

Red Tape Review Rule Report (Due: September 1, 2023)

Department Name:	Health & Human Services (HHS)	Date:	9/1/2023	Total Rule Count:	16
IAC #:	441	Chapter/ SubChapter/ Rule(s):	200	Iowa Code Section Authorizing Rule:	600
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PLEASE NOTE, THE BOXES BELOW WILL EXPAND AS YOU TYPE

What is the intended benefit of the rule?

This rule chapter structures adoption services to be provided by HHS to place eligible children in adoptive arrangements that are safe, high quality, and in the best interest of the child. HHS accepts applications for adoption of children with special needs; application for adoption of a child without special needs is referred to a private child-placing agency, though exception may be made for relatives of children under the guardianship of HHS.

Applicants applying to HHS to adopt must participate in a preplacement assessment and home visit. A child will not be placed in an adoptive home until parental rights of the child's birth parents have been terminated. Preference is given to placing children from the same birth family together. A relative or other adult with a significant relationship with the child is given priority consideration. Foster parents will be given consideration for a child in their care.

HHS conducts activities designed to prepare the family and the child to make the transition to adoptive placement, including conducting transitional visits between the adoptive family and the child before placement in the home. Additionally, HHS makes monthly supervision visits from the time the child is placed with the family until finalization of the adoption occurs. The Department will not release identifying information from sealed adoption records unless approved to do so by the Director for purposes of treatment or research.

Is the benefit being achieved? Please provide evidence.

Figures below are actuals incurred in the fiscal years shown.

Identified Impacts*

	SFY2018	SFY2019	SFY2020	SFY2021	SFY2022	5 Year Total
Costs						
HHS Implementation	(\$123,000)	(\$131,000)	(\$136,000)	(\$138,000)	(\$142,000)	(\$670,000)
Benefits						
Improved Outcomes for Adopted Children	Qualitative	Qualitative	Qualitative	Qualitative	Qualitative	Qualitative

Net Value	(\$123,000)	(\$131,000)	(\$136,000)	(\$138,000)	(\$142,000)	(\$670,000)
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*All monetary figures have been rounded to the nearest thousandth.

Improved outcomes are realized when children experience timely, stable, and permanent adoptive placements. Per federal regulation, this is measured through timely adoption within 24 months of removal. In 2022, 58% of children served by the department seeking adoptive placement met this metric. This is up from 50% in 2018.

Permanency in the form of adoption is important for children to develop healthy secure relationships and serves to reduce the potential stressors that arise from being displaced multiple times. Youth who experience minimized placement changes are more likely to experience fewer school changes, less trauma and distress, decreased mental health complications, less behavioral problems, increased probabilities for academic achievement, and a lasting positive relationship with an adult.

What are the costs incurred by the public to comply with the rule?

None identified.

What are the costs to the agency or any other agency to implement/enforce the rule?

HHS incurs personnel costs for team members to support the adoption program. These costs are reflected in the table above as “HHS Implementation”. Other service delivery costs incurred by the adoption program are reflected in the cost benefit analysis for chapters 441-203 and 441-204 and are not reflected here.

Do the costs justify the benefits achieved? Please explain.

The cost benefit analysis above shows a net value of -\$670,000 over the five years studied and improved outcomes for children in adoptive care. Eliminating adoption services provided by HHS is likely to reduce the number of adoptive arrangements available to qualified children seeking adoption. Without the assessment and home visit services detailed in this rule adoptive relationships may be more likely to fail. A lack of available, quality, adoptive relationships increases the likelihood of adverse impact to the child.

Are there less restrictive alternatives to accomplish the benefit? YES NO

If YES, please list alternative(s) and provide analysis of less restrictive alternatives from other states, if applicable. If NO, please explain.

HHS implements adoption services in accordance with requirements of Iowa Code and federal regulations; overall, HHS implements the program as directed and has little flexibility in determining program elements. Activity in this rule chapter seeks to place eligible children under the guardianship of HHS in adoptive arrangements that are safe, high quality, and in the best interest of the child. The pre and post adoption services offered to the child and adoptive family under this rule chapter reinforce and ensure stable and safe placements. A less intrusive method has not been identified to achieve the purpose of this rule.

Does this chapter/rule(s) contain language that is obsolete, outdated, inconsistent, redundant, or unnecessary language, including instances where rule language is duplicative of statutory language? [list chapter/rule number(s) that fall under any of the above categories]

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200.2
200.16

RULES PROPOSED FOR REPEAL (list rule number[s]):

200.2
200.6
200.7
200.9
200.16

***RULES PROPOSED FOR RE-PROMULGATION* (list rule number[s] or include text if available):**

200.1
200.3
200.4
200.5
200.8
200.10
200.11
200.12
200.13
200.14
200.15

****For rules being re-promulgated with changes, please attach a document with suggested changes, if available.***

METRICS

Total number of rules repealed:	5
Proposed word count reduction after repeal and/or re-promulgation	253
Proposed number of restrictive terms eliminated after repeal and/or re-promulgation	13

ARE THERE ANY RULES YOU WOULD RECOMMEND BE CODIFIED IN STATUTE?

None identified.