recalled that shelter placement is inherently anxiety producing as their own futures remain uncertain and they watch other children come and go on almost a daily basis. Because it is designed to be very short term, shelter programming does not include intervention tailored to children's individual needs. One youth stated, "No healing takes place in shelter care."

#### G. Courts and Legal System

Dependency courts throughout Iowa use a one family-one judge model which is considered to be good practice in that it provides continuity in oversight of a family's progress in making the changes necessary to make children safe and in moving children to stable permanent family placements outside of foster care. Reviewers were also impressed with the reported level of activity by Iowa's Children's Justice Initiative (CJ), the state's Court Improvement Program, which operates under the auspices of the state Supreme Court. CJI has 5 full-time staff (4 program and 1 financial manager). It conducts assessments of the court process and court orders in dependency and provides consultation for courts on best practices in dependency. It also manages the grants for the family treatment courts in the state, convenes the various committees and advisory councils involved in the state's child welfare system, and provides some cross training for CW and legal professionals involved in dependency cases.

Iowa has a number of specialized courts for families involved in child dependency matters. The state, through CJI, received a Community-Based Regional Partnership Grant in 2007 and initially set up 6 family treatment courts. The number has now increased to 12. The treatment court program uses the Strengthening Families model which provides families of children 3-5 years old and 6-11 years old with 14 weeks of treatment. A pilot site has been established for parents with children 0-3. Treatment also includes recovery support which involves both professional and peer support. Treatment Courts use the UNCOPE substance abuse assessment.

County attorneys present dependency cases on behalf of the state in Iowa and serve to unofficially represent DHS. In some particularly complex cases and in all appeals of terminations of parental rights, DHS is represented by attorneys from the state Attorney General's office. Both children and parents are represented by legal counsel. Parents, if indigent, are represented either by the public defender or by private appointed counsel.

Reviewers were able to talk with court personnel in both Polk and Linn counties. In Linn, parents who are indigent are usually represented by attorneys with the public defender's office. Attorneys who represent children are contracted. In Polk County, the court appoints private counsel for parents from a list of attorneys who have registered with the court. Judges are required to select attorneys at random. Attorneys are required to have three hours of specialized training per year to retain their eligibility to represent parents. Children's attorneys are provided by either the Juvenile Public Defender, Youth Law Center, or the Drake University Children's Law Clinic.

In Polk County the juvenile bureau within the Office of the County Attorney is reported to be staffed with seasoned attorneys with a commitment to juvenile law. This is also true of the bench, which has dedicated juvenile judges with several of the current six having substantial experience in juvenile law.

Agency-court relationships in both Linn and Polk counties appeared to be reasonably positive. Differences across sections of court sometimes challenge DHS, contracted providers, and resource parents, and workloads are viewed as a factor that sometimes keeps DHS from producing needed documentation such as reports or social summaries on time. However, the relationship with the County Attorney's office helps ensure that interactions with the court run smoothly for the most part.

Some parents, youth, and resource families who were interviewed indicated that they had been visited by their attorneys or had had interactions with them outside of court. This was not, however, the norm. Two foster mothers, each with greater than 25 years' experience and having cared for dozens of children, indicated that they had, respectively, experienced two visits and one visit by attorneys with children placed in their homes.

#### H. Client Advocates and Service Recipients

##### *Parents and Grandparents*

Parents, grandparents, and client advocate groups interviewed appreciated the use of Parent Partners. They also acknowledged that some services to which they were referred by DHS addressed needs in their families. However, they consistently voiced mistrust of DHS and the courts.

Specific issues raised had to do with the belief that actions to remove children from families were monetarily driven based on federal funding streams which provide monies for out of home care rather than support of in-home services to families, that reasonable efforts to prevent removals are not consistently made or required, and that relatives are not properly evaluated as placement resources.

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, ostensibly to help them address deficiencies identified by DHS and the courts, are effective and in sufficient supply.

##### *Youth and Youth Advocates*

Iowa has an active and well-supported organizational structure for its older youth and recent alumni of foster care. There are 15 youth councils statewide; councils provide input into agency policy and legislation. About 45 youngsters each year are able to attend a one week summer camp that teaches leadership skills.

Although Iowa does not allow youth, with the exception of those having significant developmental needs, to remain in foster care status until age 21, DHS does support an aftercare program which provides some case management, educational supports, and a stipend of up to \$600 per month which may be adjusted downward if other resources are available to the youth. Youth may enter the aftercare program voluntarily when they become 18 years of age. Eligibility ends at age 21 but a youth may retain eligibility for scholarships and medical assistance.

Youth who were interviewed in this review were appreciative of the aftercare supports offered. Many also felt, however, that they could benefit from more mentoring and from the opportunity to receive aftercare case management until age 24. They point out that, given the chaotic backgrounds and educational delays that are characteristics of youth who have experienced foster care, many are not really ready to function independently even at age 21.

#### **IV. Discussion**

This section of the report examines the findings detailed in section III above in light of critical aspects of child welfare system organization, administration, and functioning.

##### **A. Organizational Structure and Capacity**

###### *Structure*

Reviewers have some concern about the placement of child welfare within the array of responsibilities assigned to DHS. As previously stated, DHS has a wide range of responsibilities. These are all critically important public services and deserving of conscientious and efficient administration. However, child welfare differs greatly from the more regulatory functions associated with public assistance, child support enforcement, and medical assistance. Even adult protective services, which may be most akin to child welfare in that it involves assessing the care and treatment of vulnerable individuals, differs significantly in terms of the clinical knowledge and skill needed for competent assessment, the need for long range planning, and the legal and practice pathways of disposition and resolution that are available.

As stated above, reviewers' impressions of the knowledge and performance of staff in the DHS child welfare policy section is generally positive. However, the degree to which the policies and initiatives they design are actually implemented in a system in which administration and management is layered with responsibilities for multiple programs and in which mid-level managers may or may not have child welfare experience or formal social work training is questionable. Such a structure seems to invite the adoption of practices based more on system efficiencies than on the values and knowledge base of professional social work and what is known about the underlying causes and effective treatment of child maltreatment.

Assessing the often multiple and complex needs of families and children who present to child welfare systems requires substantial clinical knowledge and skill in gathering and interpreting information, applying intervention, and determining the sufficiency of change related to child safety. This is often a challenge for front-line caseworkers in today's child welfare agencies and calls for them to have substantial expert support in the ranks of supervision and management. If that is absent, even long experience may serve only to ingrain practices that do not lead to accurate and complete assessment as a basis for sound decision making about the safety needs of children.

### *Data*

The data system currently in use for intake and child protection functions of DHS appears to be working well. It is reportedly both current and accessible for administrators and managers. The older system on which DHS must rely for ongoing services, including those pertaining to children in out of home care, is out of date and difficult to use. Indeed, the information that reviewers received from that system was in a format that would make it daunting for analysis and interpretation on a frequent basis.

Forward-thinking child welfare professionals of today are teaching staff to use data to assess their performance, identify areas of practice needing attention, and actively monitor key metrics as they adjust efforts toward improving child and family outcomes. This cannot be accomplished with the kind of data base now in use for ongoing services in Iowa DHS. Further, the lack of timely access to outcome data may contribute to the concerns noted in A. above regarding the extent to which policies and initiatives designed by child welfare administrators are actually implemented as intended since that cannot be readily gauged with the existing system.

### B. Policy

This preliminary review did not involve a complete analysis of current policy in DHS, but rather of intake policies and practice guidances to be applied in child abuse and family assessments. In terms of intake, it appears that state law and its interpretation, particularly as it pertains to the definition of a person responsible for the care of a child, the variable which most distinguishes maltreatment concerns that are directed to the child protection agency rather than to law enforcement alone, is exceptionally broad. (For purposes of comparison, details of state child abuse reporting laws current as of 2016, may be accessed at <https://www.childwelfare.gov/pubPDFs/define.pdf>.) Additionally, since the two index cases which precipitated this review, DHS has changed its intake screening procedures with the result that the percentage of reports accepted has risen from about 50 percent to about 65 per cent. This has occurred during a period of increased reporting as well as a shift in policy which assigns more investigations to the child abuse assessment track rather than to the less rigorous family assessment track. Child abuse assessments carry demands for response times that may be as little as one hour and are in most cases within 24 hours.

These policy measures, the broadening of intake and the lowering of screen-out rates, are familiar; they follow a pattern often taken by states in the wake of child fatalities or other high profile cases in well intentioned attempts to ensure children's safety. They have, however, in the reviewers' experience, seldom if ever had the intended effect. Such actions can, in fact, serve to place more children at risk by adding to workload requirements that are frequently already overwhelming and broadening the scope of intervention far beyond the expertise or experience of child welfare personnel.

One fact that is frequently lost in child welfare reform efforts is that child protection intervention can, if too broadly targeted or poorly executed, cause great harm, inflicting trauma on children and families that has far worse effects than the maltreatment it is intended to prevent in all except the minority of particularly egregious incidents. Indeed, a number of mandated reporters interviewed during the course of this review, expressed just that fear, citing instances in which they believed their reports or those of their colleagues, given the way that they were acted upon, may have caused parents to retaliate against

children and other family members or to disengage from association with individuals or organizations that had provided a safety net for the children in question. Even when that does not occur, it can be assumed that unwarranted intrusion into the lives of families serves to invoke considerable stress and anxiety for children as well as for their parents. If such harm is to be avoided, the conditions that call for child welfare intervention must be carefully considered. Demands placed upon child welfare systems must be aligned with agency resources in terms of workload, the knowledge, skill, and oversight of personnel, and the interdisciplinary resources at their disposal in making critical decisions.

Further, child welfare intervention should not be viewed as a substitute for universally available basic health, mental health, and supportive community services that can help families, especially those in poverty, to voluntarily access resources needed by themselves and their children that may keep their needs from escalating to the point that they result in a report of abuse or neglect. Parents are often understandably defensive when they become the subjects of child welfare intervention and thus not as readily open to intervention as they might be had they had an opportunity to access services voluntarily. Child abuse and neglect intervention is also much more costly than many lower level community-based preventive services.

Of further concern in the area of policy are the relatively short time frames provided for completion of assessments. Although it may be possible for many, or even most, child abuse and family assessments to be completed within the twenty and ten days that are, respectively, provided, these times are considerably shorter than those seen in other states with which the reviewers are familiar, which more normally allow at least thirty days for both and, in some instances, an additional 30 days for completion of documentation before cases are considered out of compliance. There is certainly a need for assessments to be completed as soon as possible in order to ensure that appropriate child safety steps are taken and to provide families with closure. However, the very brief time frames in Iowa appear to leave little margin for workload management or to allow for additional information gathering in situations in which it is indicated. Child maltreatment assessments should include, at a minimum, all of the following:

- Review of historical information when families have had prior involvement with child welfare;
- Interviews with and/or observations of children who are alleged to be victims of maltreatment;
- Interviews with alleged perpetrators and with other parents or caregivers;
- Interviews with other children in the household;
- Interviews with other adults in the household;
- Interviews with collaterals (e.g., medical professionals, teachers, counselors, relatives, neighbors) who are in a position to have knowledge of the care and treatment of the child in question and of the alleged maltreatment;
- Documentation of information, when available and relevant, of the child's medical and developmental status;
- Documentation, when available and relevant, of information pertaining to the health or mental health status of parents/caregivers and to criminal histories; and
- Supervisory consultations to review evidence and decision making.

In addition to the above activities, it is sometimes necessary to await reports of medical or psychological testing and/or to secure multidisciplinary consultation. Consistent completion and documentation of all

of the above activities in an environment which also requires responding to multiple new reports within the ten and twenty day times as they are assigned would appear to be challenging indeed.

Finally, the existence of a one-hour response time in the case of reports in which the perpetrator is said to have uncontrolled access to the alleged child victim raises some questions for reviewers. It is true that some reports do call for immediate response. Typically, however, this need is determined individually based on the facts of the report and tends, in the experience of reviewers, to occur most often in cases in which immediate action provides an opportunity for the child welfare caseworker to secure critical information from people who are available at the scene and to participate in making a plan for protecting the child during the investigation. Examples of such situations are those in which law enforcement is present at a scene which poses a threat to children or when a child presents at a medical facility, such as a hospital emergency room, with signs of maltreatment. While indicated in such limited situations, responding in such a short time frame may also unnecessarily jeopardize the outcome of an investigation. Certainly, it would almost always rule out the possibility of a caseworker's having an opportunity to review relevant case history that might well inform the investigation. Secondly, it precludes the development of a thoughtful investigative plan. In many instances, for example, the best place for an initial interview with an alleged child victim may be away from the child's home and the alleged perpetrator, but a one hour response requirement may not allow time to wait to see a child at school or day care. Such a requirement may also interfere with important time-sensitive work being done on other assessments. A total of 1205 one-hour response times were assigned during 2016. Although, this is a small percentage of the total assessments performed by DHS, it might be useful to explore to what extent they were warranted in terms of investigation findings and safety outcomes for the children involved.

### C. The Child Welfare Workforce and Workload

This review raised several questions about the capacity of the child welfare workforce and its workload. Given that personnel are not required to have any formal social work education upon entry, a lot is expected of both trainers and supervisors within DHS if they are to produce competent practitioners. Reviewers did have an opportunity to review the list of training topics provided to new staff but have no knowledge at this point of the content associated with them. Thus the following questions remain concerning training:

- To what extent does training in identifying child maltreatment include typologies of abuse and neglect and detailed information in assessing child vulnerability based on factors other than age? For example, do all staff understand that a child's status as an adoptee, especially if adopted from the child welfare system, constitutes an indicator of special vulnerability? Can personnel accurately distinguish between various types of neglect and caregiver behaviors that constitute neglect as opposed to the intentional maltreatment associated with more egregious forms of abuse? Are any demonstrated subject content experts, as identified by the university or by national child welfare organizations, involved in reviewing curricula and mandated course offerings?
- How skilled and knowledgeable are trainers? What clinical knowledge do they have? Is suitability as a trainer based on experience alone or are there other factors?



- Reviewers were pleased to note that training includes six hours in motivational interviewing. While this is insufficient to gain proficiency, it can provide staff with an understanding of the techniques, principles, and the value of this evidence-based approach in overcoming resistance and building a positive working relationship. It is not known, however, to what extent contracted personnel, who have the most intense contact with families, are provided with such training or what other professional development opportunities they are offered.

Reviewers noted that training for new case managers contains a course on social work ethics. However, the fact that there is no requirement for formal social work education, no incentive for recruiting from baccalaureate social work programs, and no continuing social work education support for existing staff coupled with the fact that mid-level managers may be those with experience in other fields, raises concerns on the part of reviewers about the extent to which these principles are really incorporated and applied in work with children and families. Iowa is certainly not alone in its lack of commitment to hiring front-line staff with social work education. This trend dates back to the “de-professionalization” of child welfare that began following the passage of the Child Abuse Prevention and Treatment Act in 1974 and the ensuing avalanche of child maltreatment reports that caused states to lessen their qualifications for child welfare staff in order to hire them in sufficient numbers. Many states do, however, maintain at least a strong preference for professional education, insist on it for staff in certain key positions such as supervision, administration, or training, and use the federal funding available through Title IV-E to create opportunities to add to the number of staff with social work degrees.

It appears that, at least in the two major urban areas in which this review was focused and very likely in other parts of the state as well, workload is an area of immediate and rather critical concern. Caseloads appear to already be very high in the midst of a trend of increased reporting and less stringent screening that could cause them to go even higher.

#### D. Practice

##### *Family Engagement*

This review revealed concerns about the extent to which practice is focused on the engagement of children’s parents and other caregivers. It is not unusual to identify this as a need in the functioning of child welfare systems in the current time. Federal requirements for tracking contacts with children, the level of skill needed to engage adults who are involuntarily involved in services, and the time it requires of caseworkers who are frequently overwhelmed with documentation and compliance requirements, make the difficult task of forming a true working alliance with parents beyond the capacity of the frontline workforce in many instances. It is, however, a fundamental truth in child welfare that, while agencies do have a responsibility to monitor the safety and well-being of children in their care, the real work of achieving safety and permanency for children is in helping their parents or other potential permanent caregivers to make the changes necessary to enable them to nurture their children and keep them safe. With few exceptions, children do not enter out of home care, or come to the attention of child welfare at all, based on their own behavior but on that of their parents and it is their parents who must be the subject of efforts of support and treatment.

Many, if not most, parents who become the subjects of child welfare intervention are themselves the victims of trauma with troubled histories that include prior negative encounters with service agencies that leave them fearful and mistrustful. It can indeed be a challenge to engage such parents. There is,

however, a substantial body of research that shows that such engagement can be achieved and that many parents can be helped to make the changes necessary to enable them to remain with or be reunited with their children. Iowa's own development of the *Parent Partner* model is evidence that this can occur and that child welfare staff in Iowa have helped make it happen.

#### *Family Teaming and Case Planning*

It is encouraging that Iowa has invested substantially in a process to develop skilled facilitators and that policy calls for family team meetings to be held at least once each quarter. Team meetings, when families are properly prepared and meetings are well planned and facilitated, have been demonstrated to provide a foundation for the kind of strong assessment and planning that leads to good outcomes. It appears, however, that despite the efforts of child welfare policy staff to develop contracts and policy that ensure good teaming practice, this may not be occurring in many instances.

#### *Communication and Confidentiality*

A number of those interviewed in the course of this review cited instances in which lack of complete or timely communication, including access to case managers, or interpretation of confidentiality had resulted in individuals lacking critically needed information or in their receiving authorizations for needed services or activities in a timely way. Such problems are not uncommon in large child welfare agencies as they seek to avoid risk and protect information. However, when staff are not sufficiently well versed in the intent of such policies or do not understand how to secure reasonable waivers, they can result in denial of needed services and also have the effect of frustrating and angering service recipients and agency partners such as resource parents. Further, reviewers suspect that in many of the cases cited, case manager workload, was a factor preventing timely access and response to information and policy clearances.

#### E. Contracted Services

Iowa DHS appears to have gone to great effort to create adequate casework supports through the use of contracted providers. This is a practice common in child welfare systems across the United States as state and county governments seek to limit the numbers of public employees without compromising needed public services. Further, private organizations can, in some instances achieve a degree of flexibility and tailoring of performance to meet local needs that can be difficult to achieve in public systems. In the two service areas in which this preliminary review concentrated, however, it appears that 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. They may be, but that was not clear from the information made available to reviewers and did not seem to be the case based on concerns almost uniformly expressed by those interviewed both within and outside of DHS and other formal system partners such as the legal system.

#### **V. Recommendations**

Recommendations are divided into two sections, those based on the information gathered in the limited, targeted review just concluded and recommendations for follow up in a potential second phase of the review which would be conducted in 2018.

These recommendations are derived from the findings outlined in section III of this report and the discussion in section IV. They are separated into two tiers, those that can be undertaken immediately and those that call for further inquiry during a second phase of assessment.

**Tier I:**

**Recommendation #1:** Provide accurate information on actual caseloads of case carrying personnel in all internal and external reports.

Exclude non-case carrying staff from calculations of caseloads in reports that are provided to the legislature and publicly. Provide county-specific counts and ranges of caseloads across counties. Caseloads should also be depicted in terms of children and families, by case type, and against the recommendations of national bodies such as the Child Welfare League of America, the Council on Accreditation, and the composite of workload analyses conducted of multiple systems by the Children's Research Center of the National Council on Crime and Delinquency and contained in the appendix to this report.

**Recommendation #2:** Institute competency-based learning that ensures staff have developed the skill expected to be acquired from training and ensure that ongoing training is based on individual staff needs as determined in their performance assessments.

Professional development should incorporate planned, purposeful assessments of transfer of learning through observation of staff in actually performing work that incorporates the knowledge and skills taught in class-based or online training.

**Recommendation # 3:** Strengthen requirements for providing services to parents.

This should involve a multilevel effort to include the following:

- Review requirements for having face-to-face contacts with parents and other caregivers and for coordination between case managers and FSRP personnel to ensure that there is appropriate emphasis on having immediate, frequent, and purposeful contacts with parents, particularly parents of children in out of home care, to develop and implement a plan to achieve reunification or other timely permanency outside of foster care. Strongly consider requiring regular face-to-face contact with parents in their places of residence.
- Ensure that case managers and FSRP staff coordinate their efforts and those of support personnel in a way that is directed to provide a primary point of engagement for parents. In association with that effort, review training content to examine the degree to which case managers and FRSP staff receive training in appropriate skills such as solution focused approaches and motivational interviewing.
- Review the process for case planning with families and the consistency with which team meetings are held and take steps to ensure that families and their self-identified support systems are uniformly involved in case planning. This review should also examine the quality of facilitation and current practices for allowing participation in family team meetings with priority given to ensuring that the setting of the meeting encourages full family participation rather than only that of professionals.

**Recommendation #3:** Develop a means of securing and providing important case and legal documents to youth when they exit formal foster care if not before.

**Recommendation #4:** Ensure that legal and policy requirements related to confidentiality are clear and uniformly interpreted and understood by staff at all levels.

Examine legal and policy requirements related to communication and confidentiality and explore how well understood these are by frontline staff. Identify what processes are in place for service recipients, resource parents, and mandated reporters to make inquiries about decisions or case actions and ensure that they are frequently communicated. Ensure that all information that resource parents legitimately need to provide both physical and emotional care for children placed with them is communicated to resource families at placement or as quickly thereafter as it is obtained.

**Recommendation #5:** Review processes currently in place for communicating with mandated reporters concerning assignment and outcomes of assessments of their reports.

This review should determine whether the intake unit is consistently able to direct mandated reporters to the CPS staff assigned to their investigations and to provide them with timely information concerning the outcome of the assessment.

**Recommendation #6:** DHS leaders should explore, as quickly as possible, avenues to secure funding necessary to improve its data system for ongoing services.

The antiquated state of the current data system compromises communication between DHS and contracted services providers, prohibits effective and efficient use of data, and has the potential to negatively impact children and families by making it difficult, if not impossible for front-line staff and managers to regularly assess and adjust practice to improve outcomes related to safety and permanency.

**Recommendation #7:** Form a workgroup to research other states' legal definition of caregiver and the way in which concerns related to maltreatment of children by those not meeting the legal definition are handled.

Such a work group should ideally include, at a minimum, child welfare policy administrators within DHS, legislative staff, and representatives of law enforcement. The group's work should conclude with a report and recommendations, if any, for policy changes in Iowa with regard to the legal definition of a caregiver.

**Recommendation # 8:** Form a work group to review the current time frames for response and completion of child abuse and family assessments in other states with similar populations and determine whether those currently in place are optimal in terms of their promotion of safety for children and demands placed upon child welfare and law enforcement.

Such a review should involve a sample case review of closed assessments to determine the extent to which they were done thoroughly in accordance with the key activities listed on page 21 of this report and of cases requiring a one-hour response to consider in what way it influenced the course of the assessment and its safety outcomes.

**Recommendation #9:** DHS should identify and resolve barriers to extending the current centralized intake system to 24 hour coverage.

The existing system of receiving after hours reports through operators at the state training school allows for disparity in the quality of intake of reports. Reporters and the information they receive should be considered equally regardless of the time during which their report is made.

**Recommendation #10:** DHS should immediately begin to work with state universities offering baccalaureate and graduate social work programs to develop undergraduate and graduate internships and stipends for social work students and to provide continuing opportunities for employees, particularly those in supervisory or training positions, to pursue the masters of social work degree.

Direction in maximizing opportunities available for social work education funding under federal title IV-E should be sought from the regional office of the Administration for Children and Families.

## **Tier 2:**

The following recommendations would be further explicated during the second phase of assessment.

**Recommendation #1:** Work with DHS human resources to consider whether the current pay structure for front line staff is optimal in terms of promoting work-life balance, rewarding personnel who remain in direct service positions even as they develop greater expertise, and provide for incentives for those who are well-suited for supervision to move into that role.

**Recommendation #2:** Work with human resources, state universities, and federal regional ACYF representatives to explore development of resources to provide content experts to review training curricula and modules. Review and development of training should consider especially the following:

- Content related to typologies of child neglect and abuse;
- Factors related to child vulnerability beyond age or diagnosed developmental disability;
- Caseworker behaviors associated with engagement of parents and caregivers;
- Behaviorally based case planning; and
- Matching of services to needs based on the extant research.

**Recommendation #3:** Examine workload and advocate for staff allocations and/or limitations on scope of responsibility that allow for comportment of staffing with extant workload studies of similar positions and Child Welfare League of America standards. Develop a means of monitoring deviations from expected workloads in local offices and providing support in the timely filling of vacancies.

**Recommendation #4:** Work with the Children's Justice Initiative and other legal partners to develop a structure of accountability for attorneys representing children and parents in dependency proceedings, especially those of the private bar, to provide them with both the level of support and of oversight needed to ensure legal representation for children and parents that comports as closely as possible with the standards of the American Bar Association.

**Recommendation #5:** Undertake a systematic review of the quality and effectiveness of FSRP services to include a sample quality service review conducted by the Child Welfare Group and develop a model for ongoing assessment of service quality.

Although current contracting requirements for FSRP appear to be detailed, the reports received from informants in the Des Moines and Cedar Rapids service areas consistently expressed concern regarding the quality of these contracted services. Given that these are the personnel who spend perhaps the most time with children and families, it is critically important to understand whether they have the capacity and are, in fact, providing the level of service expected to lead to positive outcomes for children and families.

**Recommendation # 6:** Child Welfare Group would observe a sample of family team meetings to identify opportunities for improvement.

**Recommendation # 7:** Child Welfare Group staff would review and observe training modules in family interaction, confidentiality, assessment, and the basic training for both intake and child protection staff.

**Recommendation # 8:** Review policies, practice and procedures around screening, training, and supporting foster and adoptive parents

## **VI. Concluding Remarks**

The Department of Human Services is to be commended for inviting an external review of system functioning. State and local DHS staff have been forthcoming about the challenges they face and persistent in their efforts to address barriers to positive outcomes for children and their families.

There seems to be little question that having to do more with less where mandates and resources are concerned is having a negative impact on staff morale at least in the two service areas on which this assessment was focused and, in the opinion of reviewers, on system performance as well. Within that constraint, reviewers believe that the Department has a foundation of assets on which to build that can help sustain it while it looks toward the additional resources that it needs. These assets include a spirit of hopefulness about the new agency leadership, a seasoned and dedicated work force, and committed community partners and families that will respond to genuine partnerships with the Department. It is hoped that this initial appraisal contributes to promising improvements in the Department's operations and new opportunities to address the considerable challenges it now faces.

**APPENDIX A**  
**Workforce and Workload References**



## **CWLA Progress Update to Governor Patrick and Secretary Polanowicz**

**March 13, 2014**

At the request of Governor Patrick and Secretary Polanowicz, CWLA is submitting a Progress Update, which includes a summary of activities completed to date by the CWLA Team, and preliminary guidance that has been provided to both the Governor's staff and EOHHS staff. This update does not provide findings or recommendations relative to Jeremiah Oliver, as the CWLA Team has not yet completed its comprehensive review of the case. The final CWLA report will contain an account of the case, and thorough findings and recommendations pertaining to DCF case practice, relevant policy, and systemic issues. It is anticipated that a final report will be submitted to EOHHS by mid-May.

The initial phases of this review have included fact-finding to identify concerns, as expressed by leaders within DCF, the executive branch, and the legislature. As a result of this process, EOHHS has asked CWLA to broaden the scope of its review.

### **Initial Scope of Work**

In January of 2014, the Massachusetts Executive Office of Health and Human Services (EOHHS) sought the assistance of the Child Welfare League of America (CWLA) in response to concerns regarding the safety of children served by the Department of Children and Families (DCF). EOHHS requested an objective third-party quality improvement review to examine the appropriateness, comprehensiveness, and consistency of certain agency policies and practices with nationally recognized best practices. Areas to be addressed included a review and analysis of:

- Relevant reports and related recommendations regarding Jeremiah Oliver, reported missing in December 2013;
- DCF's Critical Incident Unit (CIU) investigation regarding Jeremiah Oliver and his family;
- DCF's home visitation policies and practices;
- The assessment methodology used to conduct the Tier Review Process including a review of practices related to young parents;



children of parents with a history of substance abuse, domestic violence, mental health or unresolved trauma; and, substance exposed newborns;

- DCF practices related to 51A reports including staff training and screening criteria;
- DCF intake and case assignment practices.

### **Additions to Scope of Work**

- Technology
- Staffing in North Central
- Medical screens
- Criminal Offender Record Information (CORI); Background checks
- Quality Improvement/case review process
- Caseload and Workload
- Case Practice and Policy/ Case Practice Model (ICPM)
- Staff Qualifications, Training and Supervision

### **CWLA Team's Activities to Date**

The CWLA Team has initiated or completed the following activities between January 15 and March 3, 2014:

- Met with the Secretary of EOHHS and appropriate staff
- Met with DCF Commissioner and senior DCF leadership
- Met with Governor Patrick and senior staff
- Conducted individual interviews with DCF senior leadership and other designated staff
- Received orientation to current FamilyNet and iFamilyNet data system
- Completed face-to-face interviews with all current DCF personnel who had direct involvement in the Oliver case. (Interviews were not conducted with those staff whose employment with DCF had been terminated.)
- Reviewed records relevant to the Oliver family
- Attended Public Hearing conducted by the House Post Audit and Oversight Committee and Committee on Children, Families and Persons with Disabilities on January 23, 2014
- Attended Governor's Press Conference on January 27, 2014

- Facilitated a focus group with representatives of the following state agencies, programs, and initiatives:
  - Children’s Behavioral Health Initiative
  - Department of Early Education and Care
  - Department of Mental Health
  - Department of Public Health
  - DPH - Family Health and Nutrition
  - DPH - Substance Abuse Services
  - DPH - Community Health and Prevention
  - Department of Transitional Assistance
  - Department of Veterans’ Services
  - Department of Youth Services
  - Executive Office of Education
  - Interagency Council on Housing and Homelessness
  - Mass Health
- Began interviews with external stakeholders
- Met with the Office of the Child Advocate staff
- Reviewed the March 28, 2007, Massachusetts Legislative Report issued by the House Committee on Child Abuse and Neglect
- Had five meetings with Senators, Representatives, and legislative staff members
- Reviewed examples of monthly reports issued by DCF, including:
  - Caseloads (investigations/assessments, and home visit reports specific to the North Central Office)
  - Statewide home visits reports
  - Statewide twelve month weighted caseload summaries
  - Statewide monthly caseload/weighted summaries
  - Statewide monthly supervisor monitoring report
  - Statewide screening, supported and closing rates report
  - Statewide twelve month summary of completed investigations
  - Statewide social worker workload report and number of social workers with more that 22 cases for one reporting month
  - Statewide reports of child abuse and neglect-twelve month summary
  - Statewide initial assessments-twelve month summary
  - Statewide case management cases-twelve month summary
  - Statewide twelve month weighted caseload summary
  - Statewide adoption report-twelve month summary
  - Statewide family resource FTE needed
  - Statewide family resource total number of licensed homes summary
  - Statewide summary of total number of active, licensed family resource homes
  - Statewide summary of total number of ICPC homes

- Reviewed the Memorandum of Understanding (MOU) between Service Employees International Union (SEIU) and DCF regarding caseloads and caseload weighting
- Reviewed job descriptions, including educational and experience requirements, for the following DCF positions:
  - Director of Areas
  - Area Clinical Manager
  - Area Program Manager
  - Social Worker C, D, and E
  - Social Worker A & B
- CWLA staff have initiated research/data collection concerning:
  - Technology
  - Medical services for children entering care
  - Background checks conducted in other states on foster parents/kinship applicants and caregivers
  - Social work and other licensing requirements for child welfare staff in other states
- Began review of DCF policies and procedures
- Reviewed DCF draft bills from Senate and House concerning background checks and made suggestions for scope and content.

## **Observations/Preliminary Guidance and Recommendations**

The CWLA Team has interim guidance and recommendations regarding the following issues and concerns:

### **STAFFING IN THE DCF NORTH CENTRAL AREA OFFICE**

Following a review of the workloads/caseloads in the North Central Office, as well as a review of the “North Central Office Relief Plan,” the CWLA team facilitated a conference call with the DCF Commissioner and members of her staff, and representatives from EOHHS. The CWLA Team shared its belief that while the presence of two investigators who volunteered to assist the North Central Area Office was extremely helpful, additional personnel were needed in a more expedited fashion than was presented in the Relief Plan. The caseload numbers, and therefore the workload, was growing daily, making it extremely difficult for staff to complete their required tasks.

The CWLA Team recommended an immediate infusion of support for the North Central Area Office. The Commissioner and her staff took immediate action on the recommendations.

## WORKFORCE/CASELOAD/WORKLOAD

While nation-leading policies are essential to meeting the safety and service needs of children served by DCF, the workforce is the primary means through which DCF discharges its mandate for the protection of children. It is, therefore, critical that the child welfare workforce be comprised of sufficient, diverse, well-trained, and highly competent individuals who are committed to high quality service, and have the tools, resources and supports they need to perform their roles effectively (CWLA, 2013).

Over the last 30 years, the literature has repeatedly documented the challenges that agencies face in establishing and maintaining a stable, skilled, and well-supported workforce. National estimates have found that average tenure for child welfare workers is less than two years, and turnover rates for child welfare organizations average between 20 and 40% (USGAO, 2003). According to a 2003 U.S. General Accounting Office report, the primary reasons that workers left child welfare included low salaries, worker safety, staff shortages, high caseloads, administrative burden, inadequate training, and poor supervision.

Further, research indicates that there is a critical relationship between workforce stability and the overall functioning of the agency (NCCD, 2006). In fact, the US Children's Bureau found that agencies with turnover rates above 15% also had rates of child re-abuse that were 125% higher than states with lower turnover rates. Lower turnover was associated with lower rates of re-abuse and less disruption in case management activities including completion of case plans, timely completion of required duties, and regular contact with children and families. In one study of 19 public child welfare agencies, those considered high performing based on these and related measures tended to have the lowest turnover rates. They also provided significantly more training for new caseworkers, required less on call time or overtime, and paid higher salaries than their lower functioning counterparts.

### Caseload/Workload Guidance

The **recommended caseload standards for child protective services** (CWLA, 2003) are as follows:

Service/ Caseload Type	CWLA Recommended Caseload/ Workload
Initial Assessment/ Investigation	12 active cases per month, per 1 social worker
Ongoing Cases	17 active families per 1 social worker and no more than 1 new case assigned for every six open cases

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Combined Assessment/ Investigation and Ongoing Cases	10 active on-going cases and 4 active investigations per 1 social worker
Supervision	1 supervisor per 5 social workers

It should be noted that the caseload is based on new and active cases per month. In other words, new cases should not be added in a new month unless a comparable number of cases have been closed, assuming that the worker has a full caseload.

The **recommended caseload standards for family foster care services** are as follows:

<b>Service/ Caseload Type</b>	<b>CWLA Recommended Caseload/ Workload</b>
Foster Family Care	12-15 children per 1 social worker
Supervision	1 supervision per 5 social workers

### **Calculating Workloads**

Although CWLA recommends caseload ratios for each area of child welfare practice, workloads are best determined through an analysis of the agency's policy mandates and careful time studies based on activities required to complete a specific set of tasks or units of work. For those agencies interested in developing their own specific workload figures, time required to conduct the following tasks should be calculated:

- direct case work contact with children and families;
- collateral visits, service referral and outreach activities;
- legal consultation, report preparation, and court hearings;
- emergencies that interrupt regular work schedules;
- supervision, case planning and review, case consultation, and collaboration;
- work with community groups;
- attendance at staff meetings;
- staff development, and professional conferences;
- administrative functions;
- travel;
- telephone contacts, e-mail communications, reading of records, case recording or computer entry, and reports of conferences and consultations; and
- annual leave including vacation, sick time, and personal leave.

### **Caseloads should be computed separately for each worker category**

When computing any category of workers, staff that may play a role in service delivery but are not performing the specific functions of this category, should not

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be included in the worker count. Though helpful, case aides, supervisors, and others who may assist with cases, do not perform the same functions, and including them provides a misleading caseload count.

### **Caseload Management**

Referral trends and caseload demands may vary from area office to area office and from time to time. As such, the agency should have sufficient capacity to respond to changing caseload demands. The process of ensuring that caseloads remain manageable across area offices requires proactive strategies to fill positions and minimize the number of case worker and supervisory vacancies. It is also critical that the department closely manage the assignment of those positions across local offices.

DCF should ensure that its process for reviewing caseload trends, filling vacancies, and adjusting office specific staff allocations is based on up-to-date information regarding caseload size, and trends in intake and case closure. The agency should also ensure that procedures for adjusting the allocation of staff to area offices are responsive to both short and long-term shifts in staffing needs.

Case transfers and changes in case status should receive careful consideration. Caseload counts should accrue to the worker, not to the case. Multiple workers may address the practice needs of a family and its children in a given period. Whenever cases transfer from one worker to another within a specified period, they should be counted on each worker's caseload. The fact that this is a *single* case does not negate the need to count it as part of *each* worker's caseload. The same principle applies to changes in case status.

### **Leadership**

Achieving the mandate of the public child welfare organization requires highly skilled, consistent, and committed leadership who are equipped to direct the agency, and engage partners and communities who can together work to assure the safety and well-being of children. Yet, it has been estimated that half the nation's public child welfare leaders will turnover in two to 2 ½ years. Experience has shown, that in many instances the lack of consistent leadership, and the challenges of leadership transition may further compromise the challenges facing the agency.

According to the National Conference of State Legislatures, it is important to ensure that the internal and external leaders maintain a focus on achieving substantive reforms over the long-term, and on bringing increased stability to leadership and improved outcomes for children and families (NCSL, 2008).

CWLA recommends that it should be EOHHS's priority to complete the current assessment of DCF, and to plan for implementation of recommendations that are specifically responsive to needed improvements in agency practice, policy, and overall operations. While this study is pending, stability is wise.

## TECHNOLOGY

In response to Governor Patrick's priority of developing capacity for access to real-time data, and EOHHS's request for information about successful data programs and tools, the CWLA Team has begun to research the handheld devices used by other jurisdictions and their respective capacity to enter and receive real-time data. The CWLA Team continues to gather information from states and counties across the country concerning the devices being used (smart phones, tablets, and laptop computers), the challenges involved, the devices and platforms that bring the most satisfactory results, and staff's ability to enter and access real-time data for such tasks as home visitation, collateral contacts visits/communication, identification of children, etc.

DCF staff currently use personal cell phones to communicate from the field and to respond to overnight and weekend emergencies while on-call. There are some laptops available for use from the field. Many workers use their home computers to complete work and reports. At present, the Massachusetts Statewide Automated Child Welfare Information System (SACWIS) does not accommodate real-time access from handheld devices.

The CWLA Team confirmed that representatives from EOHHS and DCF participate in the National Center on Child Welfare, Data and Technology, and recommends that Massachusetts take full advantage of the expert information available through this resource.

The CWLA Team recommends that, at minimum, any technological solutions include capacity to:

- Give workers immediate contact with supervisors and/or emergency personnel;
- Document visits in real-time;
- Upload photos of children to the Massachusetts SACWIS system (iFamilyNet);

The CWLA Team recommends that EOHHS consider the following additional technological functions:

- Ability for workers to access SACWIS (iFamilyNet) data from the field on handheld devices that provide data security;
- Ability to complete forms and obtain parent/guardian signatures in the field;
- Ability to access teleconference/web-based conferencing from the field.

## **MEDICAL SCREENS FOR CHILDREN ENTERING CARE**

The CWLA Team has provided EOHHS with current guidance for providing initial medical screenings and comprehensive evaluations from both the American Academy of Pediatrics (AAP), and the CWLA *Standards for Health Care Services for Children in Out of Home Care*.

The CWLA Team is examining recommendations that initial screening should be provided within 72 hours after a child enters care, and that if the initial screening is abbreviated, a more comprehensive examination should be provided within the first 30 days of care. CWLA is considering recommendations that will responsive to the concerns of children during the investigations process, young children who may not be able verbalize symptoms requiring medical attention, and others who may have special health care needs.

CWLA is gathering information from other states/jurisdictions that will help to inform its final recommendations on this issue. This will include technology supports and protocols that maximize real-time case level data sharing between DCF and MassHealth, so that case workers and caregivers have access to the most recent health information on the children they serve.

The CWLA Team recommends that whenever possible children in care continue to be served by their own pediatricians, in their medical homes (AAP, 2005).

## **BACKGROUND CHECKS**

The CWLA Team has made the following recommendations in response to questions raised by the Governor's Office, EOHHS, and DCF concerning background checks and approval of foster parents and kinship resources:

- DCF should implement heightened case monitoring, home visitation, supervision, or case oversight for placements that have been approved through the waiver process. Heightened monitoring should include documentation of key factors/indicators related to the safety and well-being of each child placed in these homes. Increased monitoring is of particular concern given the number of young children placed in homes with approved waivers. While some of these safety and well-being factors/indicators may be addressed in home visitation policies and in



quality case practice, greater clarity may help to ensure that agency expectations are understood by caregivers and have been implemented.

- The Team recommends that legal counsel review case law decision to determine whether statutory or regulatory action is needed.

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- DCF and EOHHS should refrain from issuing any new exclusionary lists or revising exclusionary lists at this time.
- DCF and EOHHS should study current trends toward uniform approval processes for kinship and foster caregivers, including understanding the role of disproportionality in criminal prosecution and conviction, and the importance of placing children with relatives whenever possible.
- Draft standards in development by American Bar Association (ABA), National Association for Regulatory Administration (NARA), Generations United (GU), and Annie E. Casey Foundation (AECF) should serve as the foundation for background check standards in Massachusetts. These four organizations have been working for several years to establish standards that at once protect children and ensure that foster care/kinship applicants are assessed fairly. The draft includes mandatory, permanent exclusion for certain felony convictions, and exclusion for certain other convictions that have occurred within recent years.

The draft includes factors that should be considered in reviewing foster care/kinship applications and renewals (Generations United, 2014).

- A. If a record check reveals a felony conviction for child abuse or neglect, for spousal abuse, for a crime against children (including child pornography), or for a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery, and a State finds that a court of competent jurisdiction has determined that the felony was committed at any time, such approval must not be granted.
- B. If a record check reveals a felony conviction for physical assault, battery, or a drug-related offense, and a State finds that a court of competent jurisdiction has determined that the felony was committed within the past 5 years, such approval must not be granted.
- C. If an applicant was convicted for a crime other than those included in A. and B., the applicant will **not** be automatically rejected as a foster parent. The agency must consider the following:
  1. the type of crime;
  2. the number of crimes;

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3. the nature of the offenses;
  4. the age of the individual at the time of conviction;
  5. the length of time that has elapsed since the last conviction;
  6. the relationship of the crime and the capacity to care for children;
  7. evidence of rehabilitation; and
  8. opinions of community members concerning the individual in question.
- The CWLA Team recommends that DCF's future process for completing and reviewing background checks should be an approval process rather than a waiver process. There should be clear criteria for positive

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decisions to approve a foster/kinship applicant, rather than a waiver process that requires exception. The CWLA team is available to work with EOHHS and DCF to develop such a positive process.

- The CWLA Team recommends that the executive branch and the legislature should consider carefully potential ramifications that any changes to background checks for foster and kinship resources might have on background check completion for other child caring situations, including but not limited to licensed child care centers, family child care, residential providers, and adoptive parent applicants through DCF and licensed adoption agencies.

## **YOUTH WHO HAVE RUNAWAY FROM PLACEMENT**

A review of the DCF policies regarding the handling of cases involving youth who have runaway from placement indicates that the policy adequately provides for basic follow-up and notification of law enforcement and agency personnel.

In light of increased understanding regarding the reasons young people run away and the risks they face while on runaway status, the CWLA Team recommends that DCF consider protocols and related training to equip workers with knowledge needed to effectively reduce the incidence of runaway behavior.

There is growing awareness that youth on the run and those in care may be more likely targets of pimps and traffickers. The CWLA Team therefore recommends that DCF develop a protocol for addressing and reducing the potential for trafficking of children in out-of-home care or on runaway status.

The Team recommends that policies and procedures require a brief assessment for vulnerabilities that may place each child at heightened risk in the community in case of running away. Factors related to vulnerability to physical violence, sex trafficking, and exploitation are particularly important.

The CWLA Team recommends that DCF expand its policies and procedure to require that official electronic files contain a photo of each child who enters the care and custody of the agency. A review of intake policies is also warranted to ensure that photos of children in substantiated and open cases are also maintained.

## **On-Going Tasks of CWLA Team**

The CWLA Team continues its review of the Oliver case, and the issues and concerns that have been identified by the legislature, the executive branch, DCF, the Office of the Child Advocate, and the media.

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Priority on-going tasks of the CWLA Team are:

- Continuing review of DCF policy being developed and/or revised. This review includes, at a minimum, the following policies:
  - Education Policy
  - Children Missing from DCF Care or Custody
  - Case Transfer
  - Ongoing Casework Policy, Procedures, & Documentation
  - Case Closing Policy
  - Policy for Review of Open Cases-Children Living at Home
  - Health Care-Policy for Children in DCF Care or Custody
  - Intake Policies (Protective, including Hotline) (Voluntary, Child Requiring Assistance, 51As in Certain Institutional Settings)
  - Foster Care Review
- Reviewing the DCF ICPM as well as models from other states that embrace family engagement, and can link improved outcomes for children and families to the use of their model.
- Researching the following issues:
  - Home visitation policies of other states/jurisdictions
  - Policies regarding boyfriends/non-relative household members
  - National trends relative to critical incident reports/child fatalities
  - Medical screening policies from other states/jurisdictions
- Conducting focus groups with representatives of various stakeholder constituencies, including:
  - Service providers
  - Service recipient families and youth
  - Foster parents
  - Adoptive parents

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- Advocacy groups

The safety and security of children - especially those entrusted to the supervision or care of the state child welfare agency - are of vital concern to the citizens of the Commonwealth. Child welfare systems across the country are experiencing challenges similar to those of the Commonwealth. While far too many jurisdictions are facing failures in their ability to keep a child safe, these failures cannot become acceptable. It is the responsibility of all concerned to act with thoughtfulness, diligence, and a sense of urgency to determine how DCF and the Commonwealth can best work to keep children safe, and to address the complex concerns that bring children and families to the attention of the agency.

CWLA has worked extensively to conduct program improvement reviews and to develop recommendations and action plans that develop more effective

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approaches to child safety concerns. This update provides our initial observations, and preliminary guidance toward these ends. A full report of our analysis and our full recommendations will be provided in our final report.

## **About CWLA**

Since 1920, the Child Welfare League of America (CWLA) has been recognized as a consistent, strong, and non-partisan voice for children and families in the United States. CWLA is devoted to engaging all individuals, organizations, and systems in promoting the safety, permanence, and well being of children, youth, and their families. To further the mission of preserving, protecting, and promoting the well being of children, youth, and their families, CWLA develops standards of best practice to improve safety, permanence and well being for children served in child welfare systems. CWLA also provides technical assistance, training and consultation services to assist public and private child welfare agencies and to community organizations in reviewing programs and improving practice for the children and families that they serve.

CWLA uses its national recognized Standards for Excellence in Child Welfare as context for this work. CWLA's most recent set of standards, the CWLA National Blueprint for Excellence in Child Welfare, serves as a basis for its program specific policies and for the development of recommendations for quality improvement in service delivery. The National Blueprint for Excellence is intended to be a catalyst for change and to promote policies and practices that help organizations and communities more effectively ensure the safety and wellbeing of all children.

The following principles drawn from the CWLA National Blueprint serve as a guide in this quality improvement review, and for the initial guidance provided in this progress update.

1. **RIGHTS OF CHILDREN:** It is the responsibility of all members of society to work towards the shared goal of advancing the fundamental rights and needs of children.
2. **SHARED LEADERSHIP AND RESPONSIBILITY:** Families, individuals, organizations, and communities share responsibility for assuring the safety and well-being of children and youth. To help children and youth flourish, leaders at every level and in all realms ensure that individuals, families, organizations, and systems collaborate, communicate, create, and nurture meaningful partnerships.
3. **ENGAGEMENT/PARTICIPATION:** Children, youth, and families are engaged and empowered to promote family success and build community capacity. Service providers and organizations acknowledge, appreciate, and validate the voices and experiences of those whose lives they touch,

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- so that responsive, community-based resources and services are developed, nurtured, and sustained.
4. **SUPPORT AND SERVICES:** Families, individuals, communities, organizations, and systems protect children from abuse and neglect, and provide an array of supports and services that help children, youth, and their families to accomplish developmental tasks, develop protective factors, and strengthen coping strategies.
  5. **QUALITY IMPROVEMENT:** Supports and services are designed and implemented based on evidence and knowledge; data collection is focused on measuring outcomes and achieving success; continuous quality improvement is emphasized and supported; and innovative practices and programs are encouraged.
  6. **WORKFORCE:** The workforce consists of competent skilled people with a variety of experiences and representing varied disciplines. They are committed to high quality service delivery and are provided with the training, tools, resources, and support necessary to perform their roles effectively.
  7. **RACE, ETHNICITY, AND CULTURE:** Individuals, families, communities, organizations, and systems work together to understand, and promote equality, cultural humility, and strong racial, cultural, and ethnic identity, while showing consideration for individual differences, and respecting the sovereign rights of tribes.
  8. **FUNDING AND RESOURCES:** Funding decisions in the private sector and at federal, state, local, and tribal levels are informed by the certainty that the well-being of children, families, and communities are

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interconnected and that sufficient and equitable funding is essential to the well-being of all of them.

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Views from the Children's Research Center

## Agency Workforce Estimation: Simple Steps for Improving Child Safety and Permanency

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Evidence is mounting that high staff turnover and decreased worker-client contact increase maltreatment recurrence and delay permanency. This information underscores the need for child welfare agencies to accurately estimate how much worker time and how many staff positions are required to meet the best practice standards they adopt for their clients. Case-based, prescriptive staffing estimation procedures can improve internal agency management. External funding sources, state legislatures, and county boards also need clear, credible estimates of the staffing level necessary to deliver services to children and families

at a practice standard that can reduce maltreatment, expedite permanency, and improve child well-being. Once that estimate is available to all parties, responsibility for adequately staffing the agency can be broadly shared among policy makers. Child welfare agencies are often asked to serve more clients or expand service delivery without additional capacity, and the impact of chronic understaffing may not be apparent until a tragedy occurs. Understaffed agencies face difficult decisions, but the ability to produce a defensible workforce estimate places them in a position to share these decisions, and the risks they entail, with their funding authorities.

## *Background*

A 2001 survey of 43 state and 48 county child welfare agencies found an average annual worker turnover rate of 22% and a vacancy rate of 7% (American Public Human Services Association, 2001). These data underscore the fact that many child welfare agencies are experiencing workforce shortages. A literature review conducted by Kadushin and Harkness (2002) identified three reasons for worker turnover: (a) repeated failure to meet agency service delivery standards; (b) high caseloads or reporting (paperwork or data entry) burdens that decrease client contact; and (c) inadequate supervision, training, and support. Both staff surveys and exit interviews confirm that high caseloads are a common reason for leaving the child welfare profession (Institute for the Advancement of Social Work Research [IASWR], 2005; Robison, 2006).

*If we grant that staff time is the primary resource for strengthening families and promoting child safety and permanency, how can agencies manage it more effectively?*

While staff turnover has been recognized as a widespread problem for years, its impact on agency clients has not been carefully examined until recently. A review of recent research provides clear indications that client outcomes are adversely impacted. Other researchers (IASWR, 2005) have proposed tactics such as improved training and supervision, higher pay, and reduced caseloads that may reduce staff turnover. This article addresses a more fundamental management question: if we grant that staff time is the primary resource for strengthening families and promoting child safety and permanency, how can agencies manage it more effectively?

Since many agency managers may not have reliable mechanisms for managing their workforce, this article attempts to outline some simple steps they can take to develop them.

This article briefly reviews research findings that link adequate staffing to improved child safety and well-being, and presents approaches for evaluating agency workforce needs and managing workforce capacity. It illustrates how agency managers can accomplish the following: (a) identify common symptoms of agency understaffing;

(b) estimate existing workforce capacity; and (c) estimate agency workload demand and understaffing.

## *The Link Between Child Welfare Workforce Capacity and Case Outcomes*

The federal Child and Family Services Reviews (CFSR) set clear, measurable case outcome standards for placement stability, maltreatment recurrence, reunification, and foster care permanency (see, for example, U.S. Government Printing Office [GPO], 2006). They also evaluate several service delivery process measures such as timely investigation response or completion, construction of case plans, occurrence of child medical exams, and provision of services.

These CFSR standards have served as a framework for examining the relationship between workforce capacity and service delivery performance in several recent research studies.

In the earliest study of this type, the U.S. Government Accountability Office (GAO) examined the relationship between CFSR review findings from 27 states and their agencies' staff turnover rates (GAO, 2003). High agency turnover was associated with failure to meet established standards for investigation response, timely investigation completion, case plan completion, worker contact with children and families, maltreatment recurrence, and timely permanency. A later study, funded by the Annie E. Casey Foundation, also found a link between agency performance and workforce capacity (National Council on Crime and Delinquency [NCCD], 2005). The average annual staff turnover rate of 12 California county child welfare agencies was used to rank them into low (8%), moderate (13%), and high (23%) turnover groups. Families served by counties with low turnover had significantly lower maltreatment recurrence rates and were more likely to have approved, current case plans and up-to-date child medical exams. In addition, a study of private foster care agencies in Milwaukee found that high case manager turnover for a family (e.g., multiple workers serving the family's case within the last two years) increased

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the time required to achieve permanency for children (Flower, McDonald, & Sumski, 2005).

A recent analysis of CFSR case review findings from 50 states examined the relationship between worker case contacts and several foster care performance measures. The frequency of worker case contacts with parents and children had a significant positive correlation with placement stability, receipt of child mental health or educational services, and the timely achievement of permanency (Administration for Children and Families, 2006). Evidence is mounting that high staff turnover and decreased worker-client contact have a negative impact on critical client outcomes (National Conference of State Legislatures, 2006). Recent class action suits brought against state child welfare agencies provide indirect evidence of this relationship by identifying inadequate staffing as a major cause of harm to plaintiff children (see Farber & Munson, 2007; *Dwayne B. v. Granholm*, 2006; or *Olivia Y. v. Barbour*, 2007).

These findings will not surprise most child welfare professionals. They recognize that effective case management requires frequent client contact and a significant amount of worker time. Moreover, staff turnover is a widely accepted proxy for understaffing. When a large percentage of positions are vacant or filled with new staff, workforce capacity is diminished, and commitments to clients, the most basic of which is routine worker contact, cannot be met. It is difficult to evaluate child safety without seeing the child. Other factors, such as worker training or family engagement skills, may also impact case outcomes. Workforce issues are still central to performance, however, because practice skills have little impact unless workers have sufficient time to interact with client families. The question is, how can agencies best manage existing staff resources to improve client outcomes?

An underlying assumption of this article is that agencies cannot manage what they cannot measure. Consequently, a simple approach for measuring workforce capacity follows. Examples presented here are drawn from lessons learned by the Children’s Research Center (CRC) in conducting workload estimation studies in several states.

### *Is My Agency Understaffed?*

For the purposes of this discussion, an understaffed condition means the current workforce capacity is not sufficient to meet established agency service delivery standards. Many administrators want to know if their agency is understaffed but lack methods for evaluating workforce capacity. Most agencies, however, have access to SACWIS or case file review data that describe case processing activity which may show common signs of understaffing.

As an example, every agency has standards for closing child protective services (CPS) investigations—typically, 30 to 45 days after assignment. When investigations are not closed in a timely fashion, a “backlog” of open past-due investigations accumulates. A single-digit backlog (expressed simply as a percentage of the number of past-due investigations at the end of the month divided by the total number assigned) may not reflect a serious problem. On the other hand, a backlog that increases each month and reaches double digits may indicate chronic understaffing, since workers are not meeting a basic agency case management standard.

A variety of similar case processing activities can also be monitored, such as standards for timely completion of case plans, court hearings, and dental or medical exams. Worker-client contact with in-home or foster care cases is one of the more critical expectations. Standards vary, but a monthly worker face-to-face contact with children, parents, or foster parents is a common, minimum expectation for ensuring child safety. Routine failure to meet these kinds of agency standards may reflect both understaffing and service delivery failure.

Many agencies have adopted quality assurance mechanisms that routinely monitor exceptions to their service delivery standards. SafeMeasures<sup>®</sup>, which is employed by many jurisdictions also using the Structured Decision Making<sup>®</sup> (SDM) case management system, is one example (Jacobsen, 2007).<sup>1</sup> Agencies use SafeMeasures to systematically identify case contact failures, past-due case plans, medical exams, court

<sup>1</sup>For more information on the SDM<sup>®</sup> system, see [www.nccd-crc.org](http://www.nccd-crc.org).

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hearings, and a variety of other case process standards. It also monitors CFSR client outcome performance measures, which are equally important. Research studies reviewed above suggest that substandard CFSR performance on the six-month maltreatment recurrence rate, placement stability, and permanency are related to understaffing (GPO, 2006).

Staff turnover is another easily observed indicator, typically computed by dividing the number of direct service staff leaving each year by the total authorized caseload-carrying positions. It is a good measure of how many staff an agency has to recruit, hire, and train to maintain its workforce capacity. Since public service hiring can take several months, agencies with high

*Consistent observation of performance problems across several indicators increases the likelihood of an understaffed condition.*

turnover usually have a high staff vacancy rate and a significant number of new staff in the workforce. Practices vary, but the first-year training requirement for new workers almost always reduces their caseload capacity, sometimes by 50% or more. Consequently, an agency with a 10% vacancy rate and 20%

of its positions occupied by new workers may be experiencing a 20% reduction in its effective workforce capacity. In most circumstances, this is a clear symptom of understaffing. It also illustrates a point often overlooked: both the workload capacity of new staff and the vacancy rate must be weighed to secure an accurate estimate of workload capacity. Administrators should attempt to secure this estimate at least annually and monitor it carefully over time.

Indicators like those reviewed above can serve as a simple diagnostic checklist for understaffing. Most agencies will have access to at least some of them. The available list should be monitored over time. Consistent observation of performance problems across several indicators increases the likelihood of an understaffed condition.

While a checklist can help an agency identify an understaffed condition, it does not estimate the magnitude of understaffing nor indicate how staff could be redeployed to address the problem. This requires a more comprehensive workload estimation approach, described below.

### *How Many Staff Does My Agency Need?*

Caseload-to-staff ratios provide a helpful guideline, rather than a precise estimate, of the number of staff required to deliver child welfare services (Child Welfare League of America, 2006). Since agencies differ in their operating characteristics, service delivery expectations, and personnel practices, it is difficult for a fixed caseload ratio to accurately estimate an agency's staffing requirement. The best estimate requires customized estimation of two agency characteristics: (a) the time direct service workers have available to serve clients, and

- the worker time required to meet service delivery standards for clients. The first parameter, worker time available, represents the effective workload capacity of an average direct service worker, i.e., how much time does a worker have to serve agency clients in an average month or a year?

The worker time required to meet service delivery standards for clients is more difficult to estimate. Agency standards vary, but they are very important constructs. They establish the minimum performance criteria workers are asked to meet for their clients, and are represented as such to oversight agencies and the public. Consequently, a responsible child welfare staffing estimate should identify the workforce capacity necessary to meet agency service delivery standards routinely.

Since the standards agencies adopt vary across case types in terms of worker-client contact expectations and a variety of other factors, the best way to establish the worker time necessary to meet these standards is to conduct a field study. Given the cost and effort involved, not all agencies are able to or will conduct one. Agencies can, however, improve their workforce management by adopting the workload findings and estimation procedures from jurisdictions that have conducted field studies. A basic approach is outlined in the next section.

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### *Estimating Staff Time Available*

Table 1 describes a method for estimating how much time workers have available to meet agency service delivery standards for their clients. The table displays a median estimate drawn from several CRC workload studies for experienced workers (training time would be much higher for new workers). The estimate assumes an average work month of 173.3 paid hours and subtracts unavailable time from it. Annual leave or training records were converted to monthly figures for this purpose. Additionally, staff cannot serve cases during training, leave (vacation, sick, holiday, and personal time), or break hours. The subtraction of training, leave, and break time reduces time available to 136.0 hours per month.

to serve his or her clients. New workers, who spend more time in training, typically have a much lower workload capacity.

### *Estimating Worker Time Required to Serve Clients*

Estimating workers' case time is more challenging, since workers' service activities must be observed and recorded in the field for a variety of cases. A brief discussion of workload field study methods describes how these time estimates were derived and what they represent.

Each CRC workload study has employed similar research methods. Workers are trained to record daily, under actual field conditions, the time they require to

Table 1	
Estimated Monthly Time Available Based on Median CRC Findings	
Experienced Social Worker	Median Time in Hours
Total work hours per month	173.3
Median training time	-4.2
Median leave time (vacation, sick, holiday, personal)	-23.9
Daily break time (usually .5 hours per day)	-9.2
Total work hours minus training, leave, and break time	136.0
Median case support time	-6.5

- serve a randomly sampled foster care or in-home family case for one month; and

- complete a random sample of intakes, CPS investigations, and other case studies from assignment to completion. Workers are asked to meet or exceed agency service delivery standards for each sample case they record, and supervisory reviews verify that standards were met.

For example, standards for a child in foster care with a return home goal may require the caseworker to contact the child, the child's parent, and the foster caregiver each

Note: Table 1 reports median values for every category, and results therefore differ slightly from a summation.

month; coordinate with service providers; conduct safety assessments; and update case service plans. Additional monthly

Two additional subtractions are made for case support and administrative tasks performed by workers observed in past CRC workload studies. The 6.5 hours of case support is the time workers spend serving cases not assigned to them, e.g., emergency on-call activity, case consultation, substitute coverage for other workers, and backup coverage. The 7.3 hours of administrative time represents non-case-related activity such as unit meetings; supervisory sessions; and participation in agency task forces, committees, or special assignments. These two subtractions result in a net 122.3 hours available each month for the average experienced social worker. This is the effective workforce capacity available expectations might include preparing a permanency planning review, appearing in court, or conducting a family conference. Comparable estimation procedures apply to CPS investigations, which have similar standards for contacting alleged victims and caregivers, completing safety and risk assessments, etc. Workers also record the time necessary to document all case-related activities, including travel and documentation.

Sample case times are averaged to estimate the time required to meet standards for each case type. Random sampling ensures that both difficult, time-consuming case events and routine practice conditions are

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represented. Table 2 shows the median time estimate observed across five child welfare agency workload studies. It reflects the time required to meet agency standards for several hundred randomly assigned cases. Agency standards varied, but all required a minimum of one monthly contact with the child and parent or substitute caregiver for in-home and foster care cases.

The CPS investigation standards also vary by agency, but the times shown are broadly representative.

These estimates are prescriptive in that they reflect the time required to serve clients at the best practice standard employed by each agency. Workers could serve a foster care case without making monthly face-to-face contacts with the child, parent, or caregiver, and a less rigorous practice standard would take much less time than the estimates shown, but the objective of each CRC study is to represent good, not substandard, practice. The estimates are designed to identify the workforce capacity that can meet agency service delivery standards.

For agencies that have not conducted their own workload study, these findings can serve as a reference point for estimating the time direct service workers may need to perform similar tasks. For example, intake processing for a CPS maltreatment report from call-in

to investigation/assignment required 1.1 hours. Informational calls that did not allege maltreatment took, on average, only 0.3 hours.



Table 2 Median Monthly Worker Time Estimates for Cases That Met Standards	
Agency Service Area	Median Worker Time in Hours
CPS intake	
Maltreatment report	1.1
Informational call	0.3
CPS investigation/assessment	
Non-placement investigation	8.1
Placement investigation	18.6
Child and family services	
In-home family case	6.6
Child placement case	
New child case	9.5
Ongoing, return home goal	7.5
Ongoing, other goal	5.6

The CPS investigation/assessment section of Table 2 displays time required to complete a CPS investigation.

Non-placement investigations required

8.1 hours, while those that involved a child placement required 18.6 hours. Clearly, placement investigations entail a great deal more worker time, which should be acknowledged in workload estimation.

The child and family services section presents monthly worker time for serving in-home family cases (6.6 hours) and child placement cases. Three subcategories are shown for placement: new cases, ongoing

cases with a return home goal, and ongoing cases with another goal (other goals include maintaining a child's own home, placement, guardian placement, termination of parental rights, adoption, and/or independent living). Significantly different worker times for these case types have been found in field studies. New cases require more worker assessment and case planning. Return home goal cases require permanency hearings and service delivery to and contact with parents, children, and foster caregivers.

### *Constructing an Agency Workload Estimate*

The worker case time estimates in Table 2 and the monthly worker hours available in Table 1 can be used to compute a simple but useful estimate of workforce capacity and service delivery demand.

Table 3 provides an example estimate for a typical operating month. The agency's monthly intake and investigation activity and average in-home or foster care caseloads could be observed by computing averages across a prior 6- or 12-month period. Once these case counts are secured, the workload demand computation is straightforward. The worker time associated with each case type is multiplied by the number of intakes,



Table 3			
Example Agency Estimate of Monthly Workload Demand			
Agency Service Area	Work Hours/Case	Average Monthly Cases	Total Worker Hours
<b>CPS intake</b>			
Maltreatment report	1.1	2,291	2,520.1
Screened out	0.3	4,694	1,408.2
Intake subtotal			<b>3,928.3</b>
<b>CPS investigation/assessment</b>			
Completed, no placement	8.1	812	6,577.2
Completed with placement	18.6	63	1,171.8
Investigation/assessment subtotal			<b>7,749.0</b>
<b>In-home service cases</b>			
In-home family case	6.6	1,356	8,949.6
In-home case subtotal			<b>8,949.6</b>
<b>Child placement cases</b>			
New child case	9.5	123	1,168.5
Ongoing child case, return home goal	7.5	921	6,907.5
Ongoing child case, other goal	5.6	614	3,438.4
Placement case subtotal			<b>11,514.4</b>
Total agency workload demand in worker hours			<b>32,141.3</b>
<b>Staff required to meet estimated workload demand</b> (total demand divided by worker time available [122.3 hrs. per month])			<b>262.8</b>
Agency workforce capacity (available staff)			216

investigations, or service cases. Table 3 operational data show 2,291 maltreatment reports screened during an average operating month. Since each one requires 1.1 worker hours, 2,520 hours are required to meet this demand. A similar approach is used to estimate CPS investigation demand. The 812 completed non-placement investigations require an estimated 6,577.2 staff hours. The 63 investigations involving a child placement require 1,171.8 staff hours. In-home service and placement case demand are estimated in the same way.

Staff hours shown for each service delivery area are summed to represent a total workload demand of 32,141.3 staff hours. Total staff hours are converted to staff positions by dividing the total demand by the 122.3 available hours per worker (see Table 1).

3,928.3

The example indicates that 262.8 staff positions are required to meet agency standards given the current demand for child welfare services. This estimate may be compared to authorized agency positions or available positions (authorized positions minus vacancies). In this example, the agency's available workforce capacity is 216 positions.

Since 262.8 positions are required to meet workload demand, it is understaffed by 46.8 positions (262.8 minus 216). If, for example, 230 positions were authorized, an additional authorization of 16.8 positions would be required.

### *Applying the Workload Estimate*

Agencies can approximate their own workforce needs by securing comparable service delivery data and applying the case time estimates shown here. Monthly

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worker time available (122.3 hours) could be adjusted by computing local training, leave, and break time (see Table 1).

Workforce demand for service delivery areas (intake, investigation, in-home, or foster care case services) can be calculated separately. For example, CPS investigations required 7,749 hours per month, which implies a 63.4-position workforce estimate (7,749 divided by 122.3). This could be compared to current assigned positions to secure a reasonable approximation of how adequately that unit is staffed.

### *Caveats*

Since some intake units must be staffed 24 hours a day regardless of call volume, intake counts may not fully account for assigned positions. Many SDM sites employ risk-based contact standards which are not fully incorporated into these estimates. Rural workers may require additional compensation for travel to meet the same service delivery standards. Finally, all the case time and position estimates shown here apply to case-carrying workers and do not include supervisors or clerical staff. They also exclude foster and adoption home licensing workers, resource development staff, forensic interviewers, and other specialized staff.<sup>2</sup>

### *Summary and Conclusion*

Staff time is a critical resource child welfare agencies deploy in their efforts to strengthen families and promote child safety and permanency. This article presents a case for improving workforce management by reviewing research findings that link understaffing to poor performance on CFSR case outcome measures. It describes simple approaches agencies can adopt to conduct a quick assessment of their workforce needs and improve their workforce management.

A more detailed version of this article was published in *Protecting Children* (Volume 23, Number 3), a journal of the American Humane Association, and may also be accessed on CRC's website, [www.nccd-crc.org](http://www.nccd-crc.org).

<sup>2</sup>For additional caveats, see the full version of this report, available at [www.nccd-crc.org](http://www.nccd-crc.org).

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CRC is division of the National Council on Crime and Delinquency, a nonprofit social research organization in existence since 1907.

# **American Bar Association Standards of Practice for Attorneys Representing Parents in Abuse and Neglect Cases**

## Introduction

These standards promote quality representation and uniformity of practice throughout the country for parents' attorneys in child abuse and neglect cases. The standards were written with the help of a committee of practicing parents' attorneys and child welfare professionals from different jurisdictions in the country. With their help, the standards were written with the difficulties of day-to-day practice in mind, but also with the goal of raising the quality of representation. While local adjustments may be necessary to apply these standards in practice, jurisdictions should strive to meet their fundamental principles and spirit.

The standards are divided into the following categories:

- Summary of the Standards
- Basic Obligations of Parents' Attorneys
- Obligations of Attorney Manager
- The Role of the Court

The standards include "black letter" requirements written in bold. Following the black letter standards are "actions." These actions further discuss how to fulfill the standard; implementing each standard requires the accompanying action. After the action is "commentary" or a discussion of why the standard is necessary and how it should be applied. When a standard does not need further explanation, no action or commentary appears. Several standards relate to specific sections of the Model Rules of Professional Conduct, and the Model Rules are referenced in these standards. The terms "parent" and "client" are used interchangeably throughout the document. These standards apply to all attorneys who represent parents in child abuse and neglect cases, whether they work for an agency or privately.

As was done in the *Standards of Practice for Attorneys Representing Child Welfare Agencies*, ABA 2004, a group of standards for attorney managers is included in these standards. These standards primarily apply to parents' attorneys who work for an agency or law firm – an institutional model of representation. Solo practitioners, or attorneys who individually receive appointments from the court, may wish to review this part of the standards, but may find some do not apply. However, some standards in this section, such as those about training and caseload, are relevant for all parents' attorneys.

As was done in the *Standards of Practice for Lawyers Who Represent Children in Abuse and Neglect Cases*, ABA 1996, a section of the standards concerns the Role of the Court in implementing these *Standards*. The ABA and the National Council of Juvenile and Family Court

Judges have policies concerning the importance of the court in ensuring that all parties in abuse and neglect cases have competent representation.

Representing a parent in an abuse and neglect case is a difficult and emotional job. There are many responsibilities. These standards are intended to help the attorney prioritize duties and manage the practice in a way that will benefit each parent on the attorney's caseload.

**APPENDIX B**

**American Bar Association Standards for Attorneys  
Representing Parents**

## **SUMMARY: ABA Standards of Practice for Attorneys Representing Parents in Abuse and Neglect Cases**

Basic Obligations: The parent's attorney shall:

### **General:**

- **Adhere to all relevant jurisdiction-specific training and mentoring requirements before accepting a court appointment to represent a parent in an abuse or neglect case.**
- **Acquire sufficient working knowledge of all relevant federal and state laws, regulations, policies, and rules.**
- **Understand and protect the parent's rights to information and decision making while the child is in foster care.**
- **Actively represent a parent in the pre-petition phase of a case, if permitted within the jurisdiction.**
- **Avoid continuances (or reduce empty adjournments) and work to reduce delays in court proceedings unless there is a strategic benefit for the client.**
- **Cooperate and communicate regularly with other professionals in the case.**

### **Relationship with the Client:**

- **Advocate for the client's goals and empower the client to direct the representation and make informed decisions based on thorough counsel.**
- **Act in accordance with the duty of loyalty owed to the client.**
- **Adhere to all laws and ethical obligations concerning confidentiality.**
- **Provide the client with contact information in writing and establish a message system that allows regular attorney-client contact.**
- **Meet and communicate regularly with the client well before court proceedings. Counsel the client about all legal matters related to the case, including specific allegations against the client, the service plan, the client's rights in the**



pending proceeding, any orders entered against the client and the potential consequences of failing to obey court orders or cooperate with service plans.

- **Work with the client to develop a case timeline and tickler system.**
- **Provide the client with copies of all petitions, court orders, service plans, and other relevant case documents, including reports regarding the child except when expressly prohibited by law, rule or court order.**
- **Be alert to and avoid potential conflicts of interest that would interfere with the competent representation of the client.**
- **Act in a culturally competent manner and with regard to the socioeconomic position of the parent throughout all aspects of representation.**
- **Take diligent steps to locate and communicate with a missing parent and decide representation strategies based on that communication.**
- **Be aware of the unique issues an incarcerated parent faces and provide competent representation to the incarcerated client.**
- **Be aware of the client's mental health status and be prepared to assess whether the parent can assist with the case.**

**Investigation:**

- **Conduct a thorough and independent investigation at every stage of the proceeding.**
- **Interview the client well before each hearing, in time to use client information for the case investigation.**

**Informal Discovery:**

- **Review the child welfare agency case file.**
- **Obtain all necessary documents, including copies of all pleadings and relevant notices filed by other parties, and information from the caseworker and providers.**

**Formal Discovery:**

- **When needed, use formal discovery methods to obtain information.**

**Court Preparation:**

- **Develop a case theory and strategy to follow at hearings and negotiations.**
- **Timely file all pleadings, motions, and briefs. Research applicable legal issues and advance legal arguments when appropriate.**
- **Engage in case planning and advocate for appropriate social services using a multidisciplinary approach to representation when available.**
- **Aggressively advocate for regular visitation in a family-friendly setting.**
- **With the client's permission, and when appropriate, engage in settlement negotiations and mediation to resolve the case.**
- **Thoroughly prepare the client to testify at the hearing.**
- **Identify, locate and prepare all witnesses.**
- **Identify, secure, prepare and qualify expert witness when needed. When permissible, interview opposing counsel's experts.**

#### **Hearings:**

- **Attend and prepare for all hearings, including pretrial conferences.**
- **Prepare and make all appropriate motions and evidentiary objections.**
- **Present and cross-examine witnesses, prepare and present exhibits.**
- **In jurisdictions in which a jury trial is possible, actively participate in jury selection and drafting jury instructions.**
- **Request closed proceedings (or a cleared courtroom) in appropriate cases.**
- **Request the opportunity to make opening and closing arguments.**
- **Prepare proposed findings of fact, conclusions of law and orders when they will be used in the court's decision or may otherwise benefit the client.**

#### **Post Hearings/Appeals:**

- **Review court orders to ensure accuracy and clarity and review with client.**
- **Take reasonable steps to ensure the client complies with court orders and to determine whether the case needs to be brought back to court.**

- **Consider and discuss the possibility of appeal with the client.**

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- **If the client decides to appeal, timely and thoroughly file the necessary post-hearing motions and paperwork related to the appeal and closely follow the jurisdiction's Rules of Appellate Procedure.**
- **Request an expedited appeal, when feasible, and file all necessary paperwork while the appeal is pending.**
- **Communicate the results of the appeal and its implications to the client.**

#### **Obligations of Attorney Managers:**

Attorney Managers are urged to:

- **Clarify attorney roles and expectations.**
- **Determine and set reasonable caseloads for attorneys.**
- **Advocate for competitive salaries for staff attorneys.**
- **Develop a system for the continuity of representation.**
- **Provide attorneys with training and education opportunities regarding the special issues that arise in the client population.**
- **Establish a regular supervision schedule.**
- **Create a brief and forms bank.**
- **Ensure the office has quality technical and support staff as well as adequate equipment, library materials, and computer programs to support its operations.**
- **Develop and follow a recruiting and hiring practice focused on hiring highly qualified candidates.**
- **Develop and implement an attorney evaluation process.**
- **Work actively with other stakeholders to improve the child welfare system, including court procedures.**

#### **Role of the Court**

The Court is urged to:

- **Recognize the importance of the parent attorney's role.**

- **Establish uniform standards of representation for parents' attorneys.**

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- **Ensure the attorneys who are appointed to represent parents in abuse and neglect cases are qualified, well-trained, and held accountable for practice that complies with these standards.**
- **Ensure appointments are made when a case first comes before the court, or before the first hearing, and last until the case has been dismissed from the court's jurisdiction.**
- **Ensure parents' attorneys receive fair compensation.**
- **Ensure timely payment of fees and costs for attorneys.**
- **Provide interpreters, investigators and other specialists needed by the attorneys to competently represent clients. Ensure attorneys are reimbursed for supporting costs, such as use of experts, investigation services, interpreters, etc.**
- **Ensure that attorneys who are receiving appointments carry a reasonable caseload that would allow them to provide competent representation for each of their clients.**
- **Ensure all parties, including the parent's attorney, receive copies of court orders and other documentation.**
- **Provide contact information between clients and attorneys.**
- **Ensure child welfare cases are heard promptly with a view towards timely decision making and thorough review of issues.**

Basic Obligations: The parent’s attorney shall:

**General<sup>1</sup>**

- **Adhere to all relevant jurisdiction-specific training and mentoring requirements before accepting a court appointment to represent a parent in an abuse or neglect case.**

Action: The parent’s attorney must participate in all required training and mentoring before accepting an appointment.

Commentary: As in all areas of law, it is essential that attorneys learn the substantive law as well as local practice. A parent’s fundamental liberty interest in the care and custody of his or her child is at stake, and the attorney must be adequately trained to protect this interest. Because the stakes are so high, the standards drafting committee recommends all parents’ attorneys receive a minimum of 20 hours of relevant training before receiving an appointment and a minimum of 15 hours of related training each year. Training should directly relate to the attorney’s child welfare practice.<sup>2</sup> This is further detailed in Attorney Managers Standard 5 below. In addition, the parent’s attorney should actively participate in ongoing training opportunities. Even if the attorney’s jurisdiction does not require training or mentoring, the attorney should seek it. Each state should make comprehensive training available to parents’ attorneys throughout the state. Training may include relevant online or video training.

- **Acquire sufficient working knowledge of all relevant federal and state laws, regulations, policies, and rules.**

Action: Parents’ attorneys may come to the practice with competency in the various aspects of child abuse and neglect practice, or they need to be trained on them. It is essential for the parent’s attorney to read and understand all state laws, policies and procedures regarding child abuse and neglect. In addition, the parent’s attorney must be familiar with the following laws to recognize when they are relevant to a case and should be prepared to research them when they are applicable:

Titles IV-B and IV-E of the Social Security Act, including the Adoption and Safe Families Act (ASFA), 42 U.S.C. §§ 620-679 and the ASFA Regulations,  
45 C.F.R. Parts 1355, 1356, 1357  
Child Abuse Prevention Treatment Act (CAPTA), P.L.108-36  
Indian Child Welfare Act (ICWA) 25 U.S.C. §§ 1901-1963, the ICWA Regulations, 25 C.F.R. Part 23, and the Guidelines for State Courts: Indian Child Custody Proceedings, 44 Fed. Reg. 67, 584 (Nov. 26, 1979)

## State Indian Child Welfare Act laws

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Multi-Ethnic Placement Act (MEPA), as amended by the Inter-Ethnic Adoption Provisions of 1996 (MEPA-IEP) 42 U.S.C. § 622 (b)(9) (1998), 42

U.S.C. § 671(a)(18) (1998), 42 U.S.C. § 1996b (1998).

Interstate Compact on Placement of Children (ICPC)

Foster Care Independence Act of 1999 (FCIA), P.L. 106-169 Individuals with Disabilities Education Act (IDEA), P.L. 91-230 Family Education

Rights Privacy Act (FERPA), 20 U.S.C. § 1232g

Health Insurance Portability and Accountability Act of 1996 (HIPPA), P. L., 104-192 § 264, 42 U.S.C. § 1320d-2 (in relevant part)

Public Health Act, 42 U.S.C. Sec. 290dd-2 and 42 C.F.R. Part 2

Immigration laws relating to child welfare and child custody

State laws and rules of evidence

State laws and rules of civil procedure State

laws and rules of criminal procedure

State laws concerning privilege and confidentiality, public benefits, education, and disabilities

State laws and rules of professional responsibility or other relevant ethics standards

State laws regarding domestic violence State domestic relations laws

Commentary: Although the burden of proof is on the child welfare agency, in practice the parent and the parent's attorney generally must demonstrate that the parent can adequately care for the child. The parent's attorney must consider all obstacles to this goal, such as criminal charges against the parent, immigration issues, substance abuse or mental health issues, confidentiality concerns, permanency timelines, and the child's individual service issues. To perform these functions, the parent's attorney must know enough about all relevant laws to vigorously advocate for the parent's interests. Additionally, the attorney must be able to use procedural, evidentiary and confidentiality laws and rules to protect the parent's rights throughout court proceedings.

- **Understand and protect the parent's rights to information and decision making while the child is in foster care.**

Action: The parent's attorney must explain to the parent what decision-making authority remains with the parent and what lies with the child welfare agency while the child is in foster care. The parent's attorney should seek updates and reports from any service provider working with the child/family or help the client obtain information about the child's safety, health, education and well-being when the client desires. Where decision-making rights remain, the parent's attorney should assist the parent in exercising his or her rights to continue to make decisions regarding the child's medical, mental health and

educational services. If necessary, the parent's attorney should intervene with the child welfare agency, provider agencies, medical providers and the school to ensure the parent

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has decision-making opportunities. This may include seeking court orders when the parent has been left out of important decisions about the child's life.

Commentary: Unless and until parental rights are terminated, the parent has parental obligations and rights while a child is in foster care. Advocacy may be necessary to ensure the parent is allowed to remain involved with key aspects of the child's life. Not only should the parent's rights be protected, but continuing to exercise as much parental responsibility as possible is often an effective strategy to speed family reunification. Often, though, a parent does not understand that he or she has the right to help make decisions for, or obtain information about, the child. Therefore, it is the parent's attorney's responsibility to counsel the client and help the parent understand his or her rights and responsibilities and try to assist the parent in carrying them out.

- **Actively represent a parent in the prepetition phase of a case, if permitted within the jurisdiction.**

Action: The goal of representing a parent in the prepetition phase of the case is often to deter the agency from deciding to file a petition or to deter the agency from attempting to remove the client's child if a petition is filed. The parent's attorney should counsel the client about the client's rights in the investigation stage as well as the realistic pros and cons of cooperating with the child welfare agency (i.e., the parent's admissions could be used against the client later, but cooperating with services could eliminate a petition filing). The parent's attorney should acknowledge that the parent may be justifiably angry that the agency is involved with the client's family, and help the client develop strategies so the client does not express that anger toward the caseworker in ways that may undermine the client's goals. The attorney should discuss available services and help the client enroll in those in which the client wishes to participate. The attorney should explore conference opportunities with the agency. If it would benefit the client, the attorney should attend any conferences. There are times that an attorney's presence in a conference can shut down discussion, and the attorney should weigh that issue when deciding whether to attend. The attorney should prepare the client for issues that might arise at the conference, such as services and available kinship resources, and discuss with the client the option of bringing a support person to a conference.

Commentary: A few jurisdictions permit parents' attorneys to begin their representation before the child welfare agency files a petition with the court. When the agency becomes involved with the families, it can refer parents to attorneys so that parents will have the benefit of counsel throughout the life of the case. During the prepetition phase, the parent's attorney has the opportunity to work with the parent and help the parent fully understand the issues and the parent's chances of retaining custody of the child. The parent's attorney also has the chance to encourage the agency to make reasonable efforts to work with the family, rather than filing a petition. During this phase, the attorney should work intensively with the parent to explore all appropriate services.

- **Avoid continuances (or reduce empty adjournments) and work to reduce delays in court proceedings unless there is a strategic benefit for the client.**<sup>3</sup>

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Action: The parent's attorney should not request continuances unless there is an emergency or it benefits the client's case. If continuances are necessary, the parent's attorney should request the continuance in writing, as far as possible in advance of the hearing, and should request the shortest delay possible, consistent with the client's interests. The attorney must notify all counsel of the request. The parent's attorney should object to repeated or prolonged continuance requests by other parties if the continuance would harm the client.

Commentary: Delaying a case often increases the time a family is separated, and can reduce the likelihood of reunification. Appearing in court often motivates parties to comply with orders and cooperate with services. When a judge actively monitors a case, services are often put in place more quickly, visitation may be increased or other requests by the parent may be granted. If a hearing is continued and the case is delayed, the parent may lose momentum in addressing the issues that led to the child's removal or the parent may lose the opportunity to prove compliance with case plan goals. Additionally, the Adoption and Safe Families Act (ASFA) timelines continue to run despite continuances.

- **Cooperate and communicate regularly with other professionals in the case.**<sup>4</sup>

Action: The parent's attorney should communicate with attorneys for the other parties, court appointed special advocates (CASAs) or guardians ad litem (GALs). Similarly, the parent's attorney should communicate with the caseworker, foster parents and service providers to learn about the client's progress and their views of the case, as appropriate. The parent's attorney should have open lines of communication with the attorney(s) representing the client in related matters such as any criminal, protection from abuse, private custody or administrative proceedings to ensure that probation orders, protection from abuse orders, private custody orders and administrative determinations do not conflict with the client's goals in the abuse and neglect case.

Commentary: The parent's attorney must have all relevant information to try a case effectively. This requires open and ongoing communication with the other attorneys and service providers working with the client and family. Rules of professional ethics govern contact with represented and unrepresented parties. In some states, for instance, attorneys may not speak with child welfare caseworkers without the permission of agency counsel. The parent's attorney must be aware of local rules on this issue and seek permission to speak with represented parties when that would further the client's interests.

### **Relationship with the Client**<sup>5</sup>

- **Advocate for the client's goals and empower the client to direct the representation and make informed decisions based on thorough counsel.**<sup>6</sup>



Action: Attorneys representing parents must understand the client's goals and pursue them vigorously. The attorney should explain that the attorney's job is to represent the client's interests and regularly inquire as to the client's goals, including ultimate case

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goals and interim goals. The attorney should explain all legal aspects of the case and provide comprehensive counsel on the advantages and disadvantages of different options. At the same time, the attorney should be careful not to usurp the client's authority to decide the case goals.

Commentary: Since many clients distrust the child welfare system, the parent's attorney must take care to distinguish him or herself from others in the system so the client can see that the attorney serves the client's interests. The attorney should be mindful that parents often feel disempowered in child welfare proceedings and should take steps to make the client feel comfortable expressing goals and wishes without fear of judgment. The attorney should clearly explain the legal issues as well as expectations of the court and the agency, and potential consequences of the client failing to meet those expectations. The attorney has the responsibility to provide expertise, and to make strategic decisions about the best ways to achieve the parent's goals, but the client is in charge of deciding the case goals and the attorney must act accordingly.

- **Act in accordance with the duty of loyalty owed to the client.**

Action: Attorneys representing parents should show respect and professionalism towards their clients. Parents' attorneys should support their clients and be sensitive to the client's individual needs. Attorneys should remember that they may be the client's only advocate in the system and should act accordingly.

Commentary: Often attorneys practicing in abuse and neglect court are a close knit group who work and sometimes socialize together. Maintaining good working relationships with other players in the child welfare system is an important part of being an effective advocate. The attorney, however, should be vigilant against allowing the attorney's own interests in relationships with others in the system to interfere with the attorney's primary responsibility to the client. The attorneys should not give the impression to the client that relationships with other attorneys are more important than the representation the attorney is providing the client. The client must feel that the attorney believes in him or her and is actively advocating on the client's behalf.

- **Adhere to all laws and ethical obligations concerning confidentiality.<sup>7</sup>**

Action: Attorneys representing parents must understand confidentiality laws, as well as ethical obligations, and adhere to both with respect to information obtained from or about the client. The attorney must fully explain to the client the advantages and disadvantages of choosing to exercise, partially waive, or waive a privilege or right to confidentiality. Consistent with the client's interests and goals, the attorney must seek to protect from disclosure confidential information concerning the client.

Commentary: Confidential information contained in a parent's substance abuse treatment records, domestic violence treatment records, mental health records and medical records is often at issue in abuse and neglect cases. Improper disclosure of confidential information early in the proceeding may have a negative impact on the manner in which

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the client is perceived by the other parties and the court. For this reason, it is crucial for the attorney to advise the client promptly as to the advantages and disadvantages of releasing confidential information, and for the attorney to take whatever steps necessary to protect the client's privileges or rights to confidentiality.

- **Provide the client with contact information in writing and establish a message system that allows regular attorney-client contact.<sup>8</sup>**

Action: The parent's attorney should ensure the parent understands how to contact the attorney and that the attorney wants to hear from the client on an ongoing basis. The attorney should explain that even when the attorney is unavailable, the parent should leave a message. The attorney must respond to client messages in a reasonable time period. The attorney and client should establish a reliable communication system that meets the client's needs. For example, it may involve telephone contact, email or communication through a third party when the client agrees to it. Interpreters should be used when the attorney and client are not fluent in the same language.

Commentary: Gaining the client's trust and establishing ongoing communication are two essential aspects of representing the parent. The parent may feel angry and believe that all of the attorneys in the system work with the child welfare agency and against that parent. It is important that the parent's attorney, from the beginning of the case, is clear with the parent that the attorney works for the parent, is available for consultation, and wants to communicate regularly. This will help the attorney support the client, gather information for the case and learn of any difficulties the parent is experiencing that the attorney might help address. The attorney should explain to the client the benefits of bringing issues to the attorney's attention rather than letting problems persist. The attorney should also explain that the attorney is available to intervene when the client's relationship with the agency or provider is not working effectively. The attorney should be aware of the client's circumstances, such as whether the client has access to a telephone, and tailor the communication system to the individual client.

- **Meet and communicate regularly with the client well before court proceedings. Counsel the client about all legal matters related to the case, including specific allegations against the client, the service plan, the client's rights in the pending proceeding, any orders entered against the client and the potential consequences of failing to obey court orders or cooperate with service plans.<sup>9</sup>**

Action: The parent's attorney should spend time with the client to prepare the case and address questions and concerns. The attorney should clearly explain the allegations made against the parent, what is likely to happen before, during and after each hearing, and

what steps the parent can take to increase the likelihood of reuniting with the child. The attorney should explain any settlement options and determine whether the client wants the attorney to pursue such options. The attorney should explain courtroom procedures. The attorney should write to the client to ensure the client understands what happened in court and what is expected of the client.

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The attorney should ensure a formal interpreter is involved when the attorney and client are not fluent in the same language. The attorney should advocate for the use of an interpreter when other professionals in the case who are not fluent in the same language as the client are interviewing the client as well.

The attorney should be available for in-person meetings or telephone calls to answer the client's questions and address the client's concerns. The attorney and client should work together to identify and review short and long-term goals, particularly as circumstances change during the case.

The parent's attorney should help the client access information about the child's developmental and other needs by speaking to service providers and reviewing the child's records. The parent needs to understand these issues to make appropriate decisions for the child's care.

The parent's attorney and the client should identify barriers to the client engaging in services, such as employment, transportation, and financial issues. The attorney should work with the client, caseworker and service provider to resolve the barriers.

The attorney should be aware of any special issues the parents may have related to participating in the proposed case plan, such as an inability to read or language differences, and advocate with the child welfare agency and court for appropriate accommodations.

Commentary: The parent's attorney's job extends beyond the courtroom. The attorney should be a counselor as well as litigator. The attorney should be available to talk with the client to prepare for hearings, and to provide advice and information about ongoing concerns. Open lines of communication between attorneys and clients help ensure clients get answers to questions and attorneys get the information and documents they need.

- **Work with the client to develop a case timeline and tickler system.**

Action: At the beginning of a case, the parent's attorney and client should develop timelines that reflect projected deadlines and important dates and a tickler/calendar system to remember the dates. The timeline should specify what actions the attorney and parent will need to take and dates by which they will be completed. The attorney and the client should know when important dates will occur and should be focused on accomplishing the objectives in the case plan in a timely way. The attorney should provide the client with a timeline/calendar, outlining known and prospective court dates, service appointments, deadlines and critical points of attorney-client contact. The attorney should record federal and state law deadlines in the system (e.g., the 15 of 22

month point that would necessitate a termination of parental rights (TPR), if exceptions do not apply).

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Commentary: Having a consistent calendaring system can help an attorney manage a busy caseload. Clients should receive a hard copy calendar to keep track of appointments and important dates. This helps parents stay focused on accomplishing the service plan goals and meeting court-imposed deadlines.

- **Provide the client with copies of all petitions, court orders, service plans, and other relevant case documents, including reports regarding the child except when expressly prohibited by law, rule or court order.**<sup>10</sup>

Action: The parent's attorney should provide all written documents to the client or ensure that they are provided in a timely manner and ensure the client understands them. If the client has difficulty reading, the attorney should read the documents to the client. In all cases, the attorney should be available to discuss and explain the documents to the client.

Commentary: The parent's attorney should ensure the client is informed about what is happening in the case. Part of doing so is providing the client with written documents and reports relevant to the case. If the client has this information, the client will be better able to assist the attorney with the case and fulfill his or her parental obligations. The attorney must be aware of any allegations of domestic violence in the case and not share confidential information about an alleged or potential victim's location.

- **Be alert to and avoid potential conflicts of interest that would interfere with the competent representation of the client.**<sup>11</sup>

Action: The parent's attorney must not represent both parents if their interests differ. The attorney should generally avoid representing both parents when there is even a potential for conflicts of interests. In situations involving allegations of domestic violence the attorney should never represent both parents.

Commentary: In most cases, attorneys should avoid representing both parents in an abuse or neglect case. In the rare case in which an attorney, after careful consideration of potential conflicts, may represent both parents, it should only be with their informed consent. Even in cases in which there is no apparent conflict at the beginning of the case, conflicts may arise as the case proceeds. If this occurs, the attorney might be required to withdraw from representing one or both parents. This could be difficult for the clients and delay the case. Other examples of potential conflicts of interest that the attorney should avoid include representing multiple fathers in the same case or representing parties in a separate case who have interests in the current case.

In analyzing whether a conflict of interest exists, the attorney must consider “whether pursuing one client’s objectives will prevent the lawyer from pursuing another client’s objectives, and whether confidentiality may be compromised.”<sup>12</sup>

- **Act in a culturally competent manner and with regard to the socioeconomic position of the parent throughout all aspects of representation.**

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Action: The parent’s attorney should learn about and understand the client’s background, determine how that has an impact on the client’s case, and always show the parent respect. The attorney must understand how cultural and socioeconomic differences impact interaction with clients, and must interpret the client’s words and actions accordingly.

Commentary: The child welfare system is comprised of a diverse group of people, including the clients and professionals involved. Each person comes to this system with his or her own set of values and expectations, but it is essential that each person try to learn about and understand the backgrounds of others. An individual’s race, ethnicity, gender, sexual orientation and socioeconomic position all have an impact on how the person acts and reacts in particular situations. The parent’s attorney must be vigilant against imposing the attorney’s values onto the clients, and should, instead, work with the parents within the context of their culture and socioeconomic position. While the court and child welfare agency have expectations of parents in their treatment of children, the parent’s advocate must strive to explain these expectations to the clients in a sensitive way. The parent’s attorney should also try to explain how the client’s background might affect the client’s ability to comply with court orders and agency requests.

- **Take diligent steps to locate and communicate with a missing parent and decide representation strategies based on that communication.**<sup>13</sup>

Action: Upon accepting an appointment, the parent’s attorney should communicate to the client the importance of staying in contact with the attorney. While the attorney must communicate regularly with the client, and be informed of the client’s wishes before a hearing, the client also must keep in contact with the attorney. At the beginning of the representation, the attorney should tell the client how to contact the attorney, and discuss the importance of the client keeping the attorney informed of changes in address, phone numbers, and the client’s current whereabouts.

The parent’s attorney should attempt to locate and communicate with missing parents to formulate what positions the attorney should take at hearings, and to understand what information the client wishes the attorney to share with the child welfare agency and the court. If, after diligent steps, the attorney is unable to communicate with the client, the attorney should assess whether the client’s interests are better served by advocating for the client’s last clearly articulated position, or declining to participate in further court proceedings, and should act accordingly. After a prolonged period without contact with the client, the attorney should consider withdrawing from representation.

Commentary:

*Diligent Steps to Locate:* To represent a client adequately, the attorney must know what the client wishes. It is, therefore, important for parents' attorneys to take diligent steps to locate missing clients. Diligent steps can include speaking with the client's family, the caseworker, the foster care provider and other service providers. It should include contacting the State Department of Corrections, Social Security Administration, and

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Child Support Office, and sending letters by regular and certified mail to the client's last known address. The attorney should also visit the client's last known address and asking anyone who lives there for information about the client's whereabouts. Additionally, the attorney should leave business cards with contact information with anyone who might have contact with the client as long as this does not compromise confidentiality.

*Unsuccessful Efforts to Locate:* If the attorney is unable to find and communicate with the client after initial consultation, the attorney should assess what action would best serve the client's interests. This decision must be made on a case-by-case basis. In some cases, the attorney may decide to take a position consistent with the client's last clearly articulated position. In other cases the client's interests may be better served by the attorney declining to participate in the court proceedings in the absence of the client because that may better protect the client's right to vacate orders made in the client's absence.

- **Be aware of the unique issues an incarcerated parent faces and provide competent representation to the incarcerated client.**

Action:

*Adoption and Safe Families Act (ASFA) Issues:* The parent's attorney must be particularly diligent when representing an incarcerated parent. The attorney must be aware of the reasons for the incarceration. If the parent is incarcerated as a result of an act against the child or another child in the family, the child welfare agency may request an order from the court that reasonable efforts toward reunification are not necessary and attempt to fast-track the case toward other permanency goals. If this is the case, the attorney must be prepared to argue against such a motion, if the client opposes it. Even if no motion is made to waive the reasonable efforts requirement, in some jurisdictions the agency may not have the same obligations to assist parents who are incarcerated. Attorneys should counsel the client as to any effects incarceration has on the agency's obligations and know the jurisdiction's statutory and case law concerning incarceration as a basis for TPR. The attorney should help the client identify potential kinship placements, relatives who can provide care for the child while the parent is incarcerated. States vary in whether and how they weigh factors such as the reason for incarceration, length of incarceration and the child's age at the time of incarceration when considering TPR. Attorneys must understand the implications of ASFA for an incarcerated parent who has difficulty visiting and planning for the child.

*Services:* Obtaining services such as substance abuse treatment, parenting skills, or job training while in jail or prison is often difficult. The parent's attorney may need to advocate for reasonable efforts to be made for the client, and assist the parent and the agency caseworker in accessing services. The attorney must assist the client with these services. Without services, it is unlikely the parent will be reunified with the child upon discharge from prison.

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If the attorney practices in a jurisdiction that has a specialized unit for parents and children, and especially when the client is incarcerated for an offense that is unrelated to the child, the attorney should advocate for such a placement. The attorney must learn about available resources, contact the placements and attempt to get the support of the agency and child's attorney.

*Communication:* The parent's attorney should counsel the client on the importance of maintaining regular contact with the child while incarcerated. The attorney should assist in developing a plan for communication and visitation by obtaining necessary court orders and working with the caseworker as well as the correctional facility's social worker.

If the client cannot meet the attorney before court hearings, the attorney must find alternative ways to communicate. This may include visiting the client in prison or engaging in more extensive phone or mail contact than with other clients. The attorney should be aware of the challenges to having a confidential conversation with the client, and attempt to resolve that issue.

The parent's attorney should also communicate with the parent's criminal defense attorney. There may be issues related to self-incrimination as well as concerns about delaying the abuse and neglect case to strengthen the criminal case or vice versa.

*Appearance in Court:* The client's appearance in court frequently raises issues that require the attorney's attention in advance. The attorney should find out from the client if the client wants to be present in court. In some prisons, inmates lose privileges if they are away from the prison, and the client may prefer to stay at the prison. If the client wants to be present in court, the attorney should work with the court to obtain a writ of habeas corpus/bring-down order/order to produce or other documentation necessary for the client to be transported from the prison. The attorney should explain to any client hesitant to appear, that the case will proceed without the parent's presence and raise any potential consequences of that choice. If the client does not want to be present, or if having the client present is not possible, the attorney should be educated about what means are available to have the client participate, such as by telephone or video conference. The attorney should make the necessary arrangements for the client. Note that it may be particularly difficult to get a parent transported from an out-of-state prison or a federal prison.

- **Be aware of the client’s mental health status and be prepared to assess whether the parent can assist with the case.**

Action: Attorneys representing parents must be able to determine whether a client’s mental status (including mental illness and mental retardation) interferes with the client’s ability to make decisions about the case. The attorney should be familiar with any mental health diagnosis and treatment that a client has had in the past or is presently undergoing (including any medications for such conditions). The attorney should get consent from the client to review mental health records and to speak with former and current mental

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health providers. The attorney should explain to the client that the information is necessary to understand the client’s capacity to work with the attorney. If the client’s situation seems severe, the attorney should also explain that the attorney may seek the assistance of a clinical social worker or some other mental health expert to evaluate the client’s ability to assist the attorney because if the client does not have that capacity, the attorney may have to ask that a guardian ad litem be appointed to the client. Since this action may have an adverse effect on the client’s legal claims, the attorney should ask for a GAL only when absolutely necessary.

Commentary: Many parents charged with abuse and neglect have serious or long-standing mental health challenges. However, not all of those conditions or diagnoses preclude the client from participating in the defense. Whether the client can assist counsel is a different issue from whether the client is able to parent the children, though the condition may be related to ability to parent. While the attorney is not expected to be a mental health expert, the attorney should be familiar with mental health conditions and should review such records carefully. The fact that a client suffers a disability does not diminish the lawyer’s obligation to treat the client with attention and respect. If the client seems unable to assist the attorney in case preparation, the attorney should seek an assessment of the client’s capacity from a mental health expert. If the expert and attorney conclude that the client is not capable of assisting in the case, the attorney should inform the client that the attorney will seek appointment of a guardian ad litem from the court. The attorney should be careful to explain that the attorney will still represent the client in the child protective case. The attorney must explain to the client that appointment of a GAL will limit the client’s decision-making power. The GAL will stand in the client’s shoes for that purpose.

### **Investigation<sup>14</sup>**

- **Conduct a thorough and independent investigation at every stage of the proceeding.**

Action: The parent’s attorney must take all necessary steps to prepare each case. A thorough investigation is an essential element of preparation. The parent’s attorney can not rely solely on what the agency caseworker reports about the parent. Rather, the attorney should contact service providers who work with the client, relatives who can discuss the parent’s care of the child, the child’s teacher or other people who can clarify



information relevant to the case. If necessary, the attorney should petition the court for funds to hire an investigator.

Commentary: In some jurisdictions, parents' attorneys work with social workers or investigators who can meet with clients and assist in investigating the underlying issues that arise as cases proceed. The drafting committee recommends such a model of representation. However, if the attorney is not working with such a team, the attorney is still responsible for gaining all pertinent case information.

- **Interview the client well before each hearing, in time to use client information for the case investigation.**<sup>15</sup>

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Action: The parent's attorney should meet with the parent regularly throughout the case. The meetings should occur well before the hearing, not at the courthouse just minutes before the case is called before the judge. The attorney should ask the client questions to obtain information to prepare the case, and strive to create a comfortable environment so the client can ask the attorney questions. The attorney should use these meetings to prepare for court as well as to counsel the client concerning issues that arise during the course of the case. Information obtained from the client should be used to propel the investigation.

Commentary: Often, the client is the best source of information for the attorney, and the attorney should set aside time to obtain that information. Since the interview may involve disclosure of sensitive or painful information, the attorney should explain attorney-client confidentiality to the client. The attorney may need to work hard to gain the client's trust, but if a trusting relationship can be developed, the attorney will have an easier time representing the client. The investigation will be more effective if guided by the client, as the client generally knows firsthand what occurred in the case.

### **Informal Discovery**<sup>16</sup>

- **Review the child welfare agency case file.**

Action: The parent's attorney should ask for and review the agency case file as early during the course of representation as possible. The file contains useful documents that the attorney may not yet have, and will instruct the attorney on the agency's case theory. If the agency case file is inaccurate, the attorney should seek to correct it. The attorney must read the case file periodically because information is continually being added by the agency.

Commentary: While an independent investigation is essential, it is also important that the parent's attorney understands what information the agency is relying on to further its case. The case file should contain a history about the family that the client may not have shared, and important reports and information about both the child and parent that will be necessary for the parent's attorney to understand for hearings as well as settlement

conferences. Unless the attorney also has the information the agency has, the parent's attorney will walk into court at a disadvantage.

- **Obtain all necessary documents, including copies of all pleadings and relevant notices filed by other parties, and information from the caseworker and providers.**

Action: As part of the discovery phase, the parent's attorney should gather all relevant documentation regarding the case that might shed light on the allegations, the service plan and the client's strengths as a parent. The attorney should not limit the scope as information about past or present criminal, protection from abuse, private custody or

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administrative proceedings involving the client can have an impact on the abuse and neglect case. The attorney should also review the following kinds of documents:

- social service records
- court records
- medical records
- school records
- evaluations of all types

The attorney should be sure to obtain reports and records from service providers.

Discovery is not limited to information regarding the client, but may include records of others such as the other parent, stepparent, child, relative and non-relative caregivers.

Commentary: In preparing the client's case, the attorney must try to learn as much about the parent and the family as possible. Various records may contradict or supplement the agency's account of events. Gathering documentation to verify the client's reports about what occurred before the child came into care and progress the parent is making during the case is necessary to provide concrete evidence for the court. Documentation may also alert the attorney to issues the client is having that the client did not share with counsel. The attorney may be able to intercede and assist the client with service providers, agency caseworkers and others.

### **Formal Discovery<sup>17</sup>**

- **When needed, use formal discovery methods to obtain information.**

Action: The parent's attorney should know what information is needed to prepare for the case and understand the best methods of obtaining that information. The attorney should become familiar with the pretrial requests and actions used in the jurisdiction and use whatever tools are available to obtain necessary information. The parent's attorney should consider the following types of formal discovery: depositions, interrogatories (including expert interrogatories), requests for production of documents, requests for admissions, and motions for mental or physical examination of a party. The attorney

should file timely motions for discovery and renew these motions as needed to obtain the most recent records.

The attorney should, consistent with the client's interests and goals, and where appropriate, take all necessary steps to preserve and protect the client's rights by opposing discovery requests of other parties.

### **Court Preparation<sup>18</sup>**

- **Develop a case theory and strategy to follow at hearings and negotiations.**

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Action: Once the parent's attorney has completed the initial investigation and discovery, including interviews with the client, the attorney should develop a strategy for representation. The strategy may change throughout the case, as the client makes or does not make progress, but the initial theory is important to assist the attorney in staying focused on the client's wishes and on what is achievable. The theory of the case should inform the attorney's preparation for hearings and arguments to the court throughout the case. It should also help the attorney decide what evidence to develop for hearings and the steps to take to move the case toward the client's ultimate goals (e.g., requesting increased visitation when a parent becomes engaged in services).

- **Timely file all pleadings, motions, and briefs. Research applicable legal issues and advance legal arguments when appropriate.**

Action: The attorney must file petitions, motions, discovery requests, and responses and answers to pleadings filed by other parties that are appropriate for the case. These pleadings must be thorough, accurate and timely.

When a case presents a complicated or new legal issue, the parent's attorney should conduct the appropriate research before appearing in court. The attorney must have a solid understanding of the relevant law, and be able to present it to the judge in a compelling and convincing way. The attorney should be prepared to distinguish case law that appears to be unfavorable. If the judge asks for memoranda of law, the attorney will already have done the research and will be able to use it to argue the case well. If it would advance the client's case, the parent's attorney should present an unsolicited memorandum of law to the court.

Commentary: Actively filing motions, pleadings and briefs benefits the client. This practice puts important issues before the court and builds credibility for the attorney. In addition to filing responsive papers and discovery requests, the attorney should proactively seek court orders that benefit the client, e.g., filing a motion to enforce court orders to ensure the child welfare agency is meeting its reasonable efforts obligations. When an issue arises, it is often appropriate to attempt to resolve it informally with other parties. When out-of-court advocacy is not successful, the attorney should not wait to bring the issue to the court's attention if that would serve the client's goals.

Arguments in child welfare cases are often fact-based. Nonetheless, attorneys should ground their arguments in statutory, regulatory and common law. These sources of law exist in each jurisdiction, as well as in federal law. Additionally, law from other jurisdictions can be used to sway a court in the client's favor. An attorney who has a firm grasp of the law, and who is willing to do legal research on an individual case, may have more credibility before the court. At times, competent representation requires advancing legal arguments that are not yet accepted in the jurisdiction. Attorneys should be mindful to preserve issues for appellate review by making a record even if the argument is unlikely to prevail at the trial level

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- **Engage in case planning and advocate for appropriate social services using a multidisciplinary approach to representation when available.**

Action: The parent's attorney must advocate for the client both in and out of court. The parent's attorney should know about the social, mental health, substance abuse treatment and other services that are available to parents and families in the jurisdiction in which the attorney practices so the attorney can advocate effectively for the client to receive these services. The attorney should ask the client if the client wishes to engage in services. If so, the attorney must determine whether the client has access to the necessary services to overcome the issues that led to the case.

The attorney should actively engage in case planning, including attending major case meetings, to ensure the client asks for and receives the needed services. The attorney should also ensure the client does not agree to undesired services that are beyond the scope of the case. A major case meeting is one in which the attorney or client believes the attorney will be needed to provide advice or one in which a major decision on legal steps, such as a change in the child's permanency goal, will be made. The attorney should be available to accompany the client to important meetings with service providers as needed.

The services in which the client is involved must be tailored to the client's needs, and not merely hurdles over which the client must jump (e.g., if the client is taking parenting classes, the classes must be relevant to the underlying issue in the case).

Whenever possible, the parent's attorney should engage or involve a social worker as part of the parent's "team" to help determine an appropriate case plan, evaluate social services suggested for the client, and act as a liaison and advocate for the client with the service providers.

When necessary, the parent's attorney should seek court orders to force the child welfare agency to provide services or visitation to the client. The attorney may need to ask the court to enforce previously entered orders that the agency did not comply with in a reasonable period. The attorney should consider whether the child's representative (lawyer, GAL or CASA) might be an ally on service and visitation issues. If so, the

attorney should solicit the child's representative's assistance and work together in making requests to the agency and the court.

Commentary: For a parent to succeed in a child welfare case the parent must receive and cooperate with social services. It is therefore necessary that the parent's attorney does whatever possible to obtain appropriate services for the client, and then counsel the client about participating in such services. Examples of services common to child welfare cases include:

- Evaluations
- Family preservation or reunification services
- Medical and mental health care
- Drug and alcohol treatment
- Domestic violence prevention, intervention or treatment

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- Parenting education
- Education and job training
- Housing
- Child care
- Funds for public transportation so the client can attend services

- **Aggressively advocate for regular visitation in a family-friendly setting.**

Action: The parent's attorney should advocate for an effective visiting plan and counsel the parent on the importance of regular contact with the child. Preservation of parent-child bonds through regular visitation is essential to any reunification effort. Courts and child welfare agencies may need to be pushed to develop visiting plans that best fit the needs of the individual family. Factors to consider in visiting plans include:

- Frequency
- Length
- Location
- Supervision
- Types of activities
- Visit coaching – having someone at the visit who could model effective parenting skills

Commentary: Consistent, high quality visitation is one of the best predictors of successful reunification between a parent and child. Often visits are arranged in settings that are uncomfortable and inhibiting for families. It is important that the parent's attorney seek a visitation order that will allow the best possible visitation. Effort should be made to have visits be unsupervised or at the lowest possible level of supervision. Families are often more comfortable when relatives, family friends, clergy or other community members are recruited to supervise visits rather than caseworkers. Attorneys should advocate for visits to occur in the most family-friendly locations possible, such as in the family's home, parks, libraries, restaurants, places of worship or other community venues.

- **With the client’s permission, and when appropriate, engage in settlement negotiations and mediation to resolve the case.**

Action: The parent’s attorney should, when appropriate, participate in settlement negotiations to promptly resolve the case, keeping in mind the effect of continuances and delays on the client’s goals. Parents’ attorneys should be trained in mediation and negotiation skills and be comfortable resolving cases outside a courtroom setting when consistent with the client’s position. When authorized to do so by the client, the parent’s attorney should share information about services in which the parent is engaged and provide copies of favorable reports from service providers. This information may impact settlement discussions. The attorney must communicate all settlement offers to the client and discuss their advantages and disadvantages. It is the client’s decision whether to settle. The attorney must be willing to try the case and not compromise solely to avoid the hearing. The attorney should use mediation resources when available.

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Commentary: Negotiation and mediation often result in a detailed agreement among parties about actions the participants must take. Generally, when agreements have been thoroughly discussed and negotiated, all parties, including the parents, feel as if they had a say in the decision and are, therefore, more willing to adhere to a plan. Mediation can resolve a specific conflict in a case, even if it does not result in an agreement about the entire case. Negotiated settlements generally happen more quickly than full hearings and therefore move a case along swiftly. The attorney should discuss all aspects of proposed settlements with the parent, including all legal effects of admissions or agreements. The attorney should advise the client about the chances of prevailing if the matter proceeds to trial and any potential negative impact associated with contesting the allegations. The final decision regarding settlement must be the client’s.

A written, enforceable agreement should result from any settlement, so all parties are clear about their rights and obligations. The parent’s attorney should ensure agreements accurately reflect the understandings of the parties. The parent’s attorney should schedule a hearing if promises made to the parent are not kept.

- **Thoroughly prepare the client to testify at the hearing.**

Action: When having the client testify will benefit the case or when the client wishes to testify, the parent’s attorney should thoroughly prepare the client. The attorney should discuss and practice the questions that the attorney will ask the client, as well as the types of questions the client should expect opposing counsel to ask. The parent’s attorney should help the parent think through the best way to present information, familiarize the parent with the court setting, and offer guidance on logistical issues such as how to get to court on time and appropriate court attire.

Commentary: Testifying in court can be intimidating. For a parent whose family is the focus of the proceeding, the court experience is even scarier. The parent’s attorney should be attuned to the client’s comfort level about the hearing, and ability to testify in the case.

The attorney should spend time explaining the process and the testimony itself to the client. The attorney should provide the client with a written list of questions that the attorney will ask, if this will help the client.

- **Identify, locate and prepare all witnesses.**

Action: The parent's attorney, in consultation with the parent, should develop a witness list well before a hearing. The attorney should not assume the agency will call a witness, even if the witness is named on the agency's witness list. The attorney should, when possible, contact the potential witnesses to determine if they can provide helpful testimony.

When appropriate, witnesses should be informed that a subpoena is on its way. The attorney should also ensure the subpoena is served. The attorney should subpoena potential agency witnesses (e.g., a previous caseworker) who have favorable information about the client.

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The attorney should set aside time to fully prepare all witnesses in person before the hearing. The attorney should remind the witnesses about the court date.

Commentary: Preparation is the key to successfully resolving a case, either in negotiation or trial. The attorney should plan as early as possible for the case and make arrangements accordingly. Witnesses may have direct knowledge of the allegations against the parent. They may be service providers working with the parent, or individuals from the community who could testify generally about the family's strengths.

When appropriate, the parent's attorney should consider working with other parties who share the parent's position (such as the child's representative) when creating a witness list, issuing subpoenas, and preparing witnesses. Doctors, nurses, teachers, therapists, and other potential witnesses have busy schedules and need advance warning about the date and time of the hearing.

Witnesses are often nervous about testifying in court. Attorneys should prepare them thoroughly so they feel comfortable with the process. Preparation will generally include rehearsing the specific questions and answers expected on direct and anticipating the questions and answers that might arise on cross-examination. Attorneys should provide written questions for those witnesses who need them.

- **Identify, secure, prepare and qualify expert witness when needed. When permissible, interview opposing counsel's experts.**

Action: Often a case requires multiple experts in different roles, such as experts in medicine, mental health treatment, drug and alcohol treatment, or social work. Experts may be needed for ongoing case consultation in addition to providing testimony at trial.

The attorney should consider whether the opposing party is calling expert witnesses and determine whether the parent needs to call any experts.

When expert testimony is required, the attorney should identify the qualified experts and seek necessary funds to retain them in a timely manner. The attorney should subpoena the witnesses, giving them as much advanced notice of the court date as possible. As is true for all witnesses, the attorney should spend as much time as possible preparing the expert witnesses for the hearing. The attorney should be competent in qualifying expert witnesses.

When opposing counsel plans to call expert witnesses, the parent's attorney should file expert interrogatories, depose the witnesses or interview the witnesses in advance, depending on the jurisdiction's rules on attorney work product. The attorney should do whatever is necessary to learn what the opposing expert witnesses will say about the client during the hearing.

Commentary: By contacting opposing counsel's expert witnesses in advance, the parent's attorney will know what evidence will be presented against the client and whether the

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expert has any favorable information that might be elicited on cross-examination. The attorney will be able to discuss the issues with the client, prepare a defense and call experts on behalf of the client, if appropriate. Conversely, if the attorney does not talk to the opposing expert in advance, the attorney could be surprised by the evidence and unable to represent the client competently.

## **Hearings**

- **Attend and prepare for all hearings, including pretrial conferences.**

Action: The parent's attorney must prepare for, and attend all hearings and participate in all telephone and other conferences with the court.

Commentary: For the parent to have a fair chance during the hearing, the attorney must be prepared and present in court. Participating in pretrial proceedings may improve case resolution for the parent. Counsel's failure to participate in the proceedings in which all other parties are represented may disadvantage the parent. Therefore, the parent's attorney should be actively involved in this stage. Other than in extraordinary circumstances, attorneys must appear for all court appearances on time. In many jurisdictions, if an attorney arrives to court late, or not at all, the case will receive a long continuance. This does not serve the client and does not instill confidence in the attorney. If an attorney has a conflict with another courtroom appearance, the attorney should notify the court and other parties and request a short continuance. The parent's attorney should not have another attorney stand in to represent the client in a substantive hearing, especially if the other attorney is unfamiliar with the client or case.

- **Prepare and make all appropriate motions and evidentiary objections.**



Action: The parent's attorney should make appropriate motions and evidentiary objections to advance the client's position during the hearing. If necessary, the attorney should file briefs in support of the client's position on motions and evidentiary issues. The parent's attorney should always be aware of preserving legal issues for appeal.

Commentary: It is essential that parents' attorneys understand the applicable rules of evidence and all court rules and procedures. The attorney must be willing and able to make appropriate motions, objections, and arguments (e.g., objecting to the qualification of expert witnesses or raising the issue of the child welfare agency's lack of reasonable efforts).

- **Present and cross-examine witnesses, prepare and present exhibits.**

Action: The parent's attorney must be able to present witnesses effectively to advance the client's position. Witnesses must be prepared in advance and the attorney should know what evidence will be presented through the witnesses. The attorney must also be skilled at cross-examining opposing parties' witnesses. The attorney must know how to offer documents, photos and physical objects into evidence.

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At each hearing the attorney should keep the case theory in mind, advocate for the child to return home and for appropriate services, if that is the client's position, and request that the court state its expectations of all parties.

Commentary: Becoming a strong courtroom attorney takes practice and attention to detail. The attorney must be sure to learn the rules about presenting witnesses, impeaching testimony, and entering evidence. The attorney should seek out training in trial skills and observe more experienced trial attorneys to learn from them. Even if the parent's attorney is more seasoned, effective direct and cross-examination require careful preparation. The attorney must know the relevant records well enough to be able to impeach adverse witnesses and bring out in both direct and cross examinations any information that would support the parent's position. Seasoned attorneys may wish to consult with other experienced attorneys about complex cases. Presenting and cross-examining witnesses are skills with which the parent's attorney must be comfortable.

- **In jurisdictions in which a jury trial is possible, actively participate in jury selection and drafting jury instructions.**

Commentary: Several jurisdictions around the country afford parties in child welfare cases the right to a jury trial at the adjudicatory or termination of parental rights stages. Parents' attorneys in those jurisdictions should be skilled at choosing an appropriate jury, drafting jury instructions that are favorable to the client's position, and trying the case before jurors who may not be familiar with child abuse and neglect issues.

- **Request closed proceedings (or a cleared courtroom) in appropriate cases.**

Action: The parent’s attorney should be aware of who is in the courtroom during a hearing, and should request the courtroom be cleared of individuals not related to the case when appropriate. The attorney should be attuned to the client’s comfort level with people outside of the case hearing about the client’s family. The attorney should also be aware of whether the case is one in which there is media attention. Confidential information should not be discussed in front of the media or others without the express permission of the client.

Commentary: In many courts, even if they have a “closed court” policy, attorneys, caseworkers, and witnesses on other cases listed that day may be waiting in the courtroom. These individuals may make the client uncomfortable, and the parent’s attorney should request that the judge remove them from the courtroom. Even in an “open court” jurisdiction, there may be cases, or portions of cases, that outsiders should not be permitted to hear. The parent’s attorney must be attuned to this issue, and make appropriate requests of the judge.

- **Request the opportunity to make opening and closing arguments.**

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Action: When permitted by the judge, the parent’s attorney should make opening and closing arguments to best present the parent’s attorney’s theory of the.

Commentary: In many child abuse and neglect proceedings, attorneys waive the opportunity to make opening and closing arguments. However, these arguments can help shape the way the judge views the case, and therefore can help the client. Argument may be especially critical, for example, in complicated cases when information from expert witnesses should be highlighted for the judge, in hearings that take place over a number of days, or when there are several children and the agency is requesting different services or permanency goals for each of them. Making opening and closing argument is particularly important if the case is being heard by a jury.

- **Prepare proposed findings of fact, conclusions of law and orders when they will be used in the court’s decision or may otherwise benefit the client.**

Action: Proposed findings of fact, conclusions of law, and orders should be prepared before a hearing. When the judge is prepared to enter a ruling, the judge can use the proposed findings or amend them as needed.

Commentary: By preparing proposed findings of fact and conclusions of law, the parent’s attorney frames the case and ruling for the judge. This may result in orders that are more favorable to the parent, preserve appellate issues, and help the attorney clarify desired outcomes before a hearing begins. The attorney should offer to provide the judge with proposed findings and orders in electronic format. If an opposing party prepared the order, the parent’s attorney should review it for accuracy before the order is submitted for the judge’s signature.

## **Post Hearings/Appeals**

- **Review court orders to ensure accuracy and clarity and review with client.**

Action: After the hearing, the parent's attorney should review the written order to ensure it reflects the court's verbal order. If the order is incorrect, the attorney should take whatever steps are necessary to correct it. Once the order is final, the parent's attorney should provide the client with a copy of the order and should review the order with the client to ensure the client understands it. If the client is unhappy with the order, the attorney should counsel the client about any options to appeal or request rehearing on the order, but should explain that the order is in effect unless a stay or other relief is secured. The attorney should counsel the client on the potential consequences of failing to comply with a court order.

Commentary: The parent may be angry about being involved in the child welfare system, and a court order that is not in the parent's favor could add stress and frustration. It is essential that the parent's attorney take time, either immediately after the hearing or at a meeting soon after the court date, to discuss the hearing and the outcome with the client. The attorney should counsel the client about all options, including appeal (see below).

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Regardless of whether an appeal is appropriate, the attorney should counsel the parent about potential consequences of not complying with the order.

- **Take reasonable steps to ensure the client complies with court orders and to determine whether the case needs to be brought back to court.**

Action: The parent's attorney should answer the parent's questions about obligations under the order and periodically check with the client to determine the client's progress in implementing the order. If the client is attempting to comply with the order but other parties, such as the child welfare agency, are not meeting their responsibilities, the parent's attorney should approach the other party and seek assistance on behalf of the client. If necessary, the attorney should bring the case back to court to review the order and the other party's noncompliance or take other steps to ensure that appropriate social services are available to the client.

Commentary: The parent's attorney should play an active role in assisting the client in complying with court orders and obtaining visitation and any other social services. The attorney should speak with the client regularly about progress and any difficulties the client is encountering while trying to comply with the court order or service plan. When the child welfare agency does not offer appropriate services, the attorney should consider making referrals to social service providers and, when possible, retaining a social worker to assist the client. The drafting committee of these standards recommends such an interdisciplinary model of practice.

- **Consider and discuss the possibility of appeal with the client.<sup>19</sup>**

Action: The parent's attorney should consider and discuss with the client the possibility of appeal when a court's ruling is contrary to the client's position or interests. The attorney should counsel the client on the likelihood of success on appeal and potential consequences of an appeal. In most jurisdictions, the decision whether to appeal is the client's as long as a non-frivolous legal basis for appeal exists. Depending on rules in the attorney's jurisdiction, the attorney should also consider filing an extraordinary writ or motions for other post-hearing relief.

Commentary: When discussing the possibility of an appeal, the attorney should explain both the positive and negative effects of an appeal, including how the appeal could affect the parent's goals. For instance, an appeal could delay the case for a long time. This could negatively impact both the parent and the child.

- **If the client decides to appeal, timely and thoroughly file the necessary post-hearing motions and paperwork related to the appeal and closely follow the jurisdiction's Rules of Appellate Procedure.**

Action: The parent's attorney should carefully review his or her obligations under the state's Rules of Appellate Procedure. The attorney should timely file all paperwork, including a notice of appeal and requests for stays of the trial court order, transcript, and

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case file. If another party has filed an appeal, the parent's attorney should explain the appeals process to the parent and ensure that responsive papers are filed timely.

The appellate brief should be clear, concise, and comprehensive and also timely filed. The brief should reflect all relevant case law and present the best legal arguments available in state and federal law for the client's position. The brief should include novel legal arguments if there is a chance of developing favorable law in support of the parent's claim.

In jurisdictions in which a different attorney from the trial attorney handles the appeal, the trial attorney should take all steps necessary to facilitate appointing appellate counsel and work with the new attorney to identify appropriate issues for appeal. The attorney who handled the trial may have insight beyond what a new attorney could obtain by reading the trial transcript.

If appellate counsel differs from the trial attorney, the appellate attorney should meet with the client as soon as possible. At the initial meeting, appellate counsel should determine the client's position and goals in the appeal. Appellate counsel should not be bound by the determinations of the client's position and goals made by trial counsel and should independently determine his or her client's position and goals on appeal.

If oral arguments are scheduled, the attorney should be prepared, organized, and direct. Appellate counsel should inform the client of the date, time and place scheduled for oral argument of the appeal upon receiving notice from the appellate court. Oral argument of

the appeal on behalf of the client should not be waived, absent the express approval of the client, unless doing so would benefit the client. For example, in some jurisdictions appellate counsel may file a reply brief instead of oral argument. The attorney should weigh the pros and cons of each option.

Commentary: Appellate skills differ from the skills most trial attorneys use daily. The parent's attorney may wish to seek training on appellate practice and guidance from an experienced appellate advocate when drafting the brief and preparing for argument. An appeal can have a significant impact on the trial judge who heard the case and trial courts throughout the state, as well as the individual client and family.

- **Request an expedited appeal, when feasible, and file all necessary paperwork while the appeal is pending.**

Action: If the state court allows, the attorney in a child welfare matter should always consider requesting an expedited appeal. In this request, the attorney should provide information about why the case should be expedited, such as any special characteristics about the child and why delay would harm the relationship between the parent and child.

- **Communicate the results of the appeal and its implications to the client.**

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Action: The parent's attorney should communicate the result of the appeal and its implications, and provide the client with a copy of the appellate decision. If, as a result of the appeal, the attorney needs to file any motions with the trial court, the attorney should do so.

### **Obligations of Attorney Managers<sup>20</sup>**

Attorney Managers are urged to:

9. **Clarify attorney roles and expectations.**

Action: The attorney manager must ensure that staff attorneys understand their role in representing clients and the expectations of the attorney manager concerning all staff duties. In addition to in-office obligations staff attorneys may attend meetings, conferences, and trainings. The attorney may need to attend child welfare agency or service provider meetings with clients. The manager should articulate these duties at the beginning of and consistently during the attorney's employment. The manager should emphasize the attorney's duties toward the client, and obligations to comply with practice standards.

Commentary: All employees want to know what is expected of them; one can only do a high quality job when the person knows the parameters and expectations of the position. Therefore, the attorney manager must consistently inform staff of those expectations. Otherwise, the staff attorney is set up to fail. The work of representing parents is too important, and too difficult, to be handled by people who do not understand their role and

lack clear expectations. These attorneys need the full support of supervisors and attorney managers to perform their highest quality work.

10. **Determine and set reasonable caseloads for attorneys.**<sup>21</sup>

Action: An attorney manager should determine reasonable caseloads for parents' attorneys and monitor them to ensure the maximum is not exceeded. Consider a caseload/workload study, review written materials about such studies, or look into caseload sizes in similar counties to accurately determine ideal attorney caseloads. When assessing the appropriate number of cases, remember to account for all attorney obligations, case difficulty, time required to prepare a case thoroughly, support staff assistance, travel time, experience level of attorneys, and available time (excluding vacation, holidays, sick leave, training and other non-case-related activity). If the attorney manager carries a caseload, the number of cases should reflect the time the individual spends on management duties.

Commentary: High caseload is considered a major barrier to quality representation and a source of high attorney turnover. It is essential to decide what a reasonable caseload is in your jurisdiction. How attorneys define cases and attorney obligations vary from place-to-place, but having a manageable caseload is crucial. The standards drafting committee recommended a caseload of no more than 50-100 cases depending on what the attorney can handle competently and fulfill these standards. The type of practice the attorney has,

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e.g., whether the attorney is part of a multidisciplinary representation team also has an impact on the appropriate caseload size. It is part of the attorney manager's job to advocate for adequate funding and to alert individuals in positions of authority when attorneys are regularly asked to take caseloads that exceed local standards.

11. **Advocate for competitive salaries for staff attorneys.**

Action: Attorney managers should advocate for attorney salaries that are competitive with other government and court appointed attorneys in the jurisdiction. To recruit and retain experienced attorneys, salaries must compare favorably with similarly situated attorneys.

Commentary: While resources are scarce, parents' attorneys deserve to be paid a competitive wage. They will likely not stay in their position nor be motivated to work hard without a reasonable salary. High attorney turnover may decrease when attorneys are paid well. Parents' rights to effective assistance of counsel may be compromised if parents' attorneys are not adequately compensated.

12. **Develop a system for the continuity of representation.**

Action: The attorney manager should develop a case assignment system that fosters ownership and involvement in the case by the parent's attorney. The office can have a

one-attorney: one-case (vertical representation) policy in which an attorney follows the case from initial filing through permanency and handles all aspects of the case. Alternatively, the cases may be assigned to a group of attorneys who handle all aspects of a case as a team and are all assigned to one judge. If a team approach is adopted, it is critical to establish mechanisms to aid communication about cases and promote accountability.

The attorney manager should also hire social workers, paralegals and/or parent advocates (parents familiar with the child welfare system because they were involved in the system and successfully reunited with their child), who should be “teamed” with the attorneys. These individuals can assist the attorney or attorney team with helping clients access services and information between hearings, and help the attorney organize and monitor the case.

Commentary: Parents’ attorneys can provide the best representation for the client when they know a case and are invested in its outcome. Continuity of representation is critical for attorneys and parents to develop the trust that is essential to high quality representation. Additionally, having attorneys who are assigned to particular cases decreases delays because the attorney does not need to learn the case each time it is scheduled for court, but rather has extensive knowledge of the case history. The attorney also has the opportunity to monitor action on the case between court hearings. This system also makes it easier for the attorney manager to track how cases are handled. Whatever system is adopted, the manager must be clear about which attorney has

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responsibility for the case preparation, monitoring, and advocacy required throughout the case.

**13. Provide attorneys with training and education opportunities regarding the special issues that arise in the client population.**

Action: The attorney manager must ensure that each attorney has opportunities to participate in training and education programs. When a new attorney is hired, the attorney manager should assess that attorney’s level of experience and readiness to handle cases. The attorney manager should develop an internal training program that pairs the new attorney with an experienced “attorney mentor.” The new attorney should be required to:

- o observe each type of court proceeding (and mediation if available in the jurisdiction),
- o second-chair each type of proceeding, 3) try each type of case with the mentor second-chairing, and 4) try each type of proceeding on his or her own, with the mentor available to assist, before the attorney can begin handling cases alone.

Additionally, each attorney should attend at least 20 hours of relevant training before beginning, and at least 15 hours of relevant training every year after. Training should include general legal topics such as evidence and trial skills, and child welfare-specific topics that are related to the client population the office is representing, such as:

Relevant state, federal and case law, procedures and rules  
Available community resources  
State and federal benefit programs affecting parties in the child welfare system (e.g., SSI, SSA, Medicaid, UCCJEA)  
Federal Indian Law including the Indian Child Welfare Act and state law related to Native Americans  
Understanding mental illness  
Substance abuse issues (including assessment, treatment alternatives, confidentiality, impact of different drugs)  
Legal permanency options  
Reasonable efforts  
Termination of parental rights law  
Child development  
Legal ethics related to parent representation  
Negotiation strategies and techniques  
Protection orders/how domestic violence impacts parties in the child welfare system  
Appellate advocacy  
Immigration law in child welfare cases  
Education law in child welfare cases  
Basic principles of attachment theory  
Sexual abuse  
Dynamics of physical abuse and neglect  
Y Shaken Baby Syndrome

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Y Broken bones  
Y Burns  
Y Failure To Thrive  
Y Munchausen's Syndrome by Proxy  
Domestic relations law

Commentary: Parents' attorneys should be encouraged to learn as much as possible and participate in conferences and trainings to expand their understanding of child welfare developments. While parents' attorneys often lack extra time to attend conferences, the knowledge they gain will be invaluable. The philosophy of the office should stress the need for ongoing learning and professional growth. The attorney manager should require the attorneys to attend an achievable number of hours of training that will match the training needs of the attorneys. The court and Court Improvement Program<sup>22</sup> may be able to defray costs of attorney training or may sponsor multidisciplinary training that parents' attorneys should be encouraged to attend. Similarly, state and local bar associations, area law schools or local Child Law Institutes may offer education opportunities. Attorneys should have access to professional publications to stay current on the law and promising practices in child welfare. Child welfare attorneys benefit from the ability to strategize and share information and experiences with each other. Managers should foster



opportunities for attorneys to support each other, discuss cases, and brainstorm regarding systemic issues and solutions.

**14. Establish a regular supervision schedule.**

Action: Attorney managers should ensure that staff attorneys meet regularly (at least once every two weeks) with supervising attorneys to discuss individual cases as well as any issues the attorney is encountering with the court, child welfare agency, service providers or others. The supervising attorney should help the staff attorney work through any difficulties the attorney is encountering in managing a caseload. Supervising attorneys should regularly observe the staff attorneys in court and be prepared to offer constructive criticism as needed. The supervising attorney should create an atmosphere in which the staff attorney is comfortable asking for help and sharing ideas.

Commentary: Parents' attorneys function best when they can learn, feel supported, and manage their cases with the understanding that their supervisors will assist as needed. By creating this office environment, the attorney manager invests in training high quality attorneys and results in long-term retention. Strong supervision helps attorneys avoid the burnout that could accompany the stressful work of representing parents in child welfare cases.

**15. Create a brief and forms bank.**

Action: Develop standard briefs, memoranda of law and forms that attorneys can use, so they do not "reinvent the wheel" for each new project. For example, there could be sample discovery request forms, motions, notices of appeal, and petitions. Similarly, memoranda of law and appellate briefs follow patterns that the attorneys could use,

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although these should always be tailored to the specific case. These forms and briefs should be available on the computer and in hard copy and should be centrally maintained. They should also be well indexed for accessibility and updated as needed.

**16. Ensure the office has quality technical and support staff as well as adequate equipment, library materials, and computer programs to support its operations.**

Action: The attorney manager should advocate for high quality technical and staff support. The office should employ qualified legal assistants or paralegals and administrative assistants to help the attorneys. The attorney manager should create detailed job descriptions for these staff members to ensure they are providing necessary assistance. For instance, a qualified legal assistant can help: research, draft petitions, schedule and prepare witnesses and more.

The attorney manager should ensure attorneys have access to working equipment, a user-friendly library conducive to research, and computer programs for word processing, conducting research (Westlaw or Lexis/Nexis), caseload and calendar management,

Internet access, and other supports that make the attorney's job easier and enhances client representation.

Commentary: By employing qualified staff, the attorneys will be free to perform tasks essential to quality representation. The attorneys must at least have access to a good quality computer, voice mail, fax machine, and copier to get the work done efficiently and with as little stress as possible

**17. Develop and follow a recruiting and hiring practice focused on hiring highly qualified candidates.**

Action: The attorney manager should hire the best attorneys possible. The attorney manager should form a hiring committee made up of managing and line attorneys and possibly a client or former client of the office. Desired qualities of a new attorney should be determined, focusing on educational and professional achievements; experience and commitment to representing parents and to the child welfare field; interpersonal skills; diversity and the needs of the office; writing and verbal skills; second language skills; and ability to handle pressure. Widely advertising the position will draw a wider candidate pool. The hiring committee should set clear criteria for screening candidates before interviews and should conduct thorough interviews and post-interview discussions to choose the candidate with the best skills and strongest commitment. Reference checks should be completed before extending an offer.

Commentary: Hiring high quality attorneys raises the level of representation and the level of services parents in the jurisdiction receive. The parent attorney's job is complicated and stressful. There are many tasks to complete in a short time. It is often difficult to connect with, build trust and represent the parent. New attorneys must be aware of these challenges and be willing and able to overcome them. Efforts should be made to recruit staff who reflect the racial, ethnic, and cultural backgrounds of the clients. It is

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particularly important to have staff who can communicate with the clients in their first languages, whenever possible.

**18. Develop and implement an attorney evaluation process.**

Action: The attorney manager should develop an evaluation system that focuses on consistency, constructive criticism, and improvement. Some factors to evaluate include: communicating with the client, preparation and trial skills, working with clients and other professionals, complying with practice standards, and ability to work within a team. During the evaluation process, the attorney manager should consider:

- observing the attorney in court;
- reviewing the attorney's files;
- talking with colleagues and clients, when appropriate, about the attorney's performance;
- having the attorney fill out a self-evaluation; and;
- meeting in person with the attorney.

Where areas of concern are noted, the evaluation process should identify and document specific steps to address areas needing improvement.

Commentary: A solid attorney evaluation process helps attorneys know what they should be working on, management's priorities, their strengths and areas for improvement. A positive process supports attorneys in their positions, empowers them to improve and reduces burnout.

**19. Work actively with other stakeholders to improve the child welfare system, including court procedures.**

Action: The attorney manager should participate, or designate someone from the staff to participate, in multidisciplinary committees within the jurisdiction that are focused on improving the local child welfare system. Examples of such committees include: addressing issues of disproportional representation of minorities in foster care, improving services for incarcerated parents, allowing parents pre-petition representation, drafting court rules and procedures, drafting protocols about outreach to missing parents and relatives, removing permanency barriers and delays, and accessing community-based services for parents and children. Similarly, the attorney manager should participate in, and strongly encourage staff participation in, multidisciplinary training.

Commentary: Working on systemic change with all stakeholders in the jurisdiction is one way to serve the parents the office represents as well as their children. Active participation of parents' attorneys ensures that projects and procedures are equitably developed, protect parents' interests, and the attorneys are more likely to work on them over the long term. Collaboration can, and generally does, benefit all stakeholders.

**Role of the Court:**

The court is urged to:

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o **Recognize the importance of the parent attorney's role.**

Commentary: The judge sets the tone in the courtroom. Therefore, it is very important that the judge respects all parties, including the parents and parents' counsel. Representing parents is difficult and emotional work, but essential to ensuring justice is delivered in child abuse and neglect cases. When competent attorneys advocate for parent clients, the judge's job becomes easier. The judge is assured that the parties are presenting all relevant evidence, and the judge can make a well-reasoned decision that protects the parents' rights. Also, by respecting and understanding the parent attorney's role, the judge sets an example for others.

o **Establish uniform standards of representation for parents' attorneys.**

Commentary: By establishing uniform representation rules or standards, the judge can put the parents' attorneys in the jurisdiction on notice that a certain level of representation

will be required for the attorney to continue to receive appointments. The rules or standards should be jurisdiction specific, but should include the elements of these standards.

- **Ensure the attorneys who are appointed to represent parents in abuse and neglect cases are qualified, well-trained, and held accountable for practice that complies with these standards.**

Commentary: Once the standards are established, the court must hold all parents' attorneys accountable to them. A system should be developed that would delineate when an attorney would be removed from a case for failure to comply with the standards, and what actions, or inactions, would result in the attorney's removal from the appointment list (or a court recommendation to an attorney manager that an attorney be disciplined within the parent attorney office). The court should encourage attorneys to participate in educational opportunities, and the judge should not appoint attorneys who have failed to meet the minimum annual training requirements set out in the rules or standards.

- **Ensure appointments are made when a case first comes before the court, or before the first hearing, and last until the case has been dismissed from the court's jurisdiction.**

Commentary: The parent is disadvantaged in a child abuse and neglect case if not represented by a competent attorney throughout the life of the case. The attorney can explain the case to the parent, counsel the parent on how best to achieve the parent's goals with respect to the child, and assist the parent access necessary services. In most child welfare cases, the parent cannot afford an attorney and requires the court to appoint one. The court should make every effort to obtain an attorney for that parent as early in the case as feasible – preferably before the case comes to court for the first time or at the first hearing. In jurisdictions in which parents only obtain counsel for the termination of

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parental rights hearing, the parent has little chance of prevailing. A family that may have been reunified if the parent had appropriate legal support is separated forever.

- **Ensure parents' attorneys receive fair compensation.**

Commentary: While resources are scarce, parents' attorneys deserve a competitive wage. They should receive the same wage as other government and court-appointed attorneys for other parties in the child abuse and neglect case. Parents' rights to effective assistance of counsel may be compromised if parents' attorneys are not adequately compensated. In most jurisdictions, the court sets the attorneys' fees and individual judges can recommend to court administration that parents' attorneys should be well compensated.

- **Ensure timely payment of fees and costs for attorneys.**

Commentary: Often judges must sign fee petitions and approve payment of costs for attorneys. The judges should do so promptly so parents' attorneys can focus on representing clients, not worrying about being paid.

- **Provide interpreters, investigators and other specialists needed by the attorneys to competently represent clients. Ensure attorneys are reimbursed for supporting costs, such as use of experts, investigation services, interpreters, etc.**

Commentary: Attorneys can not provide competent representation for parents without using certain specialists. For instance, if the client speaks a language different from the attorney, the attorney must have access to interpreters for attorney/client meetings. Interpreter costs should not be deducted from the attorney's compensation. A parent should be permitted to use an expert of the parent's choosing in some contested cases. If the expert charges a fee, the court should reimburse that fee separate and apart from what the court is paying the attorney.

- **Ensure that attorneys who are receiving appointments carry a reasonable caseload that would allow them to provide competent representation for each of their clients.**

Commentary: The maximum allowable caseload should be included in local standards of practice for parents' attorneys. This committee recommends no more than 50-100 cases for full time attorneys, depending on the type of practice the attorney has and whether the attorney is able to provide each client with representation that follows these standards. Once this number has been established, the court should not appoint an attorney to cases once the attorney has reached the maximum level. Attorneys can only do high quality work for a limited number of clients, and each client deserves the attorney's full attention. Of course, the caseload decision is closely tied to adequate compensation. If paid appropriately, the attorney will have less incentive to overextend and accept a large number of cases.

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- **Ensure all parties, including the parent's attorney, receive copies of court orders and other documentation.**

Commentary: The court should have a system to ensure all parties receive necessary documentation in a timely manner. If the parent and parent attorney do not have the final court order, they do not know what is expected of them and of the other parties. If the child welfare agency, for example, is ordered to provide the parent with a certain service within two weeks, the parent's attorney must know that. After two weeks, if the service has not been provided, the attorney will want to follow up with the court. In some jurisdictions, copies of court orders are handed to each party before they leave the courtroom. This is an ideal situation, and if it is not feasible, the court should determine what other distribution method will work.

- **Provide contact information between clients and attorneys.**

Commentary: Often parties in child welfare cases are difficult to locate or contact. Some parents lack telephones. The court can help promote contact between the attorney and parent by providing contact information to both individuals.

- **Ensure child welfare cases are heard promptly with a view towards timely decision making and thorough review of issues.**

Commentary: Judges should attempt to schedule hearings and make decisions quickly. Allotted court time should be long enough for the judge to thoroughly review the case and conduct a meaningful hearing.

When possible, judges should schedule hearings for times-certain to avoid delaying attorneys unnecessarily in court. When attorneys are asked to wait through the rest of the morning calendar for one brief review hearing, limited dollars are spent to keep the attorney waiting in hallways, rather than completing an independent investigation, or researching alternative placement or treatment options.

Judges should avoid delays in decision making. Delays in decision making can impact visitation, reunification and even emotional closure when needed. If a parent does not know what the judge expects, the parent may lack direction or motivation to engage in services.

These standards were drafted with the input of the following individuals:

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ABA Standing Committee on Substance Abuse  
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Chicago, IL

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Judge Joyce Warren  
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Little Rock, AR

Sylvia Young  
Washington, DC

Their input was essential to this project, and their willingness to assist was extraordinary.

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<sup>1</sup> Model Rules of Professional Conduct 1.1 (Competence).

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<sup>2</sup> The National Association of Counsel for Children is accredited by the American Bar Association to certify attorneys as specialists in Child Welfare Law. The Certification Program is open to attorneys who represent children, parents, or agencies in child welfare proceedings.

<sup>3</sup> Model Rule 1.3 (Diligence).

<sup>4</sup> Model Rule 1.4 (Communication).

<sup>5</sup> Model Rule 2.1 (Advisor).

<sup>6</sup> Model Rule 1.2 (Scope of Representation and Allocation of Authority).

<sup>7</sup> Model Rule 1.6 (Confidentiality of Information).

<sup>8</sup> Model Rule 1.4 Communication

<sup>9</sup> Id.

<sup>10</sup> Id.

<sup>11</sup> Model Rules 1.7 (Conflict of Interest: Current Client); 1.8 (Conflict of Interest: Current Clients: Specific Rules); 1.9 (Duties to Former Clients).

<sup>12</sup> Renne, Jennifer L. Chapter 4, page 49, "Handling Conflicts of Interest," *Legal Ethics in Child Welfare Cases*. Washington, DC: American Bar Association, 2004.

<sup>13</sup> Model Rule 1.3 (Diligence).

<sup>14</sup> Model Rules 1.1 (Competence); 1.3 (Diligence).

<sup>15</sup> Model Rule 1.4 (Communication).

<sup>16</sup> Model Rules 1.1 (Competence); 1.3 (Diligence).

<sup>17</sup> Id.

<sup>18</sup> Id.

<sup>19</sup> Model Rule 3.1 (Meritorious Claims and Contentions).

<sup>20</sup> Model Rule 5.1 (Responsibility of Partners, Managers and Supervisory Lawyers).

<sup>21</sup> Model Rule 1.1 (Competence).

<sup>22</sup> The Court Improvement Program (CIP) is a federal grant to each state's (as well as the District of Columbia and Puerto Rico) supreme court. The funds must be used to improve child abuse and neglect courts. States vary in how they allocate the dollars, but funds are often used for training, benchbooks, pilot projects, model courts and information technology systems for the courts.

## **Models of Delivering Parent Representation**

The [Washington State Office of Public Defense \(OPD\)](#) provides legal representation to indigent parents in child welfare proceedings. The program was created more than a decade ago following an investigative report showing that indigent parents throughout the state typically received poor legal representation in dependency and termination cases. Now operating in 83% of the state, the Parents Representation Program provides state-funded attorneys for indigent parents, who have legally mandated rights to counsel. These attorneys are contracted by OPD, which oversees performance, limits caseloads and provides resources.

The OPD designed and implemented standards specifically for dependency and termination case representation, uniquely blending a counselor at law approach with traditional practice techniques. The standards require OPD contract attorneys to meet and communicate regularly with their parent clients throughout the case, ensure their clients have adequate access to services and visitation, prevent continuances and delays within their control, prepare cases well, and attempt to negotiate agreements and competently litigate if no agreement is reached. Reasonable caseloads are set at no more than 80 open cases per full-time attorney (equivalent to about 60 parents).

The program has been favorably evaluated six times. In 2010, in consultation with the Washington State Center for Court Research, OPD published a report on the court records and court orders in 1,817 dependency cases prior to and after implementation of the Parents Representation Program. The comparison found significant differences in the rate of reunification. Cases commenced after the program was implemented achieved permanency 36.5% more often than those that were commenced prior to representation under the program began.

A 2011 study by the University of Washington, which conducted the study at DSHS's request, found that after the Parents Representation Program was instituted in various counties, cases were decided between one month and one year faster. The study concluded that the program is helpful in getting children out of foster care and into permanent homes that it should be extended statewide. The reduction of time that children spend in care has been attributed as saving the state hundreds of thousands of dollars.

[The Detroit Center for Family Advocacy](#) provides legal and social work advocacy for parents to ensure that children do not needlessly enter foster care. The Center receives referrals directly from child welfare agencies to help at-risk families resolve legal issues that directly impact the child's safety in the home. For example, a mother may need assistance resolving a housing issue against a landlord. A domestic violence victim may need assistance obtaining a restraining and child custody order against an abusive ex-husband. Or a father may need an advocate to ensure that a school is providing the right services to a child with special needs. The model is based on a fundamental belief that early intervention by a multidisciplinary legal team can prevent kids from unnecessarily entering foster care.

A three year evaluation conducted between 2009 and 2012 confirmed the efficacy of the model. During the evaluation period, the Center served 110 children for whom the child protective services had substantiated child abuse or neglect. The CFA was to use legal tools and

advocacy, supported by social workers, to safely prevent removal. Not one of those children entered foster care—reducing trauma to the child and family and also avoiding thousands of dollars in costs for each child. The Center achieved its legal objectives in 98.2 percent of its prevention cases, and the multidisciplinary approach to addressing problems ensured that these children were able to remain in their homes.

[The Center for Family Representation](#) (CFR) in New York is another example of a comprehensive parent representation model that is achieving notable outcomes. The CFR model provides every parent with an attorney, a social worker, and a parent advocate. Parent advocates are parents who themselves once faced family court prosecution, had their children removed, and were able to successfully reunify their families. Under the CFR model, every parent is surrounded by a team that works together to problem-solve, identify resources, strengths and needs and provide counsel and advice. By combining in-court litigation with out-of-court social work referrals and case-management, individualized service planning, and parent mentoring, CFR dramatically improve outcomes for our families. Former clients of CFR report very high degrees of satisfaction with CFR representation, citing it as essential to their successes and communicating that they truly felt their voices were heard and needs effectively addressed.

### **Models of Delivering Child and Youth Representation**

[KidsVoice](#) in Pittsburgh, Pennsylvania is recognized as a national model for multi-disciplinary and holistic approach to child advocacy and legal representation. They are a non-profit agency that advocates in court and in the community to ensure safe and permanency homes for abused, neglected, and at-risk children. Each year, KidsVoice represents nearly 3,000 children involved in the child-welfare system in Allegheny County's Juvenile Court. Child advocacy at KidsVoice goes beyond the traditional child welfare and juvenile court arenas. The staff advocates for clients in educational, medical, mental health and Social Security matters, as well as providing representation for minor criminal citations and for expungement of delinquency records. They also assist the older clients as they pursue college or vocational training opportunities and transition to living independently. Every client is represented by both an attorney and a Child Advocacy Specialist (a social service professional with expertise in social work, mental health, education or child development).

The [Wyoming Guardians Ad Litem Program](#) is a state- and county-funded centralized state office that trains and supervises all attorneys representing children in Juvenile Court in the state. In 2008, the program adopted rules and policy setting practice standards and addressing other related quality indicators like the presence of children and youth in court proceedings, set caseload maximums for all program attorneys, began specialized training for the program attorneys, instituted a quality assurance process, and a multi-tiered evaluation process for program attorneys. From 2008 to 2012, the program underwent an overhaul of the program and brought many of the attorney positions in-house as full-time attorneys or state employees, drastically reducing the number of independent contract attorneys. In 2015, the program released an on-line cases management system to better track compliance with standards, timeliness of proceedings, and outcomes for children and youth.



## Iowa Youth Advocacy Agenda October 2017

### Young Leaders Offer Recommendations for Positive Change in Iowa's Child Welfare System

Every year, approximately 4,000 children and youth enter the child welfare system in the state of Iowa. Young people who have experienced foster care or other out-of-home placements have unique insights into the system and how it can be improved.

In the summer of 2017, a group of young leaders who have experienced foster care came together to identify issues, brainstorm solutions, and develop recommendations to improve child welfare policies and practices in Iowa based on their own involvement in the system.

The issues and recommendations that emerged as priorities for positive changes to Iowa's foster care system are summarized in this **Iowa Youth Advocacy Agenda**.

*"It's important to have our voices heard."*



### Priority Areas:

1. Positive Connections
2. Normalcy
3. Healthy Relationships
4. Education
5. Transition
6. Housing



# 1

## Maintain positive connections with family, friends and community

Youth often lose connections with their family members, peers and home community when they enter the child welfare system. Even when removal is in the best interest of the child, the abrupt separation from family and friends can be a traumatic experience. Every effort should be made to help children placed out of their home maintain the positive connections and relationships they have, and promote new connections while they are in care.

### Our insights:

- **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.
- **Continue to support AMP (Achieving Maximum Potential -- Iowa's Foster Care Youth Council).** Local AMP Councils provide vital social connections and support for teens in care. Having a peer network helps us know we're not alone and gives us a stronger voice in advocating for ourselves and other youth in care.
- **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.

*“Some connections are better not broken.”*



# 2

## Guarantee opportunities for normal adolescent experiences

Being in foster care too often interferes with the ability to engage in everyday teenage activities – like being on a sports team, learning to drive, or just hanging out with friends. Participating in normal adolescent activities is essential for exploring interests, learning skills, and developing relationships. Normalcy can also help young people heal from trauma.

In 2014, the federal Strengthening Families Act created a reasonable and prudent parent standard to facilitate participation in age appropriate enrichment and social activities for youth in care, regardless of placement type. Iowa passed legislation in 2016 to establish the same standard in state law, but implementation lags behind the official policy.

**41%**

of youth who age out have a driver's license

### Our insights:

- **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.

*“Why should kids in care have to earn the right to do those types of things that other kids do normally? Foster care is too much like being in jail.”*





# 3

## Improve the foster care experience by focusing on relationships

Multiple changes in case workers and placements can cause disruption in young people's lives, result in crucial information and resources slipping through the cracks, and result in feelings of stress, distrust, and resentment among young people in foster care. Improving communication among professionals, foster parents and other caregivers, and youth can increase placement stability and promote healthy relationships.

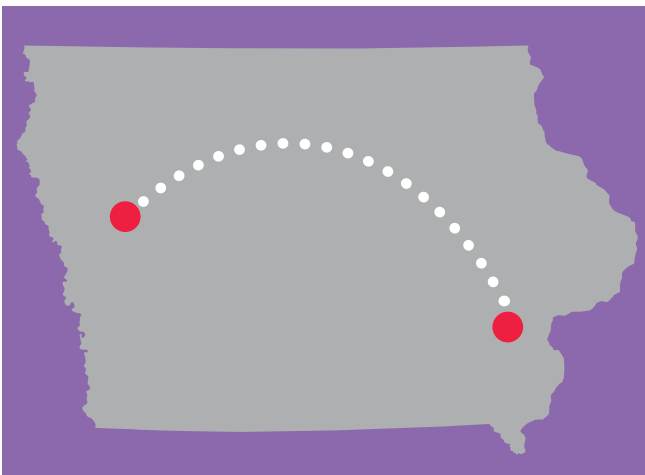
*"I feel like a commodity being traded among workers, foster parents, and other people that are supposed to be supporting me."*

### Our insights:

- **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. Improving the process of introducing us to foster families, and vice versa, could help us establish a positive relationship and reduce the number of placement changes.
- **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!*
- **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?

**31%**  
of youth who age out have 6 or more placements

*"Stereotypes become self-fulfilling prophecies."*



- **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.



# 4

## Increase education stability and post-secondary preparation

Completing high school and preparing for college is difficult for youth who are in foster care, especially those who have multiple placements and school changes. Gathering transcripts, choosing the right classes, and filing for financial aid can be more than they can handle by themselves. Youth need guidance and ongoing support to help navigate available resources and set realistic education and career goals.

### Our insights:

- **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.

**59%**  
of foster youth  
approved for  
financial aid don't  
attend college



### ***"I really just wanted to focus on school!"***

Preparing to begin college was very stressful. It would have been nice to have someone at the college assigned to help me get started so that I didn't have to worry about my class schedule, where I was going to live, and managing financial aid all by myself. It was overwhelming trying to figure out many of these things on my own.

# 5

## Support the transition to adulthood

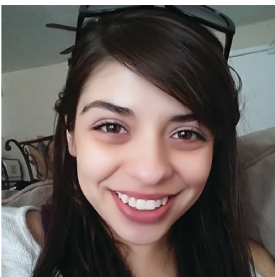
Far too many of youth who age out of care feel unprepared for the abrupt transition from being a ward of the state to independent adulthood. Youth should be active participants in the transition process, equipped with the necessary resources, and allowed to make strategic decisions about their future with the help of supportive adults.

### Our insights:

- **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.
- **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.

400

Iowa youth age out of foster care each year



*"The transition process is sloppy! I need to be in control of my life."*



*"I have never even heard of a YTDM? It would have been helpful to have that opportunity."*

# 6

## Assure access to safe housing

One of the first challenges for youth exiting care without achieving permanency or having strong connections with supportive adults is locating safe, affordable housing. Not having safe housing places young people at high risk of victimization and homelessness.

### Our insights:

- **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.

*"Trying to make it on your own at 18 is virtually impossible."*

**25%**

of youth who age out report an episode of homelessness by age 21

**58%**

of youth who age out have zero earned income

### ***"I had to pay a huge security deposit just so I could have a home ..."***

I was not really sure where I was going to live when I aged out of care. I didn't get a lot of help developing a plan for housing - I was pretty much on my own. It took a long time to find an apartment that would work with me since I did not have a cosigner, and I had to pay a huge security deposit just so I could have a home.



## **The Youth Policy Institute of Iowa**

was honored to support young leaders in the development of this Advocacy Agenda. YPII is a nonprofit organization that concentrates on improving policies, programs and practices affecting young people transitioning from adolescence to adulthood, especially those who have been involved in Iowa's child welfare or juvenile justice systems. The principles of positive youth development, authentic youth engagement, and data-informed decision-making are foundational to YPII's approach to programming and advocacy. [www.ypii.org](http://www.ypii.org)

## **AMP (Achieving Maximum Potential)**

is a youth engagement program for current and former foster and adoptive youth summarized by the motto "Nothing about us, without us." AMP serves as Iowa's Foster Care Youth Council through a contract from the Iowa Department of Human Services to YSS. The primary purpose of AMP is to empower young people to become advocates for themselves and give them a voice in system-level improvements in child welfare policies and practices. In SFY 2017, more than 1,000 young people participated in at least one AMP meeting or event. [www.ampiowa.org](http://www.ampiowa.org)



Youth Policy Institute of Iowa  
6200 Aurora Avenue, Suite 206E  
Des Moines, IA 50322

P 515.727.4220

F 515.727.4223

CLERK OF DISTRICT COURT  
2018 JAN 29 AM 11:05  
LINN COUNTY, IOWA

**IN THE JUVENILE COURT OF LINN COUNTY, STATE OF IOWA**

In the interest of:  
A Child(ren) Under 18 Years of Age

**NOTICE OF RIGHT TO BE HEARD**

You are hereby notified that a hearing will be held in the interest of the above named child(ren) on:  
JAN-31-2018 10:00 at the Juvenile Court.

As the provider of the child(ren's) current placement, you are entitled to notice of this hearing and to a right to be heard in this matter, per Iowa Code 232.91(3). You may appear at the hearing at the date and time above stated to provide oral information or you may submit written information which will be distributed to all parties.

**PLEASE NOTE: YOU ARE NOT REQUIRED TO APPEAR UNLESS YOU RECEIVE A SEPARATE SUBPOENA.**

You are not considered a legal party to these proceedings, so you may not be permitted to remain in the courtroom throughout the entire proceeding. You are not entitled to have a lawyer represent you to the Court. Since you are not a party to the case, you cannot cross examine or call witnesses or object. Your role is to provide current information regarding the child in your home. If you present written or oral information, you may be required to testify and be subject to cross-examination. If you choose to attend this hearing, please be sure that the Court, the Guardian Ad Litem or DHS caseworker knows you are present and desire to be heard or present information.

Thank you for taking care of a child or children under the supervision of this Court.

If you require the assistance of auxiliary aids or services to participate in court because of a disability, immediately call your district ADA coordinator at (319) 398-3920 . (If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.)

DATED: 01/17/2018



February 15, 2018

## NOTIFICATION OF CASE TO BE REVIEWED

<b>To:</b> Name of Foster Parents	<b>LOCATION OF REVIEW:</b>
<b>CHILD:</b> Youth Name	Name of Location
<b>DATE OF REVIEW:</b> Wednesday, April 11, 2018	Address
<b>TIME:</b> 11:00 - 11:40 AM	City, State Zip
<b>BOARD:</b> Name of Board	

The Iowa Citizen Foster Care Review Board will be meeting to review the Case Permanency Plan and to measure progress being made to reach identified goals. You are encouraged to attend and provide information for the Board's consideration. The Board will report its findings and recommendations on this case to the Juvenile Court. Persons notified of Board reviews have the right to representation by counsel at the review.

If you cannot attend in person, please telephone our office (319)362-8057 **at least 3 DAYS BEFORE THE REVIEW DATE** and make a tape recorded statement. The recording will be played at the review on your behalf. If you have any questions please call (712) 213-1021.

Please complete and return the bottom portion of this form to:

Child Advocacy Board  
Mailing Address  
City, State Zip



**CASE TO BE REVIEWED:** Child's Name

**NAME:** Names of Foster Parents or Relative

**RELATIONSHIP:** Placement - Foster Family

\_\_\_\_\_ I plan to attend the Foster Care Review on Wednesday, April 11, 2018.

\_\_\_\_\_ I do not plan to attend the Foster Care Review on Wednesday, April 11, 2018. I will phone in to record a statement for the Board at (319)362-8057.

Board Name

Signature \_\_\_\_\_

## SW2s and SW2 Supervisors - New Worker Training Plan

Required Coursework				
Completion Timeframe	#	Course	Modality	Hours
Within the 1st month		Pathway to Learning	Online	-
	CC 364	Confidentiality and Dissemination	Recording	1.75
Within the first 3 months	CC 368	ICWA Update	Recording	1
Within the first 6 months	DS 168	Mandatory Dependent Adult Abuse Reporter Training	Online	2
	DS 169	Mandatory Child Abuse Reporter Training	Online	2
	HS 001	Confidentiality is Key	Online	1
	HS 003	Confidentiality: HIPAA Privacy & Security	Online	1.25
	SP 100	Overview of Child Welfare eLearning	Online	2
	SP 105	Substance Abuse eLearning	Online	4.5
	SP 106	Domestic Violence eLearning	Online	2
	SP 107	Impact of Abuse on Child Development eLearning	Online	2
	SP 150	Child Welfare in Iowa	Webinar	4.5
	SW 020	Foundations of Social Worker 2 Practice	Classroom	36
	SW 071	Legal Aspects of Social Work	Classroom	12
	SW 072	Testifying in Juvenile Court	Classroom	6
	SW 073	Permanency & Termination of Parental Rights	Classroom	6
Within 12 Months	SP 533	Shared Parenting: Family Interaction	Classroom	6
	SP 535	Assessing throughout the Case	Classroom	12
	SP 542	Motivational Interviewing	Classroom	6
New Coursework for FY17	SW 507	Race: The Power of an Illusion	Classroom	5.5
	SP 270	Mental Health Fundamentals	Classroom	6
	SP 309	Domestic Violence Fundamentals	Classroom	6
	SP 310	Substance Abuse Fundamentals	Classroom	6
	SP 334	Family Team Decision Making Fundamentals	Classroom	6
	SP 208	Screening Tool for New Procurements	Classroom	6

## SW3s and SW3 Supervisor - New Worker Training Plan

Required Coursework				
Completion Timeframe	#	Course	Modality	Hours
Within the 1st month		Pathway to Learning	Online	-
	CC 364	Confidentiality and Dissemination	Recording	1.75
Within the first 3 months	CC 360	Authoring Domestic Violence-Informed Allegations	Recording	1
	CC 368	ICWA Update	Recording	1
First Six Months	DS 168	Mandatory Dependent Adult Abuse Reporter Training	Online	2
	DS 169	Mandatory Child Abuse Reporter Training	Online	2
	CP 200	Basic Training for Child Protective Workers	Classroom	30 SW3s/24 Sups
	CP 201	Basic Training for <b>Intake Workers Only</b>	Classroom	6
	DA 202	Fundamentals of Dependent Adult Assessments	Classroom	5.25
	HS 001	Confidentiality is Key	Online	1
	HS 003	Confidentiality: HIPAA Privacy & Security	Online	1.25
	SP 100	Overview of Child Welfare eLearning	Online	2
	SP 103	Legal Fundamentals eLearning	Online	2
	SP 104	Medical Fundamentals eLearning	Online	2
	SP 105	Substance Abuse eLearning	Online	4.5
	SP 106	Domestic Violence eLearning	Online	2
	SP 107	Impact of Abuse on Child Development eLearning	Online	2
	SP 150	Child Welfare in Iowa	Webinar	4.5
	SP 300	Application of Legal and Medical Issues in Child Abuse	Classroom	18
	SP 533	Shared Parenting: Family Interaction	Classroom	6
Within 12 Months	SP 535	Assessing throughout the Case	Classroom	12
	SP 542	Motivational Interviewing	Classroom	6
	SW 507	Race: The Power of an Illusion	Classroom	5.5
New Coursework for FY17	TBD	Dependent Adult Screening Tool	Classroom	5
	SP 270	Mental Health Fundamentals	Classroom	6
	SP 309	Domestic Violence Fundamentals	Classroom	6
	SP 310	Substance Abuse Fundamentals	Classroom	6
	SP 334	Family Team Decision Making Fundamentals	Classroom	6
	SP 208	Screening Tool for New Procurements	Classroom	6





# Competency Matrix - New Social Worker 2 Training Plan

SW2 24 courses	Pathway to learning	Authoring DV informed allegations CC 360	Confidentiality and dissemination CC 364	Mandatory DAA reporter 166	Mandatory DS Child abuse reporter 169	Confidentiality is key DS 001	HS	Conf. Part 2 HIPAA HS 003	Overview of Child Welfare licensing SP 100	Substance Abuse SP 105	Domestic Violence SP 106	Impact-Child Abuse on Ch Dev SP 107	Child Welfare Practice SP 160	MH Fundamentals SP 270	DV Fundamentals SP 300	SA Fundamentals SP 310	FTDM Fundamentals SP 334	Shared Parenting & Family Interactions	Assessing throughout the case SP 555	Motivational Interviewing SP 542	Race: The power of an illusion SW 507	Foundation of Social Work 2 Practice SW 020	Legal Aspects of Social Work SW 071	Testifying in juvenile court SW 072	Permanency & TPR 073	SW	TOTAL courses covering the competency	Total percentage competencies are covered in
1. Career Understanding	0	0	0	1	1	1	1	1	1	1	0	0	1	1	1	0	0	1	1	1	0	1	1	1	1	16	67%	
2. Focus on low DHS Child Welfare Outcomes	0	0	0	0	0	0	0	1	1	1	0	1	0	1	1	1	0	1	1	1	1	0	0	0	11	46%		
3. Utilizing Data to Inform Practice	0									0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	
4. Respects Differences in Ethnicity	0								0	0	0	0	1	0	0	0	1	0	1	0	1	0	0	0	4	17%		
5. Effectively Utilizes Supervision and Mentoring	0								0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	2	8%		
6. Works Collaboratively with Other Professionals	0	0	0	0	0	0	1	0	0	0	0	0	1	1	1	1	1	1	0	0	1	1	0	0	8	33%		
7. Worker Well Being	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	4%		
8. Worker Safety	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	2	8%		
9. Technology	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	3	13%		
10. Fundamental Relationship with Families	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	1	1	0	1	1	1	0	0	0	8	33%		
11. Domestic Violence	0	1	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	3	13%		
12. Substance Abuse	0	0	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	3	13%		
13. Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	4%		
14. Functional Assessment Skill	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	0	1	1	0	1	0	0	8	33%		
15. Trauma Informed Practice	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2	8%		
16. Child Safety	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0	1	0	0	1	0	0	0	5	21%		
17. Safety Assessments and Safety Plans	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0	1	1	1	0	0	1	0	0	6	25%		
18. Child Development	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0	0	0	4	17%		
19. Interviewing	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	1	1	0	1	0	0	0	1	1	8	33%		
20. Court/Legal Issues	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	3	13%		
21. Court/Legal Issues	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	4	17%		
22. Court/Legal Issues	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	2	8%		
23. Engages with the Family	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	1	0	1	0	0	1	0	0	0	6	25%		
24. Involvement of Kin	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	1	0	0	0	4	17%		
25. Involvement of Non-custodial parent	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	1	0	0	0	4	17%		
26. Intake	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	4%		
27. Intake	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	4%		
28. Intake	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	4%		
29. Child Abuse Assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	
30. Child Abuse Assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	
31. Child Abuse Assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	4%		
32. Family Assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	4%		
33. Dependent Adult Abuse Evaluations or Assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	4%		
34. Dependent Adult Abuse Evaluations or Assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	4%		
35. Dependent Adult Abuse Evaluations or Assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	4%		
36. Life of a Case Process	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	2	8%		
37. Resource Utilization	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0	0	0	0	1	0	0	5	21%		
38. Collaborative Relationships	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	2	8%		
39. Family Interaction	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	1	0	0	0	3	13%		
40. Maintaining Connections	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	1	0	0	0	3	13%		
41. Permanency	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	2	8%		
42. Youth Development	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	2	8%		

43. Safe Case Closure	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	1	0	0	0	0	3	13%
Total Competencies covered by course	0	4	0	1	4	2	3	2	3	3	1	9	7	19	10	15	5	15	6	5	21	4	4	5	40	93.02%	

# Competency Matrix - New Social Worker 3 Training Plan

SW 3 28 Courses	Pathway to learning	Authoring DV informed? allegations CC 360	Confidentiality and Examination CC 364	Mandatory DAA reporter DS 168	Mandatory Child abuse Reporter DS 169	Confidentiality is key HS 001	Cont. Part 2 WPA/ HS 003	Overview of Child Welfare clearing SP 100	Substance Abuse SP 105	Domestic Violence 106	SP	Impact Child Abuse on Ch Dev SP 107	Child Welfare Practice DS 150	MH Fundamentals SP 270	DV Fundamentals SP 309	SA Fundamentals SP 310	FTDM Fundamentals SP 334	Shared Parenting & Family Interactions SP 533	Assessing throughout the case SP 535	Motivational Interviewing SP 542	Race: The power of an Illusion: SW 507	Legal Fundamentals SP 193	Medical Fundamentals SP 104	Basic training for CPW/ CP 200	Basic training for IN/ACE WORKERS ONLY CP 201	Fundamentals of DA Assessments DA 202	Application of Legal and Medical Issues SP 300	TOTAL courses covering the competency	Total percentage competencies are covered in SW3 training program	
1. Career Understanding	0	0	0	1	1	1	1	1	1	1	0	0	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	19	73%
2. Focus on Iowa DHS Child Welfare Outcome	0	0	0	0	0	0	0	1	1	1	0	1	0	1	1	1	0	1	1	1	1	0	0	1	1	0	0	0	12	46%
3. Utilizing Data to Inform Practice	0								0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2	8%	
4. Respects Differences in Ethnicity	0							0	0	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	1	0	0	0	6	23%
5. Effectively Utilizes Supervision and Mentoring	0								0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	4%
6. Works Collaboratively with Other Professionals	0	0	0	0	0	0	1	0	0	0	0	0	1	1	1	1	2	0	0	0	1	0	0	0	0	0	0	0	9	31%
7. Worker Well Being	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	1	0	0	3	12%	
8. Worker Safety	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	3	12%
9. Technology	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	4	15%	
10. Fundamental Relationship with Families	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	1	0	1	1	1	0	0	0	1	1	0	1	10	38%	
11. Domestic Violence	0	1	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	4	15%
12. Substance Abuse	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1	4	15%
13. Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	4%
14. Functional Assessment Skill	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0	1	1	0	0	0	1	0	0	0	1	9	35%	
15. Trauma Informed Practice	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	1	4	15%	
16. Child Safety	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0	1	0	0	0	0	0	1	0	0	0	5	19%	
17. Safety Assessments and Safety Plans	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0	1	1	0	0	0	0	0	1	0	0	0	6	23%	
18. Child Development	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0	4	15%	
19. Interviewing	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	1	0	1	0	0	1	0	1	1	1	1	1	10	38%	
20. Court/Legal Issues	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	3	12%	
21. Court/Legal Issues	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	2	8%	
22. Court/Legal Issues	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	2	8%	
23. Engages with the Family	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	1	0	1	0	0	0	0	0	1	0	0	0	6	23%	
24. Involvement of Kin	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0	0	0	1	0	0	0	4	15%	
25. Involvement of Non- custodial parent	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0	0	0	1	0	0	0	4	15%	
26. Intake	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	4	15%	
27. Intake	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2	8%	
28. Intake	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	4	15%	
29. Child Abuse Assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1	3	12%	
30. Child Abuse Assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	2	8%	
31. Child Abuse Assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	2	8%		
32. Family Assessments for dependent youth/ foster placements	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0	3	12%	
33. Family Assessments for dependent youth/ foster placements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	2	8%	
34. Dependent Adult Abuse Evaluations or Assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	4%	
35. Child Abuse Evaluations or Assessments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	2	8%	
36. Life of a Case Process	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
37. Resource Utilization	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	1	1	0	0	0	0	0	0	0	0	1	0	5	19%	
38. Collaborative Relationships	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	4%	
39. Family Interaction	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	2	8%	
40. Maintaining Connections	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	2	8%	
41. Permanency	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	4%	
42. Youth Development	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	4%	
43. Safe Case Closure	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	2	8%	
<b>Total Competencies covered by course</b>		4	0	1	4	2	3	2	3	3	1	9	7	19	10	15	5	15	6	5	3	3	24	13	7	11		42	97.67%	

Attachment C: New Worker Coursework – Post Training Evaluation Data

New Worker Coursework – Post-Training Evaluation Data for SW2s				
Post-Training Evaluation Question	Scale	Maximum Score	Threshold <sup>1</sup>	Average Score for New Worker Face-to-Face Training
I will be able to apply on the job what I learned during this session.	No extent (1 Pt) A little extent (2 Pt) Some extent (3 Pt) A fair extent (4 Pt) A great extent (5 Pt)	5.00	3.18	4.3
Information presented during this training met my individual professional needs for my position.	No extent (1 Pt) A little extent (2 Pt) Some extent (3 Pt) A fair extent (4 Pt) A great extent (5 Pt)	5.00	3.18	4.4
How likely is it that you would recommend this training to another person in your position? <sup>2</sup>	0-10 Likert Scale	10.00	7.0	8.4

New Worker Coursework – Post-Training Evaluation Data for SW3s				
Post-Training Evaluation Question	Scale	Maximum Score	Threshold <sup>1</sup>	Average Score for New Worker Face-to-Face Training
I will be able to apply on the job what I learned during this session.	No extent (1 Pt) A little extent (2 Pt) Some extent (3 Pt) A fair extent (4 Pt) A great extent (5 Pt)	5.00	3.18	4.4
Information presented during this training met my individual professional needs for my position.	No extent (1 Pt) A little extent (2 Pt) Some extent (3 Pt) A fair extent (4 Pt) A great extent (5 Pt)	5.00	3.18	4.3
How likely is it that you would recommend this training to another person in your position? <sup>2</sup>	0-10 Likert Scale	10.00	7.0	7.9

<sup>1</sup>Thresholds are quantitative guides that indicate if learners scored above or below an expected value. These thresholds were 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, a meeting is held with the course facilitator to address what factors may have contributed to the score and improvements to be made to the course.

<sup>2</sup>This question is termed a Net Promoter Score, which is a tool used across many industries to evaluate customer perceptions. The premise is that all customers can be divided into three categories: Promoters, Passives, or Detractors.

Attachment D: Post-Training Phone Survey for New Worker Training

Post-Training Phone Survey for New Worker Training - SW2s				
Post-Training Evaluation Question	Scale	Maximum Score	Threshold <sup>1</sup>	Average Score for New Worker Face-to-Face Training
I will be able to apply on the job what I learned during this session.	No extent (1 Pt) A little extent (2 Pt) Some extent (3 Pt) A fair extent (4 Pt) A great extent (5 Pt)	5.00	3.18	4.3
How likely is it that you would recommend this training to another person in your position? <sup>2</sup>	0-10 Likert Scale	10.00	7	8.4

Post-Training Phone Survey for New Worker Training - SW3s				
Post-Training Evaluation Question	Scale	Maximum Score	Threshold <sup>1</sup>	Average Score for New Worker Face-to-Face Training
I will be able to apply on the job what I learned during this session.	No extent (1 Pt) A little extent (2 Pt) Some extent (3 Pt) A fair extent (4 Pt) A great extent (5 Pt)	5.00	3.18	4.1
How likely is it that you would recommend this training to another person in your position? <sup>2</sup>	0-10 Likert Scale	10.00	7	8.0

<sup>1</sup>Thresholds are quantitative guides that indicate if learners scored above or below an expected value. These thresholds were 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, a meeting is held with the course facilitator to address what factors may have contributed to the score and improvements to be made to the course.

<sup>2</sup>This question is termed a Net Promoter Score, which is a tool used across many industries to evaluate customer perceptions. The premise is that all customers can be divided into three categories: Promoters, Passives, or Detractors.

## Basic Results for SW 020 Foundations of Social Worker 2 Practice

### Preliminary Report

Yuk C. Pang, Maria B Alcivar-Zuniga, Janet Melby, and Mary Jo Beckman  
Child Welfare Research and Training Project  
Iowa State University

April 28, 2017

### Introduction

SW 020 Foundations of Social Worker 2 Practice is a pre-requisite course prior to receiving cases, unless given an exception. The on-line pre-readings and activities for the course should be completed by all new SW 2's to the Department prior to attending the training.

The following results came from data on sessions offered between April 2016 and March 2017.

### Attendance for Each Section

Session Training Dates	Pre-test		Post-test	
	N participants	Average % correct	N participants	Average % correct
May 2-5, & June 13-14, 2016	18	69.3%	10	80.3%
July 11-24 & August 11-12, 2016	23	69.2%	17	79.1%
September 19-22 & October 24-25, 2016	26	71.1%	19	77.4%
November 28-December 1, 2016 & January 5-6, 2017	15	62.9%	12	80.0%
January 30-February 2, & March 6-7, 2017	12	67.2%	12	79.4%
Total N / Average Score	94	67.94	70	79.24
Weighted Average		68.45		79.02

# Basic Results for CP 200 Basic Training for Child Protective Workers

## Preliminary Report

Yuk C. Pang, Maria B Alcivar-Zuniga, Janet Melby, and Mary Jo Beckman  
Child Welfare Research and Training Project  
Iowa State University

April 30, 2017

### Introduction

CP 200 Basic Training for Child Protective Workers is a five day classroom training.

The trainers for this course are: Lori Mozena, MS, LMFT, Christine Secrist PhD, LMFT, Jana Rhoads, Tony Montoya and Sue Potter.

The following test results are from trainees that attended the training between April 2016 and March 2017.

### Attendance for Each Section

Session Training Dates	Pretest		Posttest	
	N participants	Average % correct	N participants	Average % correct
May 16-20, 2016	7	72%	6	82%
July 18-22, 2016	12	74%	13	83%
September 26-30, 2016	2	79%	2	86%
December 5-9, 2016	2	71%	1	76%
February 20-24, 2017	3	69%	5	78%
Total N / Ave %	26	73%	27	81%
Weighted Average %		73.01%		81.81%

### Introduction of Test

- Total of 38 Questions
- Total of 27 trainees completed tests. Of these, 26 completed both pre-test and post-test, 1 trainee completed the post-test only
- Total Possible Score: 38

### Evaluation Questions

1. What was their performance for each exam question before and after they took the training?
2. Did their total exam scores improve significantly after they took the training compared to their total score before taking the training?



- What was their overall performance for each domain before and after they took the training?

### Performance on Each Question

- Mean score (i.e., proportion of respondents answering the question correctly) for each question was calculated for both pre- and post-tests
- The post minus pre scores were also calculated to see if any improvement had occurred

Summary of Performances – Item Level

	Pre-Test Mean	Post-Test Mean	Post Minus Pre
S3a	.11	.42	.31
S15a	.11	.42	.31
S5a	.19	.46	.27
S26a	.30	.73	.43
S8a	.37	.27	-.10
S37a	.44	.62	.18
S24a	.44	.81	.37
S1a	.59	1.00	.41
S4a	.59	.96	.37
S17a	.59	.88	.29
S25a	.63	.81	.18
S27a	.70	.77	.07
S29a	.70	.77	.07
S21a	.70	.85	.15
S23a	.70	.73	.03
S11a	.74	.69	-.05
S18a	.74	.77	.03
S36a	.74	.92	.18
S10a	.78	.88	.10
S9a	.81	.96	.15
S34a	.81	.85	.04
S2a	.85	.88	.03
S31a	.85	.92	.07
S38a	.89	.92	.03
S16a	.89	.96	.07
S35a	.89	.81	-.08
S13a	.93	.92	-.01
S20a	.93	.81	-.12
S32a	.93	.92	-.01
S33a	.93	.92	-.01
S28a	.93	.92	-.01
S6a	.95	1.00	.05

S7a	.96	1.00	.04
S14a	.96	1.00	.04
S19a	.96	1.00	.04
S22a	.96	.88	-.08
S30a	.96	1.00	.04
S12a	1.00	.96	-.04

### Comparing Overall Pre- and Post- Tests

Paired Samples Statistics				
		Mean of Total Score	Std. Deviation	Std. Error Mean
Total Score (Maximum score possible is 38)	Pre	27.33	3.55	.696
	Post	31.38	3.61	.512

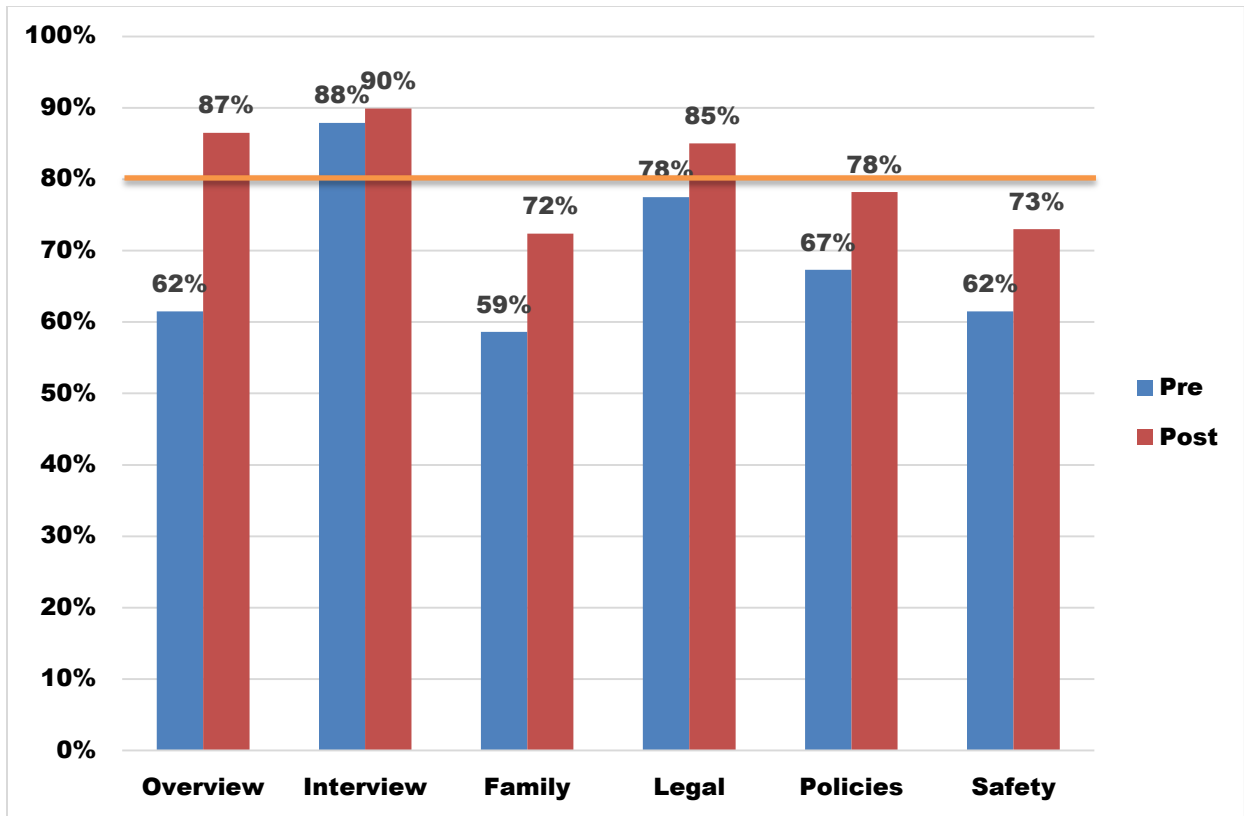
- Mean Difference = 4.05, Standard Deviation of Difference =3.51
- The improvement was statistically significant,  $t(25) = 5.88, p < .000$ .

### Performance on Each Domain

Paired Samples Statistics				
		Mean Percentage Correct	Std. Deviation	Std. Error Mean
Overview	Pre	.62	.22	.04
	Post	.87	.12	.02
Interview	Pre	.88	.13	.03
	Post	.90	.14	.03
Family	Pre	.57	.26	.05
	Post	.72	.18	.04
Legal	Pre	.76	.14	.03
	Post	.85	.11	.02
Policies	Pre	.67	.22	.04
	Post	.78	.17	.03
Safety	Pre	.62	.18	.03
	Post	.73	.16	.03



### Performance on Each Domain (%)



### Comparing Pre- and Post- Test for Each Domain

		Paired Differences					t	p
		Mean Percent Correct Difference	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference			
					Lower	Upper		
Overview	Post-Pre	.25	.29	.06	.13	.37	4.43	.000
Interview	Post-Pre	.02	.11	.02	-.03	.06	.891	.381
Family	Post-Pre	.14	.31	.06	.01	.26	2.25	.033
Legal	Post-Pre	.07	.16	.03	.01	.14	2.31	.029
Policies	Post-Pre	.11	.19	.04	.03	.19	2.86	.008
Safety	Post-Pre	.115	.20	.04	.03	.20	2.90	.008

### Summary of Performances – Domain Level

- Participants' scores in all domains significantly improved after the training

- **However, only three post-test scores (Overview, Interview, and Legal) reached a relatively satisfactory level (above .80).**

### **Final Conclusions**

- **In general, the training was effective, which was reflected in the significant improvement in the total test scores on both pre-and post-test and most domains.**
- **However, there were still eight questions in which participants scored lower after the training (see highlight cells in Summary of Performances – Item Level) .**
- **Questions with low scores on both test may indicate the need for more elaborate training on this area and/or clearer wording of the questions themselves.**

Attachment G: New Worker Coursework – Post Training Evaluation Data

Ongoing Worker Coursework – Post-Training Evaluation Data				
Post-Training Evaluation Question	Scale	Maximum Score	Threshold <sup>1</sup>	Average Score for Ongoing Worker Face-to-Face Training
I will be able to apply on the job what I learned during this session.	No extent (1 Pt) A little extent (2 Pt) Some extent (3 Pt) A fair extent (4 Pt) A great extent (5 Pt)	5.00	3.18	4.2
Information presented during this training met my individual professional needs for my position.	No extent (1 Pt) A little extent (2 Pt) Some extent (3 Pt) A fair extent (4 Pt) A great extent (5 Pt)	5.00	3.18	4.1
How likely is it that you would recommend this training to another person in your position? <sup>2</sup>	0-10 Likert Scale	10.00	7.0	7.7

<sup>1</sup>Thresholds are quantitative guides that indicate if learners scored above or below an expected value. These thresholds were 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, a meeting is held with the course facilitator to address what factors may have contributed to the score and improvements to be made to the course.

<sup>2</sup>This question is termed a Net Promoter Score, which is a tool used across many industries to evaluate customer perceptions. The premise is that all customers can be divided into three categories: Promoters, Passives, or Detractors.

Attachment H: Post-Training Phone Survey for Ongoing Training

Post-Training Phone Survey for Ongoing Training				
Post-Training Evaluation Question	Scale	Maximum Score	Threshold <sup>1</sup>	Average Score for New Worker Face-to-Face Training
I will be able to apply on the job what I learned during this session.	No extent (1 Pt) A little extent (2 Pt) Some extent (3 Pt) A fair extent (4 Pt) A great extent (5 Pt)	5.00	3.18	3.7
How likely is it that you would recommend this training to another person in your position? <sup>2</sup>	0-10 Likert Scale	10.00	7	7.2

<sup>1</sup>Thresholds are quantitative guides that indicate if learners scored above or below an expected value. These thresholds were 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, a meeting is held with the course facilitator to address what factors may have contributed to the score and improvements to be made to the course.

<sup>2</sup>This question is termed a Net Promoter Score, which is a tool used across many industries to evaluate customer perceptions. The premise is that all customers can be divided into three categories: Promoters, Passives, or Detractors.

**FY 2017 CHILD WELFARE PROVIDER TRAINING ACADEMY PLAN**

(July 29, 2016- Revised October 7, 2016)

- FL - Front-line child welfare providers
  - FLS - Front-line child welfare supervisors
  - LP - Live Presentation
  - WC - Web Course and/or webinar
  - RL - Access only to Relias Users
- B - Basic/New Worker
  - I - Intermediate/More Experienced Worker
  - A - Advanced/Supervisory Level Worker
  - R - Regions (Western, Central, Eastern)

Course # And Title	Brief Course Syllabus	Audience	Style	Times Offered	# of Days
CW 1001 Gangs, Cliques, and Crews – understanding gangs and youth  Anthony President	This training increases the awareness of the culture that is related to the proliferation of gang members with in the Child Welfare society. This training will focus and discuss the reasons why our child welfare/foster care youth join gangs, by exploring the profile of gang members, the pathos of gangs, and prevention strategies to keep our youth from gang involvement.	FL & FLS: B & I	LP WC	R	5
CW 1002 Family Team Decision-Making (FTDM) Meeting Facilitation  Lori Mozena, Christine Secrist, Katie Obert, and Shelly Ramus	This training assists child welfare workers with understanding the Family Team Decision-Making (FTDM) process so potential facilitators can evaluate and utilize in daily practice and be coached in FTDM meeting facilitation which develops the family’s plan..	FL & FLS: B & I	LP	R	5
CW 1003 Youth Transition Decision- Making (YTDM) Meeting Facilitation  Kodi Baughman and Shelby Zirbel	This training assists child welfare workers with understanding the youth driven family team meeting process so potential facilitators and be coached in YTDM meeting facilitation in order to utilize in guiding and developing the youth’s plan.	FL & FLS: I & A	LP	R	4
CW 1004 Facilitating Family Team Decision-Making (FTDM) Meetings with Domestic Violence  Leah Kinnaird	This training reviews the dynamics of battering and allows child welfare workers to learn how those dynamics may sabotage the efficacy and safety of a FTDM meeting. This course utilizes family team meeting facilitation skills to develop the family’s plan when domestic violence is involved and provides an understanding of what facilitators need to know to determine the best method to facilitate a family team meeting.	FL & FLS: B & I	LP WC	R	1
CW 1005 Coaching for Family Team Decision-Making (FTDM) Meeting Facilitators and Youth Transition Decision-Making (YTDM) Meeting Facilitators	This training allows approved facilitators to work towards becoming an approved Coach for Family Team Decision-Making Meeting Facilitators and Youth Transition Decision Making Meeting Facilitators. The attendees will gain an understanding of the concepts and practice of becoming a coach and how to evaluate the facilitator’s process.	FL & FLS: B & I	LP	R	2



<b>Lori Mozena</b>					
<b>CW 1006</b> <b>Anger Resolution</b> <b>Jim Still-Pepper</b>	<b>This training examines a youth's anger. Participants will gain knowledge on how to communicate with the youth and their family in developing the case plan. The participants will gain case management tools and practical steps to deal with the emotion of the angry youth.</b>	<b>FL &amp; FLS: B &amp; I</b>	<b>LP WC</b>	<b>R</b>	<b>5</b>
<b>CW 1007</b> <b>LGBTQ Best Practice of a transgender youth</b> <b>Julia Webb</b>	<b>This course will help participants to understand the language, needs, and barriers involved when working with sexual and gender minority clients. Grounded in best practices, the training allows participants to build a foundation of knowledge about the specific identities of people within the LGBTQ community, the unique needs of this population in terms of social services, and the particular barriers faced by transgender LGBTQ clients. This training also educates human-services staff in many areas including how to apply the theories and principles to their specific practice and programming and by doing so help to create a safe and supportive environment for their transgender LGBTQ clients.</b>	<b>FL &amp; FLS: B &amp; I</b>	<b>LP WC</b>	<b>R</b>	<b>5</b>
<b>CW 1008</b> <b>Foundation of Understanding Trauma</b> <b>Frank Grijalva and Others</b>	<b>This training will discuss the broad spectrum of major contributors to a child's behavior, what needs to be addressed first and what short/long term reasonable outcomes are. The lifespan consequences of trauma on an individual/community and staff's role as protectors and educators. They will also learn how to engage in and explore concrete processes to stabilize attachment, develop safe relationships and effective emotional management.</b>	<b>FL &amp; FLS: B &amp; I &amp; A</b>	<b>LP</b>	<b>R</b>	<b>17</b>
<b>CW 1009</b> <b>Self Care of Understanding Trauma</b> <b>Frank Grijalva and Others</b>	<b>An expansion of Level 1 Trauma. The course will review lifespan consequences of trauma on an individual/community and staff's role as protectors and educators. Participants will learn what can happen to them as they operate in highly stressful environments and how to take care of themselves. They will also learn how to engage in and explore concrete processes to stabilize attachment, develop safe relationships and effective emotional management.</b>	<b>FL &amp; FLS: B &amp; I &amp; A</b>	<b>LP</b>	<b>R</b>	<b>6</b>
<b>CW 1010</b> <b>Safety multimodal designed for stabilization of system involved youth-KINNECT</b> <b>Frank Grijalva and Others</b>	<b>Safety may be perceived differently by each child and because of his or her history. This training is based on a trauma informed multimodal multidisciplinary curriculum designed for stabilization of system involved youth. This training will explore a child's view of what is meant by: physically safe, socially safe, safety in flight, fight and freeze, and how ones self begins with safety.</b>	<b>FL &amp; FLS: B &amp; I &amp; A</b>	<b>LP</b>	<b>R</b>	<b>1</b>
<b>RL 001</b> <b>ADHD: Diagnosis and Treatment</b> <b>Sarah Clavell Storer, Ph.D.</b>	<b>This course will help participants understand the symptoms associated with ADHD and the possible causes of the disorder. Discussion will also include other disorders that sometimes accompany ADHD and a basic understanding of treatment and how that impacts case management.</b>	<b>FL &amp; FLS</b>	<b>RL</b>	<b>Access to Relias Learning Users</b>	<b>Daily</b>
<b>RL 002</b> <b>Adolescent Suicide</b>	<b>This course will provide a foundation on how widespread adolescent suicide is and the prevailing theories about what impels individuals to commit suicide. The course will describe suicide behaviors and warning signs to watch for and</b>	<b>FL &amp; FLS</b>	<b>RL</b>	<b>Access to Relias Learning</b>	<b>Daily</b>

Maggie Tapp, LCSW	ways to effectively work with adolescents in order to better refer to services and work toward the goals in the client's case plan.			Users	
<b>RL 003</b> Alcohol and the Family  Carl Fornoff, LCPC	The goal of this course is to give participants in-depth knowledge about research concerning the impact of alcohol use and the effects on the family and child development.	FL & FLS	RL	Access to Relias Learning Users	Daily
<b>RL 004</b> Anxiety Disorders: Diagnosis and Treatment  Kevin Fawcett, Ph.D.	This course will provide a basic understanding of the different types of anxiety disorders that are common today and current research on anxiety disorders. Participants will go through exercises to better understand how to implement and provide case management, for those who suffer from anxiety.	FL & FLS	RL	Access to Relias Learning Users	Daily
<b>RL 005</b> Attachment Disorders: Theoretical and Treatment Issues  Joseph Solomita, LCSW	This course offers a basic understanding of attachment disorders and addresses the concept of attachment theory. The participants will learn about some common treatments and other related disorders and how they potentially interact.	FL & FLS	RL	Access to Relias Learning Users	Daily
<b>RL 006</b> Bipolar Disorder in Children and Adolescents  Michelle Angulo Crafton, LMSW	This course offers a basic understanding of bipolar disorder as there has been a surge in the diagnosis in the past decade. Participants will gain information on how to support youth with this diagnosis and how case management will be different in children as compared to adolescents.	FL & FLS	RL	Access to Relias Learning Users	Daily
<b>RL 007</b> Calming Children in Crisis  Donna Petras PhD., MSW	This course presents a basic understanding of the effects on children who have experienced trauma including feelings of emotional pain as a result of maltreatment or loss. Provides an understanding in order to better refer to services and work toward the goals in the client's case plan.	FL & FLS	RL	Access to Relias Learning Users	Daily
<b>RL 008</b> Child Abuse for Mandatory Reporters – Iowa  Steve Jenkins, Ph.D.	This course was developed based on Iowa state laws on child abuse and neglect and meets the Iowa requirements for mandatory reporters. Participants will become familiar with types of child abuse, how to identify them, and what to do if they suspect child abuse. Participants will also learn what a mandatory reporter must do how to report suspected abuse and the process after a report is made.	FL & FLS	RL	Access to Relias Learning Users	Daily
<b>RL 009</b> Co-Occurring Disorders  Kathryn Lawson, Ph.D.	This course offers a basic understanding of the relationship between co-occurring substance use and mental health disorders. Discussion will include some of the most common substance use and mental health disorders in the United States. This course provides staff with an understanding in order to better refer to services and work toward the goals in the client's case plan.	FL & FLS	RL	Access to Relias Learning Users	Daily
<b>RL 010</b> Cultural Diversity  Hank Balderrama, MSW	This course gives participants a clear overview of the various components of cultural competence along with concrete examples of how they apply to providing human services. Participants will also explore the importance of understanding a persons culture when providing mental health and other human services	FL & FLS	RL	Access to Relias Learning Users	Daily
<b>RL 011</b> Depressive Disorders in Children	This course offers a basic understanding of the different types of depressive disorders and how they affect children and adolescents. What are the signs	FL & FLS	RL	Access to Relias	Daily

and Adolescents  Sarah Clavell Storer, Ph.D.	and symptoms and how they manifest differently in children of different ages. Discussion will include various causes and specific attention to risk factors for suicide and suicidal behavior. This course provides staff with an understanding in order to better refer to services and work toward the goals in the client's case plan.			Learning Users	
RL 012 Introduction to Trauma-Informed Care  Cheryl Sharp, MSW, IMWT, CPSST	Asking a trauma-survivor "What happened to you?" instead of, "What's wrong with you?" helps them begin to understand the impact that trauma has had on their life. Over 90% of people receiving behavioral healthcare have a history of trauma. In this course, you will learn the meaning of trauma, its impact, and what it means to look through a trauma-informed lens. You will learn your role and responsibilities when someone comes into your agency. You will also have an opportunity to reflect on how your personal history may impact your work and relationships.	FL & FLS	RL	Access to Relias Learning Users	Daily
RL 013 Motivational Interviewing  Mark Witte, LMSW, MLFT	In this course, participants will learn about the motivational interviewing approach to helping people by establishing rapport, eliciting change talk and establishing commitment language. Discussion will include the importance of matching interventions to individuals' stages of change in order to improve the likelihood of success. This course provides staff with an understanding in order to better refer to services and work toward the goals in the client's case plan.	FL & FLS	RL	Access to Relias Learning Users	Daily
RL 014 Overview of Bipolar Disorder in Youth for Children's Services Paraprofessionals  Suzanne Gaetjens-Oleson, MACP, LCMHC	The moods and behaviors of a child with bipolar disorder affect everyone involved. Drawing upon information from Gellar and Luby's "Child and Adolescent Bipolar Disorder: A Review of the Past 10 years," this course covers the most common signs and symptoms of bipolar disorder in youth. From extreme behavior changes that affect how the child acts at school or at home, to the highs and lows of manic and depressive episodes. The information in this training is designed for service providers of all levels who are interested in learning more about children with bipolar disorder, the impact that bipolar disorder can have on the family, and the most beneficial ways to help.	FL & FLS	RL	Access to Relias Learning Users	Daily
RL 015 Overview of Substance Abuse for Paraprofessionals in Behavioral Health and Social Service Agencies  Michelle Reeder	Substance abuse is a widespread problem that you are likely to have encountered in your work. Individuals who live with substance abuse problems often need specialized treatment, so it is very important for you to be familiar with the language and best practices commonly used in substance abuse work. You will receive clear, concrete information about substance abuse work best practices In addition to learning about different levels of use (abuse vs. dependence), the knowledge you will gain in this training, and you will be well-prepared to work more effectively with consumers that have substance abuse concerns.	FL & FLS	RL	Access to Relias Learning Users	Daily
RL 016 Trauma Informed Treatment for Children with Challenging Behaviors	This course offers a foundation of trauma informed care and how to work with children who have been traumatized. Discussion includes defining complex trauma, understanding its impact on the behavior of children and the development challenges that affect children as a result of trauma. This course provides staff with an understanding in order to better refer to services and	FL & FLS	RL	Access to Relias Learning Users	Daily

<b>Julie Collins, MSW, LCSW</b>	work toward the goals in the client's case plan.				
<b>RL 017</b> <b>Provider Resiliency and Self-Care: An Ethical Issue</b>  <b>Jenna Ermold, Ph.D.</b>	This course describes protective and risk factors associated with burnout and compassion fatigue/secondary traumatic stress, as well as variables associated with provider satisfaction and growth. Discussion includes potential ethical issues faced by providers experiencing burnout or compassion fatigue/secondary traumatic stress and strategies to assess provider functioning and increase resilience.	<b>FL &amp; FLS</b>	<b>RL</b>	<b>Access to Relias Learning Users</b>	<b>Daily</b>
<b>RL 018</b> <b>Working with Youth: A Strength-Based Perspective</b>  <b>Charles Applestein, MSW</b>	This course describes the strength-based approach for working with troubled children and teenagers. It covers the key concepts and how to use messages and self-esteem building activities when working with youth. The course also explains how to use messages to help youth make more effective decision. This course provides staff with an understanding in order to better refer to services and work toward the goals in the client's case plan.	<b>FL &amp; FLS</b>	<b>RL</b>	<b>Access to Relias Learning Users</b>	<b>Daily</b>
<b>RL 019</b> <b>Employee Wellness - Stress Management</b>  <b>Susan Fee, MSW</b>	This course describes that stress is part of everyone's life. That's not necessarily a bad thing. A certain level of stress is healthy because it motivates you to be productive. However, too much stress can do the opposite, leaving you feeling drained and irritable. You can't escape stress, but you can learn to respond differently. This course will teach you to identify triggers and develop a personal stress management plan.	<b>FL &amp; FLS</b>	<b>RL</b>	<b>Access to Relias Learning Users</b>	<b>Daily</b>
<b>RL 020</b> <b>Bloodborne Pathogens</b>  <b>Anthony A. Barone</b>	This course describes the exposure and injury prevention is the responsibility of each and every employee. Knowing what is in your organization's ECP, and adhering to it, is a great step forward in maintaining a safe and injury free workplace. This course aligns with OSHA's Bloodborne Pathogen Standard.	<b>FL &amp; FLS</b>	<b>WC</b>	<b>Access to Relias Learning Users</b>	<b>Daily</b>
<b>RL 021</b> <b>Working with Parents: Communication, Education, and Support</b>  <b>Nikiyah Gill, MSW</b>	In this course you will learn that working closely with families requires communicating effectively and building a respectful and trusting relationship. Focus will be on learning ways to communicate and support families even when you encounter resistance. It is important to understand your own personal biases and how these might affect your interactions with families. It is also helpful to identify why families may be resistant to your interventions, and how to use specific techniques to communicate effectively and support the families of the young children you serve.	<b>FL &amp; FLS</b>	<b>WC</b>	<b>Access to Relias Learning Users</b>	<b>Daily</b>
<b>RL 022</b> <b>Employee Wellness - Time Management</b>  <b>Geralin Thomas</b>	In this course helps social workers understand that remaining focused and completing projects on time can be extremely challenging due to unexpected disruptions like phone calls and emergency meetings. But more often than not, people have a tendency to either procrastinate or self-regulate poorly. In this course, you'll develop a basic understanding of time management skills by learning techniques to help recognize the most common "slippery slope" moments and identify strategies to overcome them. Mastering time management helps us reach our goals and reduce stress.	<b>FL &amp; FLS</b>	<b>WC</b>	<b>Access to Relias Learning Users</b>	<b>Daily</b>
<b>WC 001</b> <b>The Amazing Human Brain and Human Development</b>	This training offers an overview of the human brain's structure and function. This overview is helpful in understanding the impact of trauma, abuse and neglect on the brain's development. It will increase the awareness of physical, cognitive, social and emotional development of clients from conception	<b>FL &amp; FLS</b>	<b>WC</b>	<b>Unlimited Access</b>	<b>Daily</b>

	through adolescence.				
<b>WC 002</b> <b>Surviving Childhood: An Introduction to the Impact of Trauma</b>	Learn how traumatic events can affect children differently both physically and psychologically. The training also offers general advice on how caregivers and others who work with traumatized children can more effectively support and guide them	FL & FLS	WC	Unlimited Access	Daily
<b>WC 003</b> <b>The Cost of Caring: Secondary Traumatic Stress and the Impact of Working with High-Risk Children and Families</b>	This training discusses how a child's own traumatic experience can negatively impact caregivers and those who work with traumatized, abused, and neglected children. This training also offers strategies for learning how to protect yourself from traumatic stress. The training includes four brief lessons with assignments and a quiz. There is also a message board available to participate in discussion groups about the various lessons.	FL & FLS	WC	Unlimited Access	Daily
<b>WC 004</b> <b>Child Development 101</b>	This workshop reviews child development from 18 months to 18 years, providing benchmarks for normal physical, cognitive, linguistic, social, emotional, and sexual functioning at every stage. This information is discussed in terms of its impact on assessment and interviewing techniques used with abused children.	FL & FLS	WC	Unlimited Access	Daily
<b>WC 005</b> <b>Bonding and Attachment in Maltreated Children</b>	This training explores the ways in which childhood abuse and neglect impacts the ability to form healthy relationships. It also offers insight into the attachment issues their clients face due to the abuse and neglect. The course looks at ways to strengthen the family unit and work toward permanency for clients.	FL & FLS	WC	Unlimited Access	Daily
<b>WC 006</b> <b>Child Sexual Abuse: A Judicial Perspective</b>	Judge Charles B. Schudson discusses the history of children in America's courts and the potential for making courts safe for children and others. Exploring the law of competency and hearsay, he addresses whether children may testify, and whether professionals may testify about what children told them. He also considers puppets, support persons, video depositions, closed-circuit TV, and other techniques that can help children participate in court proceedings. Finally, Judge Schudson addresses the special challenges to professionals as they attempt to cope with the impact of their work on their own friends and families.	FL & FLS	WC	Unlimited Access	Daily
<b>WC 007</b> <b>Collaboration, Consistency &amp; Cultural Competency</b>	This workshop is organized into three thematic topics: Collaboration, Consistency, and Cultural Competency. All of these build on effective ways for assisting child victims and families, starting with law enforcement, the gateway to the criminal justice system. Important perspectives related to the natures of crimes against children and meaningful/appropriate responses will be discussed to include strategies for effectively and ethically providing help.	FL & FLS	WC	Unlimited Access	Daily
<b>WC 008</b> <b>Developmental Perspectives on Child Sexual Behavior in Children and Adolescents</b>	This course discusses sexual behavior in children ages 2-12 and helps the student understand that a number of child sexual behaviors can be normal. In addition, the course presents information about sexual behavior that may be related to sexual abuse, or to other variables in the child's life. These include family sexuality, life stress, such as physical abuse and domestic violence, and other behavior problems the child may have. Sexual behavior in children is also diverse and can include sexual interest and knowledge as well	FL & FLS	WC	Unlimited Access	Daily

	as self-stimulating behavior, personal boundary problems, and sexually intrusive behavior with children and adult caregivers. Finally, the course presents information on why children might develop sexual behavior problems along with guidelines for treatment of these children.				
<b>WC 009</b> <b>The Emotional Effects of Domestic Violence on Children</b>	Domestic violence creates a dangerous and traumatic environment for children as they attempt to grow and develop in their chaotic homes. This presentation explores the effects on both children and the family. Included in this presentation are attachment issues, the impact of trauma, and how mental, emotional, and intellectual development can be affected.	<b>FL &amp; FLS</b>	<b>WC</b>	<b>Unlimited Access</b>	<b>Daily</b>
<b>WC 010</b> <b>Working with the Non-Offending Caregiver</b>	This presentation is designed to gain a greater awareness of the experiences and needs of non-offending caregivers whose children have made allegations of sexual abuse in order to assist in preserving the family unit.	<b>FL &amp; FLS</b>	<b>WC</b>	<b>Unlimited Access</b>	<b>Daily</b>
<b>WC 011</b> <b>Effects of Abuse &amp; Neglect – A Focus on Typical Development</b>	This on-line course from the Wisconsin Child Welfare Training System focuses on developmental issues and how they may contribute to child maltreatment. Understanding what milestones should be accomplished within specific developmental stages and the tasks within a developmental stage that may cause stress will greatly contribute to understanding a child and family's situation. Better assessment leads to better case plans and ultimately, improved outcomes. This training contains three sections that (1) provide an overview and printable list of developmental stages, (2) review and test of knowledge of developmental milestones, (3) provide a selection of printable and online references.	<b>FL &amp; FLS</b>	<b>WC</b>	<b>Unlimited Access</b>	<b>Daily</b>
<b>WC 012</b> <b>When It Is In the Family: How to Handle Sibling Sex Abuse</b>	This workshop will look at what we know about sibling abuse and discuss decisions that need to be made in regard to the offender, victim, and family. There will be a focus on how to address issues such as what should be done with the sibling who has abused; are our decisions different if it is a child versus an adolescent; how we implement a plan that is in the victim's best interest; and how should we approach families that are resistant to help.	<b>FL &amp; FLS</b>	<b>WC</b>	<b>Unlimited Access</b>	<b>Daily</b>
<b>WC 013</b> <b>The Intersection of Domestic Violence and Child Victimization</b>	This on-line tutorial contains a basic curriculum on the link between DV and Child Abuse, and on the effects of DV on children. The tutorial consists of 4 Units which discuss general information on DV and Child Abuse; short and long term consequences of exposure to DV; community response to DV; and the Professional's response to DV, including examples of questions for a victim and information on Safety Planning. The tutorial includes a pre and post-test, quizzes following each section, and a video titled 'The Children Are Watching'.	<b>FL &amp; FLS</b>	<b>WC</b>	<b>Unlimited Access</b>	<b>Daily</b>
<b>WC 014</b> <b>Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Workers</b>	Child welfare workers are on the front line, making decisions about the best course of action for families in their caseloads. Without a solid understanding of alcohol and drug addiction, and how to identify families involved in the child welfare system as a result of parental addiction, child welfare workers will not be able to address a significant portion of the needs of the families in their caseloads. This tutorial will provide a primer on alcohol and drug addiction, substance abuse treatment and recovery, enhancing treatment readiness and treatment effectiveness.	<b>FL &amp; FLS</b>	<b>WC</b>	<b>Unlimited Access</b>	<b>Daily</b>

<p><b>WC 015</b>  <b>The Medical &amp; Developmental Effects of Domestic Violence on Children</b></p>	<p><b>This presentation reviews what is known about the involvement of children with domestic violence, as direct and indirect victims. Using research from the fields of sociology, psychology, neurobiology and development pediatrics, Dr. Stirling explains the effects of chaotic and violent environments on the developing brain, and suggest reasons why the cycle of violence is so hard for some victims to break. Concepts of resilience will be considered. This presentation discusses some of the many impediments to dealing with the child victims of domestic violence in the real world from the perspective of an experienced pediatrician.</b></p>	<p><b>FL &amp; FLS</b></p>	<p><b>WC</b></p>	<p><b>Unlimited Access</b></p>	<p><b>Daily</b></p>
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## Iowa Family Treatment Court Standards and Practice Recommendations

Adopted by the Iowa Supreme Court on July 17, 2014

### Guiding Permanency Vision and Principles

In 2011, Iowa adopted a Blueprint for Forever Families, which outlined and defined a cohesive set of strategies to address the complex issue of permanency. This Blueprint is built on Iowa's permanency vision – *Every child deserves a forever family*—and the following foundational principles:

- **Urgency:** Permanence is treated with a sense of urgency as if the child were our own or a child of a family member.
- **Diversity:** The culture, race, ethnicity, language, religion and sexual orientation of children, youth and families are respected.
- **Family and Youth Empowerment:** Families and young people are full partners in all decision-making and planning for their futures.
- **Accountability:** Services and supports are strength-based, fair, responsive, accessible, and accountable to children, youth and their families.
- **Shared Responsibility:** Multiple systems (including child welfare, juvenile courts, education, substance abuse, mental health, domestic violence and others) and the community at large work together to identify and support permanent relationships for the child.

The goal of Family Treatment Courts is to promote permanency by assisting parents and children with the difficult issues of substance abuse and child abuse and neglect so that they can become safe, sober and permanent “forever” families. With that goal in mind, the Family Drug Treatment standards described below were developed to promote and support Iowa's permanency vision and principles and the Blueprint for Forever Families.

### Purpose

The purpose of the Family Treatment Court Standards is to provide a general framework of guiding principles and the basic elements that each Family Treatment Court must include. The Iowa Standards for Family Treatment Courts is based on the National Association of Drug Court Professionals', “Defining Drug Courts: The Key Components” (2004) and on the National Drug Court Institute's Drug Court Practitioner's Fact Sheet, Family Dependency Treatment Court: Applying the Drug Court Model in Child Maltreatment Cases (June 2006). These standards create a single orientation for all stakeholders to address parental substance abuse and its impact on a parent's capacity to provide a safe, permanent environment for their child. Some of the standards also include “Recommended Practices for the Family Treatment Court Team”



which would assist teams in moving towards best practice concepts. These standards are stated broadly to meet local needs while also ensuring uniformity across the state.

### **Standard 1**

#### ***Family Treatment Courts must utilize a comprehensive and collaborative planning process.***

- The Family Treatment Courts have participated in a planning process to ensure a coordinated, systemic family-focused approach to protect children from abuse and neglect through timely decisions, coordinated services, judicial oversight and the provision of timely substance abuse treatment for parents.
- Completion of the Memorandum of Understanding setting the terms of the collaboration among the lead Family Treatment Court judge, the county attorney, parent’s attorneys, guardians ad litem, the Department of Human Services, the substance abuse treatment agencies, private providers and other key stakeholders.
- Establishment of written policies and procedures which reflect shared goals and objectives for the Family Treatment Court program.

#### **Recommended Practices for the Family Treatment Court Team:**

- Family Treatment Court Teams should expect a minimum of 6 months to plan and prepare for implementation. This amount of time would allow the team to have started to collaborate and to reach consensus on a variety of issues related to the implementation of services.
- Other possible members of the team may include, but would not be limited to: mental health professionals, school representatives, housing representative, domestic violence specialists and other community members.
- A written community outreach and education plan should be developed and reviewed regularly.

### **Standard 2**

#### ***Family Treatment Courts intervene early in child abuse and neglect cases to involve parents and families in substance abuse treatment.***

- Once accepted for admission, parents are immediately enrolled in substance abuse treatment, if they have not already done this, and monitored for compliance by the Family Treatment Court team.
- The Family Treatment Court team, including social workers, treatment providers and court representatives and other service providers maintain ongoing internal communication. This communication would include the frequent exchange of timely and accurate information about the parent’s progress.

- The judge plays an active role in the team process, frequently reviewing the status of the family and the parent’s compliance with treatment and services.

**Recommended Practices for the Family Treatment Court Team:**

- DHS Assessment Workers and Case Managers should assess parents or caretakers for potential substance abuse issues by using screening tools such as “CAGE” or “Uncope.” If the screening detects a potential issue, the parent or caretaker should be referred to a substance abuse agency.
- A parent or caretaker should sign a multiparty Release of Information form which is used to facilitate communication across systems and with any other involved parties.
- At the time of the referral the caseworker should complete a Substance Abuse Disorder Evaluation Referral form providing the substance abuse treatment worker with information regarding the purpose of the referral.
- During a substance abuse treatment evaluation, treatment staff identifies any involvement the client may have with DHS and/or court services. If DHS is involved, clients are asked to provide the caseworker contact information so the treatment staff can contact the caseworker to initiate care coordination.

**Standard 3**

***Family Treatment Courts must have written eligibility and dismissal criteria that have been collaboratively developed, reviewed and agreed upon by the members of the Family Treatment Court Team and approved by the local Advisory Committee.***

- Eligibility screening process based on established written criteria, which cannot be changed without the full agreement of the Family Treatment Court Team and approval by the local advisory committee.
- Participation in the Family Treatment Court is voluntary.
- At a minimum, admission criteria includes a CINA Petition filing with at least one of the following: 1) an allegation of a parental substance use disorder; 2) at least one allegation of behavior or circumstances indicating there is or could be a substance use disorder; and/or 3) a parent who is willing to engage in substance abuse treatment and supportive services.
- While the parent is the primary focus of the Family Treatment Court, the program seeks permanency for all children involved in cases of child abuse and neglect. The needs of children will be identified and children may be referred for services as appropriate and may be included in family therapy if clinically indicated.

### **Recommended Practices for the Family Treatment Court Team:**

- Parents should be referred to Family Treatment Court as early as possible.
- Family Treatment Courts should consider referring parents to the program prior to the filing of a CINA Petition or right after a CINA Petition has been filed.

### **Standard 4**

***Family Treatment Courts will incorporate a non-adversarial approach in which the judge, the parties, their attorneys, guardians ad litem, the county attorneys, the Department of Human Services, substance abuse providers and private providers promote safety, permanency and child well-being while protecting the rights of parents and children.***

- Guardians ad litem, parent’s attorney, county attorney, the lead judge and other members of the local advisory committee participate in the design of the family treatment court, including criteria for screening, eligibility, and policies and procedures, to safeguard due process and promote safety, permanency and child and family well being.
- Family Treatment Courts will have a Memorandum of Understanding (MOU) setting forth the terms of collaboration between partners, i.e. Juvenile Court, Department of Human Services and substance abuse treatment providers and other agencies as appropriate. Individualized treatment and service plans are developed based on needs identified during the initial assessment.
- Interagency collaboration is important throughout the case planning process in order to ensure that the family’s needs, as identified by all agencies involved, are represented and monitored. This will also minimize any duplication of efforts.

### **Recommended Practice for the Family Treatment Court Team:**

- For consistency and stability in Family Treatment Court operations, the Family Treatment Court team members should be assigned to the Family Treatment Court for a minimum of one year.
- Family-centered orientation materials to the Family Treatment Court should be developed and reviewed annually.

### **Standard 5**

***Family Treatment Courts provide access to a comprehensive continuum of substance abuse treatment and rehabilitation services and schedule regular staffings and judicial court reviews.***

- Participants are initially screened and assessed and continue to be reassessed by both treatment personnel and the court to ensure that the most appropriate treatment services are being provided to parents.

- All substance abuse and mental health treatment services are provided by programs or individuals who are appropriately trained and licensed to deliver such services according to the standards of their profession.
- Regularly scheduled Family Treatment Court hearings before the judge are used to monitor progress and compliance with program expectations.
- Family Treatment Court team members and service providers conduct regularly scheduled meetings or staffings to ensure ongoing and open communication regarding parents and their children.
- Family support and outreach services are included in the continuum of services available to parents. These services would continue after the DHS and court cases have been closed. This continued support will assist parents in referral to services, support during times of stress and possible early detection of the risk of relapse.

**Recommended Practice for the Family Treatment Court Team:**

- Family Support and outreach services should begin when a parent has been identified as a potential participant in the Family Treatment Court. These services can assist in getting parents into substance abuse treatment and engaged in other identified services.
- Alumni groups have been an added informal support for both current and former Family Treatment Court participants. The alumni group participants provide guidance on guest speakers, topics for discussion and identify healthy sober activities for the group sessions.

**Standard 6**

***A coordinated strategy based on joint case planning will govern responses from the family treatment court to each parent’s performance and progress.***

- Regularly held treatment team meetings for pre-court staffings and court reviews will be used to monitor each participant’s progress.
- Communication among the court, the Department of Human Services, the substance abuse treatment providers, attorneys and private agency providers should be ongoing, including frequent exchanges of timely and accurate information about the individual participant’s overall performance. This includes the standardization of information that is to be communicated through the use of common forms.
- The Family Treatment Court team will develop with the parents a comprehensive, unified case plan that addresses the needs of the entire family. The unified case plan should be revisited quarterly, at a minimum, since the needs of the family may change.

**Recommended Practice for the Family Treatment Court Team:**

- Clients should be included in the review process along with all of the service providers involved in the family.

- Clients should be provided a simple, one-page summary of their goals and objectives.
- The Family Treatment Court Team should work with the clients to prioritize their goals.
- The Family Treatment Court Team should assist parents in developing longer term, self-sufficiency plans.

## **Standard 7**

### ***Family Treatment Courts ensure legal rights, advocacy and confidentiality for parents and children.***

- Eligibility screening is based on written criteria established by the local advisory committee. Department of Human Services staff and substance abuse treatment providers are designated to screen cases and identify potential Family Treatment Court participants. This does not preclude other key stakeholders from referring participants to the Family Treatment Court.
- All substance abuse and mental health treatment services are provided by programs or individuals who are appropriately trained and licensed to deliver such services according to the standards of their profession.
- All members of the local advisory committee, the county attorney, parent’s attorneys, and guardians ad litem actively participate in the design and ongoing review of Family Treatment Courts in order to safeguard the legal rights of the parents and to promote and protect the best interest of the children.
- Once accepted for admission, parents are immediately enrolled in substance abuse treatment, if they have not already done this, and monitored for compliance by the Family Treatment Court team.
- Each member of the Family Treatment Court team ensures advocacy, confidentiality and legal rights, including due process, are maintained by advising the parents and their attorneys of the guidelines for participating in the Family Treatment Court.
- The Family Treatment Court sets the terms of the collaboration through a Memorandum of Understanding which is signed by the court and all participating agencies.
- The Consent to Release Confidential Information form used by the Family Treatment Court permits communication regarding participation and progress in treatment, complies with 42 CFR, Part 2, HIPAA regulations and applicable state statutes, and requires the signed consent of the participating parent.
- While the decisions of the Family Treatment Court focuses on the interests of the parents and their recovery, the court maintains a parallel focus on the best interests of the children. The procedures, decisions and hearings of the Family Treatment Court, therefore, reflect the dual focus of integrating the needs of both children and parents.

## **Standard 8**

***A Family Treatment Court must incorporate ongoing judicial interaction with each participant as an essential component of the program.***

- Whenever possible, the same judge shall preside over the Family Treatment Court and CINA case, from filing through permanency.
- At a minimum, Family Treatment Court participants must appear before the Family Treatment Court judge at least twice a month during the initial phase of the program. Frequent review hearings during the initial phases of the program both establish and reinforce the Family Treatment Court's policies and ensure effective monitoring and support of each participant.

### **Recommended Practices for the Family Treatment Court Team:**

- Participants should appear before the judge weekly, whenever possible, during the initial phase of the program.
- Hearings should be before the same judge for the duration of the participant's time in the Family Treatment Court.

## **Standard 9**

***Family Treatment Courts monitor abstinence by random, frequent and observed alcohol and other drug testing and will implement consistent, graduated responses for compliance or noncompliance.***

- Family Treatment Courts will develop and document written policies and procedures for drug screening, sample collection, sample analysis, reporting results and the guidelines for the use of incentives and sanctions. The written policies and procedures will be based on the *Drug Testing Guideline* developed by Children's Justice.
- The drug testing policies and procedures will include a coordinated strategy for responding to noncompliance, including prompt responses to positive tests, missed tests and tampered tests.
- Drug testing should be random and observed.
- Drug testing should be sufficient to include each participant's primary substance of choice as well as a range of other common substances, including alcohol.
- Family Treatment Court will advise parents of the drug testing protocol and the incentive/sanction system and provide them with written guidelines during their orientation.
- During case staffings, the treatment team will recommend incentives to reward compliance or milestones achieved or will recommend sanctions for noncompliance.

- The Family Treatment Court judge will take recommendations regarding incentives and sanctions from the treatment team under advisement and after hearing from the parent will make a final decision regarding the incentive or sanction ordered.

**Recommended Practice for the Family Treatment Court Team:**

- A written policy regarding the use of prescription drugs should be shared with parents during orientation. Parents will need to identify all of the prescription drugs they are currently taking and which physicians prescribed them. Parents will need to sign a release of information for those physicians.

**Standard 10**

***The Family Treatment Court must have a plan to provide services that are individualized to meet the needs of each participant and their child/ren and incorporate evidence-based strategies for the participant population. Such plans must take into consideration services that are gender-responsive and culturally appropriate and that effectively address co-occurring disorders. Services should be trauma-informed<sup>1</sup> when appropriate and clinically necessary.***

- Family Treatment Court participants should be referred to family-centered treatment services whenever possible. Providing specialized services for children from families with substance abuse issues should be offered.
- Additional services that should also be considered are: education, housing, transportation, domestic violence, and employment.

**Recommended Practice for the Family Treatment Court Team:**

- Family Treatment Courts should become familiar with the stages of recovery in the Developmental Model of Recovery and implement stage-appropriate interventions to interrupt addictive patterns.
- Family Treatment Court team members should review research on gender differences in substance abuse treatment so they can tailor the services to better meet the needs of the participants.

**Standard 11**

***Family Treatment Courts must have policies and procedures that emphasize the central relationship of the parent's and the children's right to contact. These policies should also***

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<sup>1</sup> Trauma-informed services are designed to provide appropriate interactions tailored to the special needs of trauma survivors. The focus is on screening for trauma and designing the drug court program to reduce or eliminate triggers of trauma for the survivor. This is particularly important because research shows that occurrence of trauma is a significant factor in most substance abuse populations, especially women.

***include the parent's right to be heard in regard to the decisions made by the court impacting the child's ultimate placement.***

- Withholding family interaction time or visits must not be used as a response to a parent's noncompliance.
- Decisions to reduce family interaction time should only be due to concerns for the immediate safety of the child.
- When a child cannot be reunified with a parent, the parent should be included in developing the child's permanent plan.

## **Standard 12**

***Immediate, graduated, and individualized responses must govern the responses of the Family Treatment Court to each participant's compliance or non-compliance.***

- Regular Family Treatment Court team meetings for pre-court staffings and court reviews to monitor each participant's performance.
    - Ongoing communication among the court, child protection, guardian ad litem, and treatment providers, which will include frequent exchanges of timely and accurate information about the individual participant's overall performance. This includes the standardization of information that is to be communicated through the use of common forms.
    - Progression by participants through the Family Treatment Court program will be based upon the individual's progress with the treatment plan, compliance with program requirements, Family Treatment Court phases and an individual's progress through those phases are not to be based solely upon pre-set program timelines.
    - Responses to a participant's compliance and noncompliance (including criteria for dismissal) should be explained both verbally and provided in writing (i.e. in a Participant Handbook) to Family Treatment Court participants during their orientation.
    - While assuming the lead in the Family Treatment Court effort, the judge focuses on the parent's sobriety, lawful behavior, parental accountability and effective and consistent service delivery for the parent and child. There is also a focus on insuring permanency for the child within the timelines established by ASFA.
    - The Family Treatment Court will focus on the progress to achieve the goal of reunification of a child in foster care with their parent. An additional focus is also maintained on the progress of achieving the designated concurrent permanency goal in the event that permanency through reunification is no longer possible.
    - In order to meet the ASFA mandated timelines, Family Treatment Courts will ensure close judicial supervision of the coordination and accountability among service providers.
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## **Standard 13**

### ***Family Treatment Courts must evaluate their effectiveness.***

- Family Treatment Court goals are concrete and measurable. Minimum goals are:
  - a. Increase the safety, permanency and well-being of children and families by addressing the substance abuse treatment programming and service gaps through a community collaborative planning approach;
  - b. To prevent out-of-home placement whenever possible through early intervention, giving priority to the safety and well-being of children;
  - c. To achieve permanency in the shortest time possible in order to minimize the impact of out-of-home placement for children while meeting reasonable efforts guidelines;
  - d. To eliminate abuse and neglect within Family Treatment Court families;
  - e. Creating a common vision through ongoing, regular multi-disciplinary training.
- Evaluation of the Family Treatment Court will adhere to written policies consistent with state and federal guidelines that protect against unauthorized disclosure of confidential information.
- The Family Treatment Court will use current data from the court, Department of Human Services and the Department of Public Health to measure outcomes and progress in meeting their goals and the effectiveness of treatment and services.

### **Recommended Practices for the Family Treatment Court Team:**

- Family Treatment Court should collect data for each participant. At a minimum, they should gather information on: the number of participants served, the number of graduations/commencements, length of time in the Family Treatment Court, length of time before they entered substance abuse treatment, length of stay in substance abuse treatment, did children remain in the parent's care or were they removed from the home, length of stay in out of home care, did children re-enter out of home care after they were returned to their parents, were there subsequent child abuse reports once they began Family Treatment Court and length of time to achieve permanency.
- Follow-up information should be gathered on the participants for 12 months after they have been discharged from the Family Treatment Court. This allows monitoring of longer term outcomes for families.
- Additional information can be gathered on how many babies that have been born substance free to participants of the Family Drug Court. This information can be used to demonstrate a longer term cost savings or avoidance.

- Participant feedback should be a part of the Family Treatment Court. This information can be provided through a client satisfaction survey or by focus groups conducted by a neutral party.

#### **Standard 14**

***Family Treatment Courts must assure continuing interdisciplinary education and joint training of their team members to promote the effective implementation and ongoing operations of their problem-solving court.***

- In order to develop a shared understanding of the values, goals and procedures of child welfare, substance abuse treatment and the court components, multidisciplinary education will be provided for members of the Family Treatment Court.

#### **Recommended Practices for the Family Treatment Court Team:**

- Family Treatment Court Team members should complete the specialized, on-line training available on the National Center on Substance Abuse and Child Welfare website. This training will allow team members to better understand the frame of reference and operating system for the other team members.
- At a minimum, Family Treatment Court team members should assess team functionality, review all policies and procedures and assess the overall functionality of the program.
- Each Family Treatment Court should plan for the transition of a team member and provide sufficient training for the new team members.
- Local policies and procedures should include requirements for continuing education for Family Treatment Court team members.