TITLE IV-E RECOMMENDATIONS REPORT

Service Recommendations

SIVIC SOLUTIONS GROUP
A SOLIX COMPANY

TABLE OF CONTENTS

RECOMMENDATIONS SUMMARY

Sivic Solutions Group is pleased to present this Title IV-E Recommendations Report to the Iowa Department of Health and Human Services. After careful review of the service array and discussions with the Title IV-E/IV-B workgroup, SSG believes the following recommendations will enhance federal recovery and improve the delivery of services to Iowa families. The table below outlines the recommendations including the estimated fiscal impact. Additional details regarding each recommendation will be presented throughout the remainder of this report.

Recommendations:		Title IV-E Estimated Annual Increase[1]
1.	**Family Centered Services – Family Preservation Motivational Interviewing**	**$626,638**
	Update State Title IV-E Prevention Plan to include Motivational Interviewing	
	Update FCS contracts and practice standards to clarify MI is provided in interactions with caregivers	
	Expand the Family First Candidacy definition to include children who are provided services during an open child welfare assessment to prevent placement into foster care.	
	Update business processes and systems to include eligibility determinations and the creation of prevention plans for children in the expanded definition of Family First Candidacy.	
	Formalize Motivational Interviewing training, coaching, and Continuous Quality Improvement (CQI)	
2.	**Family Centered Services—Solution Based Casework with Motivational Interviewing or other approved Title IV-E Prevention Service**	**$1,525,271**
	Update State Title IV-E Prevention Plan to include MI (and/or other approved Title IV-E Prevention Service)	
	Update FCS contracts and practice standards to require MI is provided in interactions with caregivers	
	Conduct a time study of FCS staff to determine appropriate allocation of costs to Title IV-E Prevention Services and if applicable, Title IV-E Prevention Administration. (Note: Title IV-E Prevention Administration claiming is not included in the estimate.)	
	Expand the Family First Candidacy definition to include: ■ Children identified as being at risk of entry into foster care during in-home, reunification, trial home visit, post-adoption, or post-guardianship ■ Children without an open case who are provided services after a child welfare assessment has determined they are at risk of future placement into foster care.	
	Update business processes and systems to include eligibility determinations, creation of prevention plans, and documentation of MI services for children in the expanded definition of Family First Candidacy and their caregivers.	
	Formalize Motivational Interviewing training, coaching, and Continuous Quality Improvement (CQI)	

[1] Title IV-E Prevention Services are reimbursed at 50% FFP until FFY27, when they are reimbursed at the FMAP rate. Amounts shown are 50% FFP.

Recommendations:		Title IV-E Estimated Annual Increase[1]
3.	**Kinship Navigator Program**	**$1,650,000**
	Consider adopting an approved Title IV-E Kinship Navigator Program (e.g., ProtectOHIO)	
	Update Title IV-E Plan to include the selected model program	
	Update contracts and practice standards to require adherence to the selected model	
4.	**Iowa Parent Partner Program**	**$100,000**
	Update State Title IV-E Prevention Plan to include Iowa Parent Partner Program	
	Expand the Family First Candidacy definition to include children identified as being at risk of entry into foster care during in-home, reunification, trial home visit, post-adoption, or post-guardianship	
	Update business processes and systems to include eligibility determinations and the creation of prevention plans for children in the expanded definition of Family First Candidacy.	
5.	**Healthy Families America**	**$793,793**
	Determine if Maintenance of Effort requirements apply.	
	Update State Title IV-E Prevention Plan to include Healthy Families America.	
	Expand the Family First Candidacy definition to include children in need of home visiting services (e.g., Healthy Families America and/or Parents as Teachers) who are at risk of future placement into foster care.	
	Collaborate with ECI Area Boards to implement contract updates, fidelity monitoring and CQI processes.	
	Update business processes and systems to include eligibility determinations and the creation of prevention plans for children in the expanded definition of Family First Candidacy.	
6.	**Parent as Teachers**	**$1,742,615**
	Determine if Maintenance of Effort requirements apply.	
	Update State Title IV-E Prevention Plan to include Parents as Teachers.	
	Expand the Family First Candidacy definition to include children in need of home visiting services (e.g., Healthy Families America and/or Parents as Teachers) who are at risk of future placement into foster care.	
	Collaborate with ECI Area Boards to implement contract updates, fidelity monitoring and CQI processes.	
	Update business processes and systems to include eligibility determinations and the creation of prevention plans for children in the expanded definition of Family First Candidacy.	

Recommendations:		Title IV-E Estimated Annual Increase[1]
7.	**HHS Social Work Case Managers**	**$6,070,946[2]**
	Update Public Assistance Cost Allocation Plan (PACAP) to claim for child specific administrative costs associated with children who are Family First Candidates for Foster Care under the expanded definition and services.	
	Determine if HHS will claim for Motivational Interviewing provided by HHS Social Work Case Managers. (Note: If FCS contracts are updated to require MI, there may not be a significant benefit to claiming for HHS staff provision of MI.)	
	If HHS will claim for MI provided by HHS SWCM:	
	Update State Title IV-E Prevention Plan to include Motivational Interviewing	
	Update Random Moment Time Study activities to capture time spent providing Motivational Interviewing.	
	Amend PACAP to reflect the updated cost allocation methodology for HHS SWCMs	
	Expand the Family First Candidacy definition to include children identified as being at risk of entry into foster care during in-home, reunification, trial home visit, post-adoption, or post-guardianship	
	Update business processes and CCWIS to include eligibility determinations, creation of prevention plans, and documentation of MI services for children in the expanded definition of Family First Candidacy and their caregivers.	
	Formalize Motivational Interviewing training, coaching, and Continuous Quality Improvement (CQI)	

[2] Estimate is based on SFY23 Title IV-E Claims. HHS is currently revising these claims based on changes to the Title IV-E penetration rates. Updated claim data was not available at the time of this report.

TITLE IV-E AND IV-B RECOMMENDATIONS REPORT

As a part of the current Iowa Department of Health and Human Services (HHS) contract, Sivic Solutions Group (SSG) has developed this Title IV-E and IV-B Recommendations Report in response to Deliverable 1.3.1.4 IV-E/IV-B Draft Recommendations Report, including transition, implementation, and data collection guidance to support new claiming and service delivery.

TITLE IV-E AND IV-B WORKGROUP

SSG was contracted by HHS to review the current Title IV-E and Title IV-B service array to look for opportunities to improve service delivery for families and optimize federal recovery. The Title IV-E/IV-B workgroup, which included representation from HHS child protection and policy, IV-E/ICPC, early intervention, and fiscal services, was established to guide the process. The workgroup outlined four priority areas for review specific to Title IV-E Prevention Services:

1. Family Centered Services contracts,
2. Iowa Parent Partner Program,
3. Home Visiting Programs, and
4. Health and Human Services social work case management staff which utilize Motivational Interviewing

Each of these areas was explored in detail to identify opportunities for optimizing Title IV-E claiming.

Family Centered Services Contracts

Family Centered Services providers offer services to child welfare involved families throughout the state of Iowa with a wide service array that we will detail later in this report.

Iowa Parent Partner Program

The Iowa Parent Partner Program pairs individuals with lived child welfare experience with families currently involved in the child welfare system.

Home Visiting Contracts

Home Visiting providers offer Healthy Families America, Nurse Family Partnership, and/or Parents as Teachers services to children at risk of entry into the child welfare system.

Health and Human Services Social Work Case Managers

Social Work Case Managers (SWCMs) utilize Motivational Interviewing as a core component of their case management work with families.

FAMILY FIRST CANDIDATES FOR FOSTER CARE

To optimize federal recovery for services provided under the Title IV-E Prevention Plan (Plan), the Family First Candidate for Foster Care definition should capture all children at risk of entry into foster care who are receiving an approved Title IV-E Prevention service under the Plan. Iowa currently is funding Title IV-E Prevention eligible services for children with open child welfare cases, those with involvement, but no open case, and those who are at risk of entry into foster care but have no child welfare involvement. Currently, Iowa is only claiming Title IV-E Prevention Service funding for candidates who have open child welfare cases. By expanding the candidacy definition in the state Plan, Iowa could begin claiming for Title IV-E Prevention Services being provided across the candidacy continuum.

The following Title IV-E Prevention eligible services were identified in each area of the candidacy continuum:

Table 1: Title IV-E Prevention Eligible Services

Service	Title IV-E Prevention Service Clearinghouse Rating	Service Provision
Open Child Welfare Cases		
SafeCare	Supported	Family Centered Services Contracts
Motivational Interviewing	Well-Supported	Family Centered Services Contracts and HHS SWCMs
Iowa Parent Partner Approach	Promising	Parent Partner Contract
Child Welfare involved, but no open case		
Motivational Interviewing	Well-Supported	Family Centered Services Contracts
At risk, but no child welfare involvement		
Healthy Families	Well-Supported	Home Visiting Contracts
Nurse-Family Partnership	Well-Supported	Home Visiting Contracts
Parents as Teachers	Well-Supported	Home Visiting Contracts

The only services currently being claimed to Title IV-E Prevention Services are SafeCare services provided under the Family Centered Services contracts. SafeCare is currently rated as Supported by the Title IV-E Prevention Services Clearinghouse (Clearinghouse). Beginning October 2023, 50% of Title IV-E Prevention Services must be rated Well-Supported. Without the addition of a Well-Supported program, HHS will no longer be able to claim SafeCare services. It should be noted that Multisystemic Therapy and Functional Family Therapy services are included in Iowa's Title IV-E Prevention Plan and are being provided to juvenile justice involved children but are being funded by state funds. HHS has indicated that juvenile justice services are beyond the scope of this review, and therefore, no recommendations are included.

CONTRACTED SERVICES

Family Centered Services Contracts

The Family Centered Services contracts were the first priority area identified by the IV-E/IV-B workgroup to review. There are currently six contracted Family Centered Services providers throughout the state of Iowa. In some parts of the state, only one provider is available; however, many parts of the state are covered by two providers. These providers offer Solution Based Casework, Family Preservation, SafeCare, Family Interventions, and Kinship Navigator services to child welfare involved families throughout the state of Iowa. General obligations under the contract services include, but are not limited to, participating in case transition meetings, assessing child safety, and providing transition assistance.

Solution Based Casework

Solution Based Casework (SBC) is the primary service being provided through the Family Centered Service contracts. Nearly $40 million was spent in the State Fiscal Year (SFY) 2023 for SBC services. At this time, SBC has been rated by the Title IV-E Prevention Services Clearinghouse as not meeting the evidence criteria for Title IV-E Prevention Services funding. While it is possible that over time, as additional research is conducted, this service may become eligible, HHS may want to consider adopting a different Evidence Based Program (EBP) that has been approved by the Clearinghouse at the Promising, Supported, or Well-Supported level. There are EBPs on the clearinghouse that are home based services models, which can be provided by bachelor-level staff and are broad in their target population. For example, Family Centered Treatment is rated as Supported and may be a good option as an alternative to SBC. Another alternative would be to require Motivational Interviewing to be provided alongside SBC (or another casework model if HHS determines SBC is not the preferred approach going forward). Motivational Interviewing training could be required for all provider staff offering casework services. Reportedly, many of the provider staff have been trained in Motivational Interviewing and are utilizing the service during their interactions with families; therefore, the Family Centered Service providers are already well-positioned to meet this additional requirement. By implementing either a Random Moment Time Study or a Cluster Time Study, it is possible to identify time spent on Motivational Interviewing and time spent on child-specific Title IV-E eligible administrative activities. Service costs could then be allocated based on the percentage of time spent on Motivational Interviewing and claimed to Title IV-E Prevention Services as a Well-Supported program. Administrative costs could also be claimed as Title IV-E Prevention Administration.

Under the current Family Centered Services contracts, SBC can be provided to families who do not meet the requirements for formal involvement with an open HHS case. These cases are considered “Non-Agency Cases” and can be served for up to four months. Since these families are being offered this service because their children are at risk of entry into foster care, it is estimated that nearly all these children could be considered Family First Candidates for Foster Care if they have prevention plans and are receiving a service that has been approved by the Clearinghouse as Promising, Supported or Well-Supported.

SBC is also provided to families of children who have formal involvement with HHS through open cases (in-home and out-of-home). Children in these cases could be considered Family First Candidates for Foster Care if they are in their own homes (or living with kin but not in foster care), have a prevention plan, and are receiving an eligible EBP service to prevent their entry into foster care. It is estimated that approximately half of the children being served with open cases could be considered Family First Candidates for Foster Care.

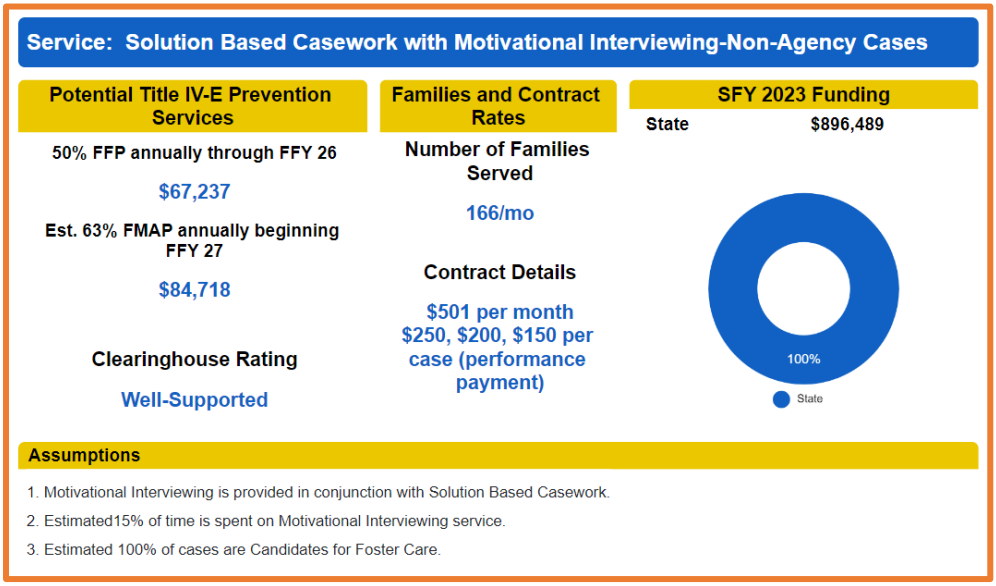


Figure 1: Solution Based Casework with Motivational Interviewing-Non-Agency Cases

As shown in Figure 1, using an estimated 15% of time spent on Motivational Interviewing, the annual potential Title IV-E funds for non-Agency cases would be $67,237 ($84,718 beginning in FY 2027 when services are reimbursed at the FMAP) and $1,458,034 ($1,837,123 beginning in FY 2027) for Agency cases (see Figure 2). These estimates do not include claiming for time spent on child specific administrative activities, which could be claimed as Title IV-E Prevention Administration. Discussion with Family Centered Services providers and a pilot time study would allow for a more accurate estimation of eligible Title IV-E services and administrative activities.

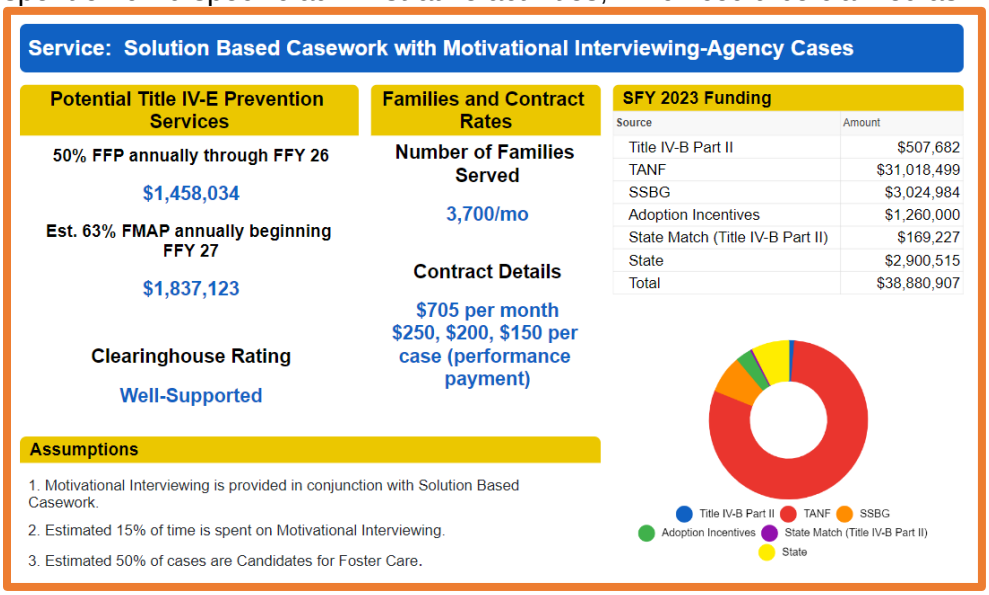


Figure 2: Solution Based Casework with Motivational Interviewing-Agency Cases

Family Preservation Motivational Interviewing Services

Family Preservation Motivational Interviewing services are referred when a child is at imminent risk of being placed into foster care. When the referral is made, services are authorized for 10 days and can be renewed and reauthorized for up to 2 additional 10-day cycles. During this time, services are to be provided according to the Family Centered Services Practice Standards[3], with Motivational Interviewing as the core foundation and primary service approach throughout the interactions with families. All Family Preservation staff are required to receive Motivational Interviewing training. Services may start during the Child Protection Assessment phase or during an ongoing in-home case.

Child Protection Assessment Phase

Services often start during the initial involvement with the family during the Child Protection Assessment phase. When children are at risk of entry into foster care but can remain at home with the Family Preservation Motivational Interviewing service, the Child Protective Worker (CPW) documents the child as a candidate for foster care in the Child Abuse Assessment Summary. Family Preservation Motivational Interviewing is listed as a service to prevent foster care placement. Most of the time, the child is living in the home when these services are initiated; however, there are instances when the services are initiated to support a kinship caregiver (when a family has voluntarily allowed the child to live with the kinship caregiver). As a general rule, if the child enters formal foster care and HHS has placement and care responsibility, Family Preservation Motivational Interviewing is not initiated, and if it is in place, it is discontinued.

Ongoing In-Home Services Case

For many in-home cases, Solution Based Casework is being provided to the family under the Family Centered Services contract. The ongoing caseworker can also initiate Family Preservation Motivational Interviewing services if, at any time, the child becomes at risk of entry into foster care.

In SFY 2023, Iowa utilized approximately $1.2M in state funds for Family Preservation services. Since Motivational Interviewing is the service being provided and all the children being referred are at risk of entry into foster care, it is anticipated that 100% of the children being served would be considered Family First Candidates for Foster Care. Therefore, if these children had active prevention plans, the services being provided to them would be eligible for Title IV-E Prevention Service funding at the Well-Supported level. The potential annual Title IV-E funding for this service through Federal Fiscal Year (FFY) 2026 is estimated to be $626,638. Beginning in FFY 2027, when services are reimbursed at the FMAP rate, the Title IV-E funding is estimated to be $789,563 (see Figure 3).

[3] Practice Standards for Family Centered Services Contractors: https://hhs.iowa.gov/sites/default/files/Comm660.pdf

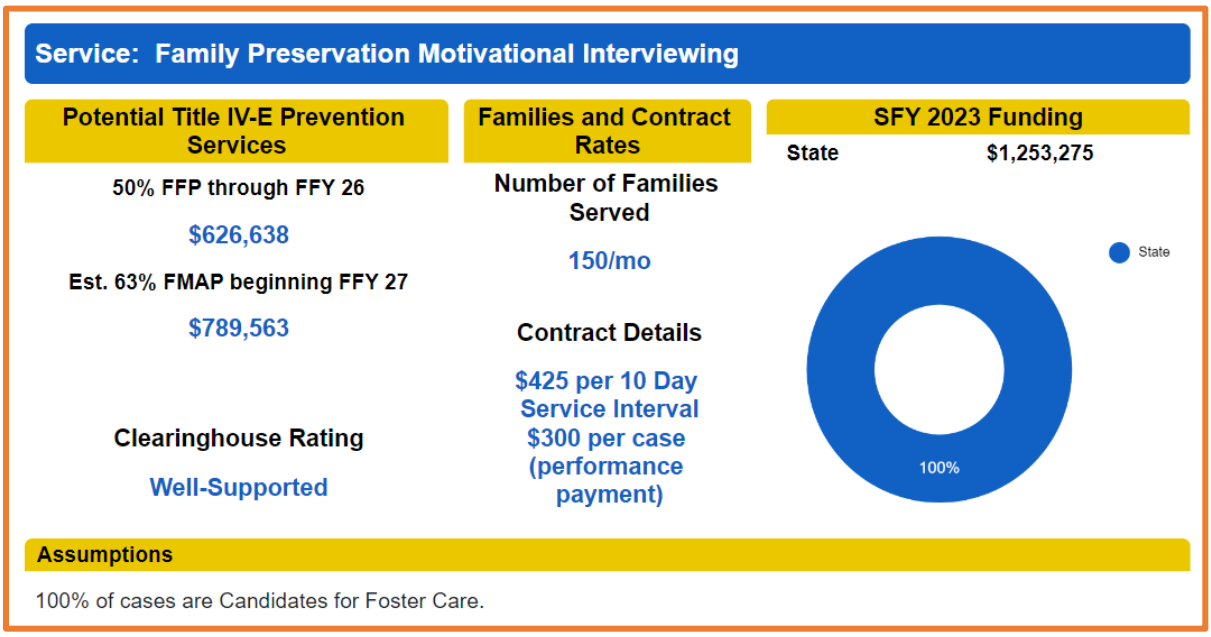


Figure 3: Family Preservation Motivational Interviewing

SafeCare

SafeCare services are currently included in Iowa's Title IV-E Prevention Plan and are being claimed to Title IV-E Prevention Services at the Supported level. These services are currently the only Title IV-E Prevention Services being claimed. In SFY 2023, $249,072 were being claimed to Title IV-E Prevention Services funding. Beginning in FFY 2024 when 50% of services claimed must be Well-Supported, claiming for this service will be at risk if there are no Well-Supported programs being claimed.

Kinship Navigator

In SFY 2023, $3,300,000 in state funds were spent on Kinship Navigator services to support kinship caregivers of Iowa children. Kinship Navigator services include encouraging Kinship caregivers to vocalize their needs. This, in turn, is met with education on how to locate and utilize programs and services to meet the caregivers' and child's needs. Kinship Navigator services support the caregivers, placement stability, child safety, and the goals established by HHS. Title IV-E funds are available for Kinship Navigator programs that the Clearinghouse has rated as Promising, Supported, or Well-Supported. Currently, Iowa's program has not been sufficiently evaluated to request a review by the Clearinghouse. HHS is also considering opportunities to align the existing Kinship Navigator program with one that the Clearinghouse has approved. If HHS implements an approved Kinship Navigator model, the Title IV-E FFP would be 50%, resulting in an increase of approximately $1,650,000 in Title IV-E funding. At the request of HHS, the ProtectOHIO Kinship Navigator was reviewed alongside the Iowa model to determine the level of effort to transition to the ProtectOHIO model.

Prior to comparing the Iowa Kinship Navigator program to the ProtectOHIO program, the Iowa Kinship Program was reviewed to ensure it is meeting both the Federal Regulations for Title IV-E Kinship Navigator Program as well as the Title IV-E Handbook of Standards and Procedures requirements.

The existing Iowa Kinship Program is meeting the Federal Regulations for Title IV-E Kinship Navigator Program[4] (see Figure 4).

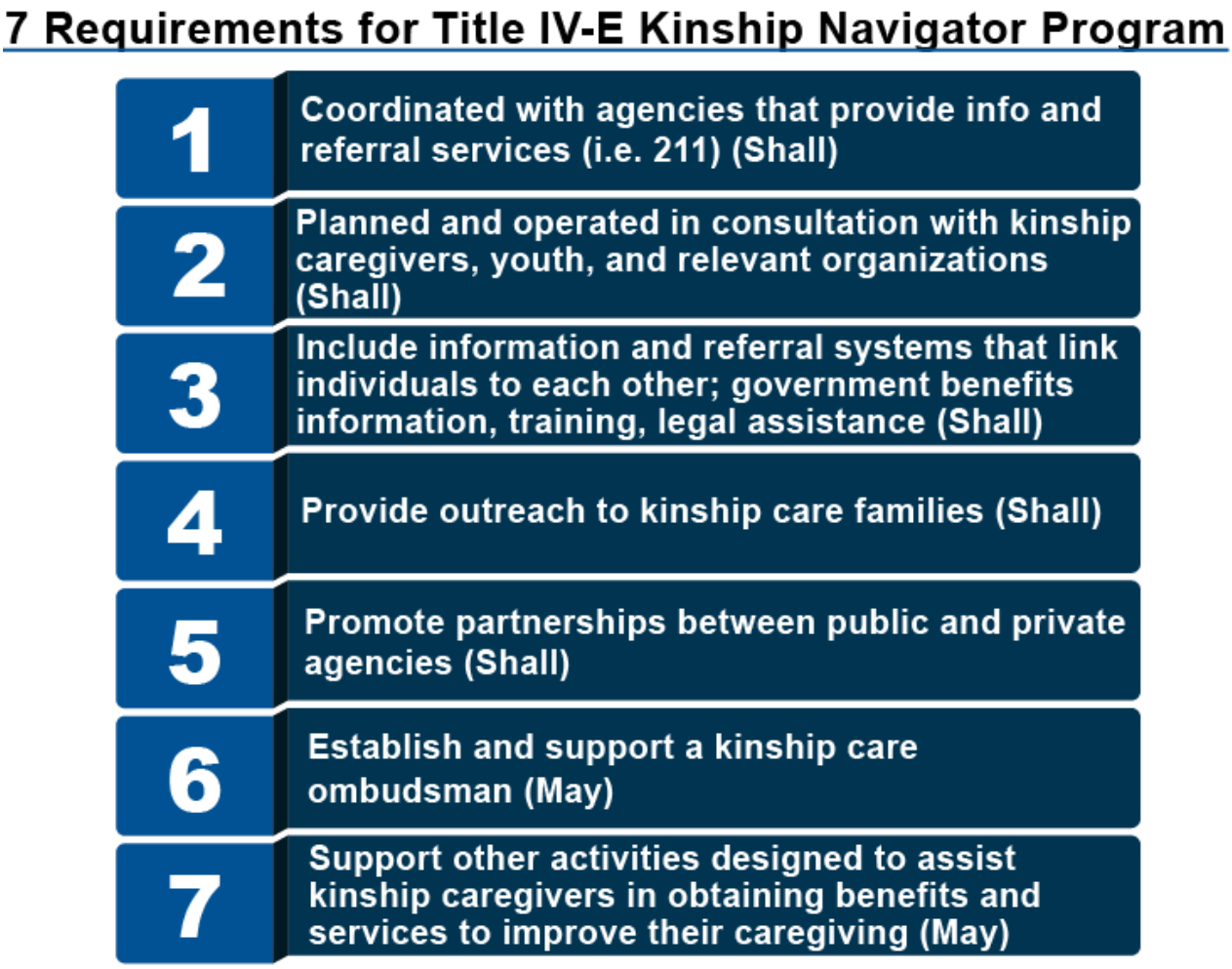


Figure 4: 7 Requirements for Title IV-E Kinship Navigator Program

Iowa's model also meets the requirements per the Title IV-E Handbook of Standards and Procedures[5] regarding providing:

- Financial Supports
- Training or Education
- Support Groups
- Referrals to Social, Behavioral, or Health Services
- Assistance with navigating government
- Other types of assistance, financial or otherwise

[4] ACYF-CB-PI-21-05 Title IV-E Kinship Navigator Program: https://www.acf.hhs.gov/sites/default/files/documents/cb/pi2105.pdf
[5] Title IV-E Handbook of Standards and Procedures: https://preventionservices.acf.hhs.gov/themes/ffc_theme/pdf/psc_handbook_v1_final_508_compliant.pdf

- Concrete Services

Iowa is interested in exploring the alignment of the existing Iowa Kinship Program with the ProtectOHIO Kindship Model. SSG completed a review and comparison of the two programs.

ProtectOHIO is a promising program on the Clearinghouse and is designed to support and promote kinship placements across Ohio. The ProtectOHIO Model has seven (7) Core Components as shown in Table 2.

Table 2: ProtectOHIO 7 Core Components

ProtectOHIO 7 Core Components
1. Kinship Coordinators
2. Employ Standard Practices for Location and Identification of Kinship
3. Kinship-Specific Assessment Tools and Processes
4. Support Plan
5. Home Visits with Kinship Families
6. Kinship Handbook provided to Kinship Caregiver
7. Services are Available to Support Kinship Families in Accordance with Their Needs

Core Component 1: Kinship Coordinators

The ProtectOHIO model utilizes Kinship Coordinators who obtain knowledge regarding best practices in supporting kinship families and serve as experts on kinship support practice. They provide two primary types of duties: 1) working directly with kinship families and 2) working indirectly as a resource to those who work directly with kinship families. Kinship Coordinators attend 5.5 credit hours of training through 8 Modules in addition to ongoing training over the life of this position.

The Iowa Kinship Program utilizes Kinship Specialists who serve a similar role and attend four (4) hours of generalized training. For Iowa to implement the ProtectOHIO model, efforts must be made to ensure that kinship staff is specialized in providing direct and indirect support to families and those who work with kinship families. While current Kinship Specialists function as the regional go-to person for kinship information, there is a need to document and support Kinship Specialists to serve as subject matter experts on kinship caregiving and resources for Kinship Caregivers and those who work with Kinship Caregivers. In addition, Iowa will need to adapt the ProtectOHIO training curriculum with adjustments to match the Iowa HHS practice model.

Core Component #2 Employ Standard Practices for Location and Identification of Kinship

The ProtectOHIO model requires that diligent search efforts are a priority and are necessary to improve positive trends toward increased use of kinship for placement. It is well documented that the Iowa Kinship Program utilizes Family Finding Eco Maps; efforts should be made to

ensure that procedures, processes, quality assurance, and safeguards are also well documented. All tools that are available to Kinship Specialists for diligent search efforts should also be documented in addition to when and how to utilize such tools. HHS Administrators and Supervisors' support of Family Finding efforts should also be documented. For example, it could be noted that HHS leadership equips Kinship Specialists with enhanced computer and/or case-recorded searches in support of diligent search efforts specifically for kinship placements.

Core Component #3: Kinship-Specific Assessment Tools and Processes

The ProtectOHIO model utilizes two (2) Home Assessment Tools and two (2) Needs Assessments as noted below.

- Kinship Home Assessment Tool – Part 1: used at the time of initial placement
- Kinship Home Assessment Tool – Part 2: used at the time a homestudy is completed if applicable (can be completed at the same time as Part 1)
- Needs Assessment – Part 1 – Family Resource Scale
- Needs Assessment – Part 2 – Services and Supports for Kinship Family Home
- Ongoing Reassessment– Part 2 – Services and Supports for Kinship Family Home

It is recommended that HHS complete further analysis of its current Home Assessment to determine if it aligns with the ProtectOHIO Home Assessment Tool. Furthermore, Iowa will need to adopt both ProtectOHIO Needs Assessments as well as the Ongoing Reassessment of Services and Supports for Kinship Families, as noted in the ProtectOHIO model. While Iowa already individualizes services, mapping such services and resources based upon the ProtectOHIO specific needs assessment tools will be necessary.

Core Component #4: Support Plan

Both the ProtectOHIO model and the existing Iowa Kinship Program create individualized support plans. The primary difference is that the support plan in ProtectOHIO is based upon the results of the two (2) Needs Assessments tools and is reassessed every 90 days. The Iowa Kinship program will need to adopt the ProtectOHIO Needs Assessments Tools as noted above and incorporate such feedback into the service plan. Iowa will also need to implement ongoing assessments and review of the Kinship Care Plan every 90 days.

Core Component #5: Home Visits with Kinship Families

Both the ProtectOHIO model and the existing Iowa Kinship Program require at least monthly home visits with the Kinship Caregivers. The ProtectOHIO model makes note that during the home visits, attention is given to the Caregiver and other family members in addition to the child. It is suggested that Iowa ensure documentation of home visits and consider creating protocols for kinship caregiver's home visits to ensure visits are provided as the model suggests.

Core Component #6: Kinship Handbook provided to Kinship Caregiver

The ProtectOHIO model has a dedicated Kinship Caregiver Handbook that is provided to the Kinship Caregiver either at the time of the homestudy or when the child moves into the Kinship Caregiver home. Iowa documents various pieces of information that are shared with Kinship Caregivers, such as the Iowa Kinship Caregiver Payment Program information and Benefits of

Becoming a Licensed Foster Parent information. It is suggested that Iowa compile all the information shared with Kinship Caregivers and create a Kinship Caregiver Handbook to be provided upon child placement into the kinship home. While Iowa is encouraged to utilize the ProtectOHIO Kinship Caregivers Handbook as a template, the Iowa Kinship Caregivers Handbook should align with Iowa's practice model and resources.

Core Component #7: Services are Available to Support Kinship Families in Accordance with Their Needs

The ProtectOHIO Model indicates the below services should be available to all kinship families.

The Iowa Kinship Program mentions most of these services as being provided or offered to Kinship Caregivers. However, it is suggested that Iowa document how these services are offered and/or provided statewide to meet the need of kinship families across the state. Based upon the above analysis, there are four (4) area's where Iowa will need to align with the ProtectOHIO model:

1. Update or add to identified area's in the existing program manuals, as noted above
2. Create a Kinship Caregiver Handbook
3. Implement ProtectOHIO's Needs Assessment Tools and Training curriculum
4. Document how services are coordinated and available Statewide for Kinship Caregivers

If HHS is interested in aligning with the ProtectOHIO model, it is suggested that a dedicated workgroup be established to meet with Ohio representatives to obtain additional details about the ProtectOHIO steps for implementation.

Iowa Parent Partner Approach

The Iowa Parent Partner Approach is a statewide contracted service that includes pairing individuals who have former lived experience with the child welfare system with families currently involved in the system. The Clearinghouse has rated the service as Promising. HHS has not included this service in its Title IV-E Prevention Plan because previous evaluation efforts have focused on families with children placed in foster care or reunified with their families. The target population listed by the Clearinghouse is:

> *"The Iowa Parent Partner Approach targets parents whose children (birth to 17 years old) have been removed from the home. It also targets parents who can only reside with their children under special conditions set by the courts (e.g., after receiving substance use treatment)."*[6]

[6] Title IV-E Prevention Clearinghouse summary of Iowa Parent Partner Approach: https://preventionservices.acf.hhs.gov/programs/467/show

The services provided to children who have been reunified with their families could be Title IV-E eligible if these children are included in the definition of Candidates for Foster Care. In addition, HHS could propose in the Plan to use this service for families whose children are at risk of placement into foster care. It could be argued that families of children who are at risk of entry into foster care face many of the same challenges and risks as those who have their children removed and those whose children have been reunified. Since the program is currently rated as Promising, an evaluation will be required if the program is Title IV-E funded. HHS could propose to utilize the existing evaluation plan through its partnership with the University of Nebraska-Lincoln to expand and document the evidence of effectiveness for this expanded target population. HHS could also propose to fund this portion of the evaluation through Title IV-E Prevention Administration funds. In SFY 2023, Iowa spent about $950,000 on Iowa Parent Partner Approach services, primarily to families with children who had been removed from the home, and $200,000 on families with children involved with HHS through in-home cases. Figure 5 shows that considering only the in-home cases, $100,000 could be Title IV-E eligible annually through FFY 2026 and $110,880 beginning in FFY 2027 when reimbursement changes to the FMAP rate for Title IV-E Prevention Services. As mentioned previously, services to children who have been reunified could also be Title IV-E eligible; however, at the time of this report, the percentage of the funding used to support that population of children was not available.

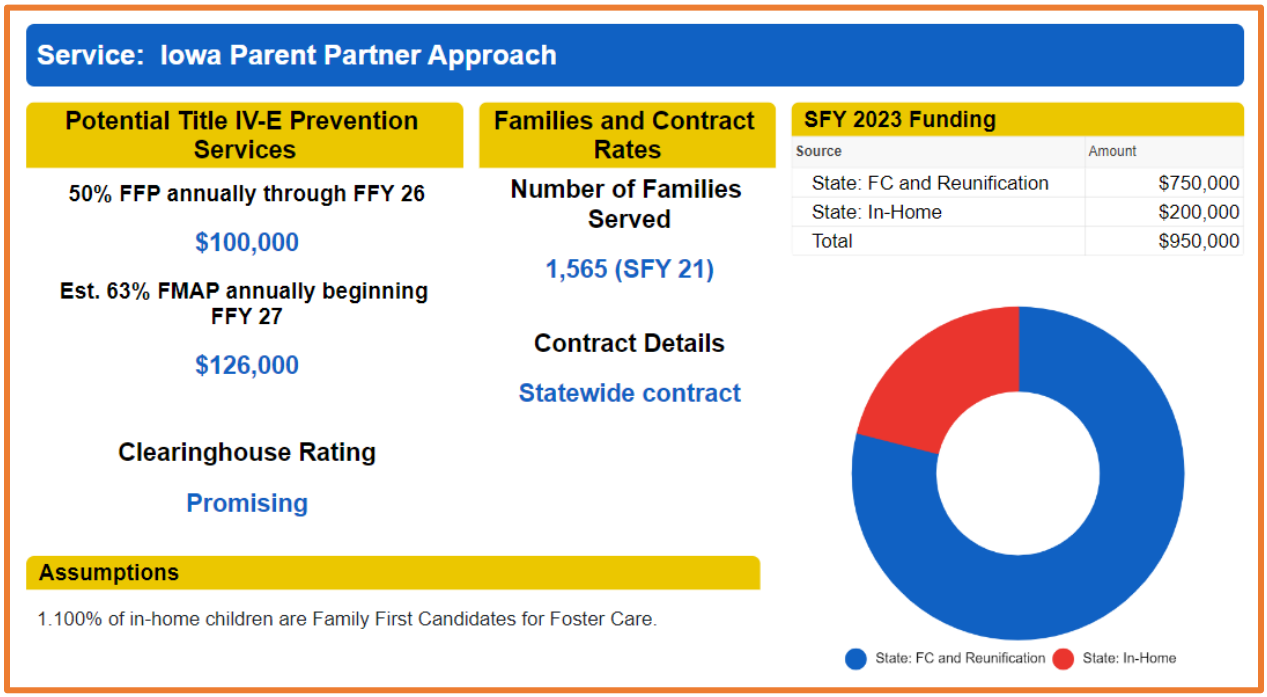


Figure 5: Iowa Parent Partner Approach

Home Visiting Contracts

In SFY 2023, Iowa spent more than $12.6M in evidence-based home visiting programs, including Healthy Families America, Parents as Teachers, and Nurse Family Partnership. These programs were funded through a mix of Community-Based Child Abuse Prevention (CBCAP), Maternal, Infant, and Early Childhood Home Visiting (MIECHV), and nearly $6.5M in

state funds. These services are all rated as Well-Supported by the Clearinghouse. In addition, there is wide use of Motivational Interviewing by home visiting programs funded through MIECHV. Most families served through these home visiting programs have not been involved with the child welfare agency but could be considered at risk of entry into foster care. Iowa's home visiting service array is well coordinated at the state level, and all home visiting programs report data into a centralized system, the DAISEY system.

According to data pulled from the DAISEY system, in addition to meeting the requirements for participation in the evidence-based home visiting program, more than 88% of families funded through state funds meet the following identified risk factors:

- Low income—200% of poverty or less, or
- Parent education level is high school diploma or lower, or
- A child with a documented disability

Recent guidance[7] from Children's Bureau encourages jurisdictions "to consider how to use the flexibilities that the Social Security Act provides, including in terms of how to define "foster care candidate," so that title IV-E agencies and their community partners can provide title IV-E prevention services to as many eligible individuals and families as possible." (p.6). States have the flexibility to create Community Pathways to Title IV-E Prevention Services to prevent children from having contact with the child welfare agency and prevent future risk of placement into foster care. This expanded guidance provides an opportunity for Iowa to expand the definition of Candidates for Foster Care to include these children served by home visiting programs.

Implementation Considerations

If Iowa chooses to build Community Pathways to Title IV-E Prevention Services for children who have not had any involvement with the HHS, several items should be considered:

1. HHS will need to document in the Title IV-E Prevention Plan the risk factors that will be considered when determining if a child is a Family First Candidate for Foster Care. The Plan should articulate how the chosen risk factors relate to future foster care entry. The Title IV-E/IV-B Workgroup discussed matching the risk factors currently in use for state funding (e.g., 200% of poverty or less, parent education level is high school or lower, or a child with a documented disability).

2. HHS will be required to determine eligibility for children to be considered Family First Candidates for Foster Care. This determination can be made by reviewing the risk factors documented by the home visiting program. The determination should be made quickly to ensure there is no delay in service initiation or Title IV-E claiming.

[7] Children's Bureau letter to Child Welfare Leaders on the 5th Year of the Family First Prevention and Treatment Act, dated February 28, 2023: https://www.acf.hhs.gov/sites/default/files/documents/cb/title-iv-e-prevention-plans.pdf

3. Regular monitoring of child safety will need to occur. The home visitor can meet this requirement, but this will need to be well documented and described in the state Title IV-E Prevention Plan.

4. The Title IV-E/IV-B workgroup discussed the challenges associated with identifying children as Candidates for Foster Care when they have not been involved with the child welfare system and are initiating voluntary services with a home visiting program. There was concern that this language could deter families from participating in services. Recent guidance[8] from the Children's Bureau has indicated there is no requirement that the language indicating a child is "at imminent risk of entering foster care" be used when communicating with families.

5. Iowa HHS must collect and maintain in the Comprehensive Child Welfare Information System (CCWIS), information required for ongoing federal child welfare reports, data required for candidate eligibility determinations, authorizations of services and expenditures, and case management data to support federal audits, reviews, and other monitoring activities[9]. This data may be collected in an external system (e.g., DAISEY) but must be able to be immediately accessed through a bidirectional data exchange[10].

6. Iowa HHS must document its plan for monitoring fidelity and Continuous Quality Improvement. Currently, programs are monitored by the model developers and those programs receiving funding through MIECHV/HOPES are required to have annual proof of good standing. State staff are monitoring adherence to program policy and state/federal regulations for MIECHV. HHS can utilize and build upon this existing structure to meet the Title IV-E requirements.

7. Currently HHS provides only limited support to programs funded by ECI Area Boards. The Boards have decision-making authority and therefore, engagement of the boards in any funding changes and monitoring requirements will be critical.

[8] Children's Bureau Child Welfare Policy Manual 8.6B Eligibility Question #2.
[9] 45 CFR 1355.52(b)(1); Child Welfare Policy Manual 6.3A Question#1
[10] Children's Bureau Child Welfare Policy Manual 6.6D Question #12

As shown in Figure 6, in SFY 2023, more than $1.8M in state funds were spent on Healthy Families America services in Iowa. Assuming 88% of the children being served through state funds could be considered Family First Candidates for Foster Care, the potential annual Title IV-E Prevention Service funding would be $793,793 (and $1M, beginning in FFY 2027).

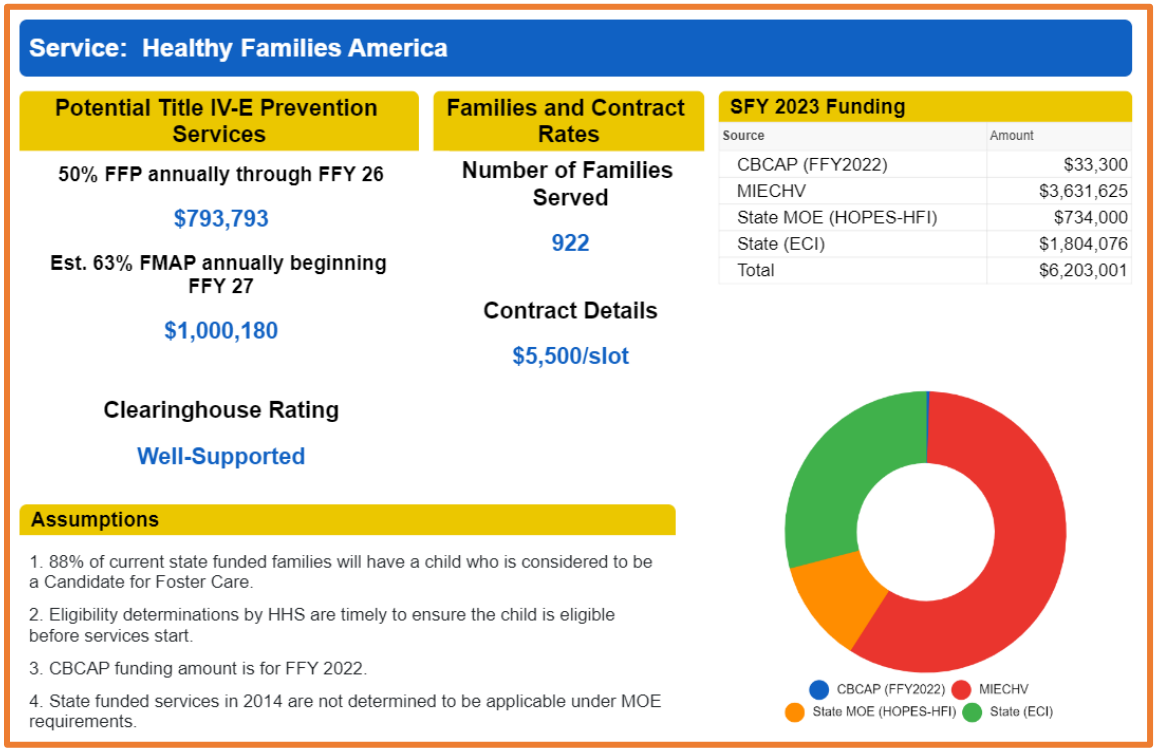


Figure 6: Healthy Families America

Figure 7 shows nearly $3.9M in state funds utilized for Parents as Teachers services in SFY 2023. The potential annual Title IV-E funds would be $1.7M through FFY 2026 and nearly $2.2M beginning in FFY 2027 if 88% of the children are considered Family First Candidates for Foster Care.

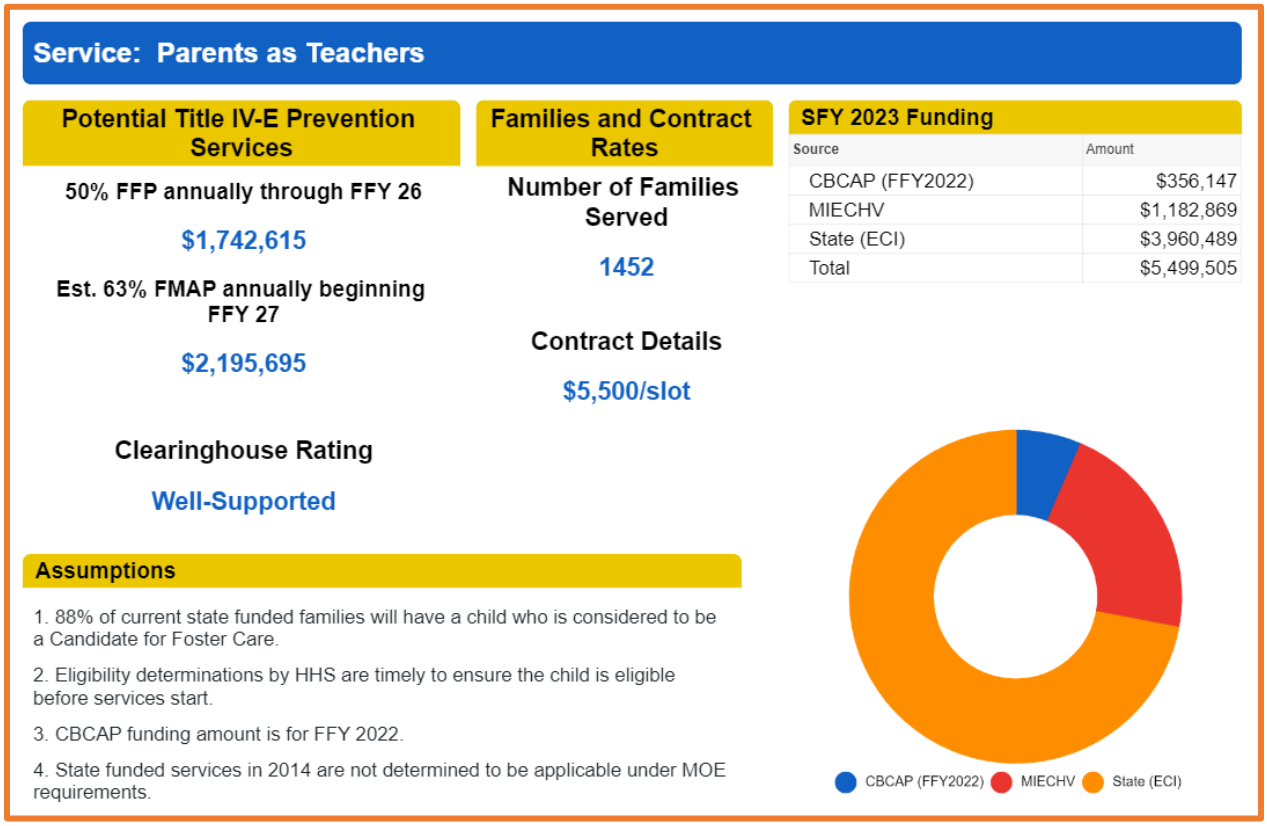


Figure 7: Parents as Teachers

Figure 8 shows very little state funding being utilized for the Nurse Family Partnership program. If this program is not expanded, there is no significant benefit to including this program in IA's Title IV-E Prevention Plan.

Service: Nurse Family Partnership

Potential Title IV-E Prevention Services

50% FFP annually through FFY 26

$17,565

Est. 63% FMAP annually beginning FFY 27

$22,132

Clearinghouse Rating

Well-Supported

Families and Contract Rates

Number of Families Served

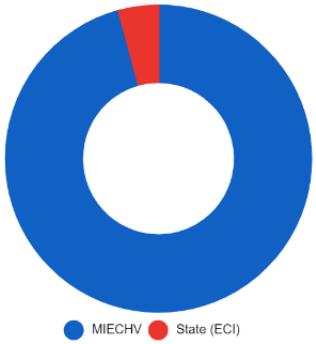
113

Contract Details

$5,500/slot

SFY 2023 Funding

Source	Amount
MIECHV	$909,767
State (ECI)	$39,921
Total	$949,688



Assumptions

1. 88% of current state funded families will have a child who is considered to be a Candidate for Foster Care.
2. Eligibility determinations by HHS are timely to ensure the child is eligible before services start.
3. CBCAP funding amount is for FFY 2022.
4. State funded services in 2014 are not determined to be applicable under MOE requirements.

Figure 8: Nurse Family Partnership

Maintenance of Effort Requirements

It should be noted that Maintenance of Effort requirements exist for these Title IV-E Prevention Services. Per ACYF-CB-PI 18-09[11], IA must maintain at least the same level of "state foster care prevention expenditures" each fiscal year as the amount spent in fiscal year 2014. "State foster care prevention expenditures" are defined as:

- *State expenditures and federal matching funds provided to the state for title IV-B, Temporary Assistance for Needy Families (TANF) and the Social Services Block Grant (SSBG); and*
- *State expenditures for foster care prevention services and activities under any other state program (except title IV-E). (pg. 10)*

Children's Bureau further clarified that to be considered for MOE:

- *the services or activities are one of the allowable types of services:*
  - *mental health and substance abuse prevention and treatment services; or*
  - *in-home parent skill-based programs that include parenting skills training, parent education, and individual and family counseling;*
- *the populations served are children who are candidates for foster care, pregnant or parenting youths in foster care, or their parents and kin caregivers;*
- *the services are rated as well-supported, supported, or promising as outlined in the law and in accordance with HHS practice criteria as part of the Title IV-E Prevention Services Clearinghouse; and*
- *the services or activities are trauma-informed.*
- *"State foster care prevention expenditures" must include only those prevention services or activities that have been approved by the Title IV-E Prevention Services Clearinghouse at the time the state submits its initial five-year prevention plan. (pg. 10)*

HHS should consider if the home visiting services provided in fiscal year 2014 would meet the requirements to be considered MOE. HHS may be able to document that these services, which were until recently housed in the Department of Management, historically were not targeted to prevent entry into foster care. As the workgroup discussed, with these programs being incorporated into the larger HHS department, there is now a focus on ensuring children who are at risk of entry into foster care are provided opportunities to receive Home Visiting services through Title IV-E Prevention service funding. By articulating this clearly in IA's Title IV-E Prevention Plan, it may be possible to have these costs excluded from the MOE requirements.

[11] State Requirements for Electing Title IV-E Prevention and Family Services and Programs PI-18-09: https://www.acf.hhs.gov/cb/policy-guidance/pi-18-09

HEALTH AND HUMAN SERVICES SOCIAL WORK CASE MANAGERS

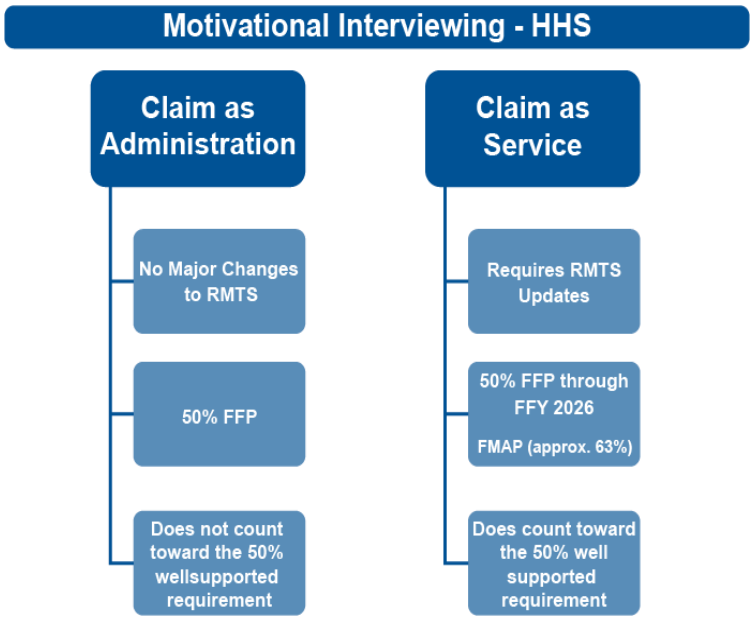
The Health and Human Services Social Work Case Managers (SWCM) provide support to children with in-home cases by developing and maintaining the child's prevention or case plan and providing case management support (e.g., verification and documentation of program eligibility, referral to services, monitoring case plan goals or prevention plan strategies, and preparation for and participation in judicial proceedings). This time is eligible as child specific administration under Title IV-E for children who have been determined as Title IV-E eligible Traditional Candidates for Foster Care and also for those who are eligible as Family First Candidates for Foster Care.

Penetration Rate Updates

HHS claims child-specific administrative costs for both Traditional and Family First Candidates. Administrative costs associated with children determined to be Traditional Candidates for Foster Care require the application of the Title IV-E penetration rate; therefore, the federal reimbursement is much less than for administrative costs for children considered to be Family First Candidates for Foster Care (which do not require the application of the Title IV-E penetration rate). The more children who are considered eligible as Family First Candidates for Foster Care, the more Title IV-E funding will be received for time associated with child-specific administration. In order to be eligible as a Family First Candidate for Foster Care, a child must be at risk of entry into foster care, have a prevention plan, and be receiving an Evidence Based Program that has been reviewed by the Clearinghouse and received a rating of Promising, Supported, or Well-Supported. According to a recent review of in-home cases, approximately 80% receive services through the Family Centered Services (FCS) contracts. If the FCS contracts are restructured such that these children receive eligible Title IV-E prevention services, the eligible child-specific administration costs associated with SWCMs will be claimable as Title IV-E Prevention Administration without applying the Title IV-E penetration rate. If most of the in-home cases are receiving an approved EBP through the FCS contract, then a high percentage of the child-specific administrative costs will be eligible under Title IV-E Prevention Administration. As shown in Figure 9, if 80% of in-home cases are considered to be Family First Candidates for Foster Care, the annual increase in Title IV-E funds would be estimated at approximately $6M. This estimate is based on current Title IV-E claims for SFY 2023. It should be noted that these claims are currently being revised due to an error in calculating the Title IV-E foster care penetration rates. Updated claim amounts were not available at the time of this report.

If most in-home cases are not receiving an EBP through the Family Centered Services contracts, another option would be to document the Motivational Interviewing services the SWCM provides. Currently, all SWCMs receive Motivational Interviewing training and provide the service in their interactions with families. By documenting this service in the child's Prevention Plan to prevent entry into foster care, those children could be considered Family First Candidates for Foster Care. Since Motivational Interviewing is a core component of the case management model, this cost could be claimed as child-specific administrative costs (50% FFP) or claimed as service costs (50% FFP through FFY 2026, then FMAP). With appropriate

Prevention Plans, many in-home cases could be considered Family First Candidates for Foster Care. Again, utilizing the estimate that 80% of in-home cases are eligible as Family First Candidates for Foster Care, the increase in Title IV-E funds would be approximately $6M (See Figure 9, as noted previously, SFY 23 Title IV-E claims were used to create this estimate. HHS is updating Title IV-E claims due to an error in claiming, but those updates were not available at the time of this report.) Some considerations include:



- If Motivational Interviewing is claimed as a Title IV-E Prevention Service, it will count toward the 50% claiming requirement for Well-Supported services. If the costs are claimed as Title IV-E Prevention Administrative Costs, they will not count toward the requirement.
- Title IV-E Administrative Costs and Title IV-E Prevention Services are both reimbursed at 50% through FFY 2026. Beginning in FFY 2027, services are reimbursed at the higher FMAP rate (estimated to be 63% for Iowa).
- If the costs are claimed as service costs, the service will need to be documented by the SWCM. In addition, the Random Moment Time Study will need to include an activity to document time spent providing the service. This will allow the costs to be isolated and claimed as service costs. These costs will need to be tracked per child and reported as part of the child-specific prevention services reporting outlined in Revised Technical Bulletin #1 Title IV-E Prevention Program Data Elements.[12]

[12] Technical Bulletin #1 Title IV-E Prevention Program Data Elements, Children's Bureau, February 13, 2023.

Service: Motivational Interviewing Case Management-HHS Staff

Estimated Title IV-E	Estimated Increase
50% FFP annually through FFY26	Annual Increase in Title IV-E Funds
$10,204,177	$6,070,946
Est. 63% FMAP annually beginning FFY27	Annual Increase in IV-E (with service claiming)
$10,397,695	$6,264,464

FY 2023

Source	Amount
Medicaid	$76,856
Title IV-E	$4,133,231
Title IV-B PII	$159,567
CCDF	$817,031
SSBG	$10,122,561
TANF	$20,169,686
State (match)	$4,631,847
State	$26,966,146
Total	$67,076,925

Assumptions

1. All Case Managers of In-Home cases have been trained in Motivational Interviewing.
2. Estimated 80% of In-Home cases are Candidates for Foster Care with an active Prevention Plan with Motivational Interviewing listed.
3. Estimated 10% of time spent on In-Home cases is Direct Engagement with Caregiver (Motivational Interviewing).
4. Fiscal analysis does not include indirect costs.
5. Schedules included: 277.5 Bur Serv Supp 5930; 504.1 Field Social Work; 519.1 Field Serv Supp; 508.3 Field Child Welfare Intake 6911
6. Updated Title IV-E Foster Care Penetration Rates are not included.

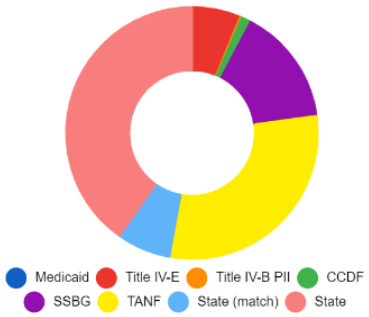


Figure 9: HHS SWCM Motivational Interviewing--DRAFT

Regardless of the path HHS chooses changes to the method by which penetration rates are being applied will produce an increase in Title IV-E funds for the agency. As shown in the example in Figure 10, the total children involved in in-home cases is first split between those who meet the requirements for traditional candidacy (with application of the Title IV-E Foster Care penetration rate), and then those who are TANF eligible. The remaining children are considered Social Services Block Grant (SSBG) eligible. Children who are TANF eligible are then further split between those who are receiving SafeCare and those who are not. Those receiving SafeCare are considered to be eligible as Candidates for Foster Care under Family First.

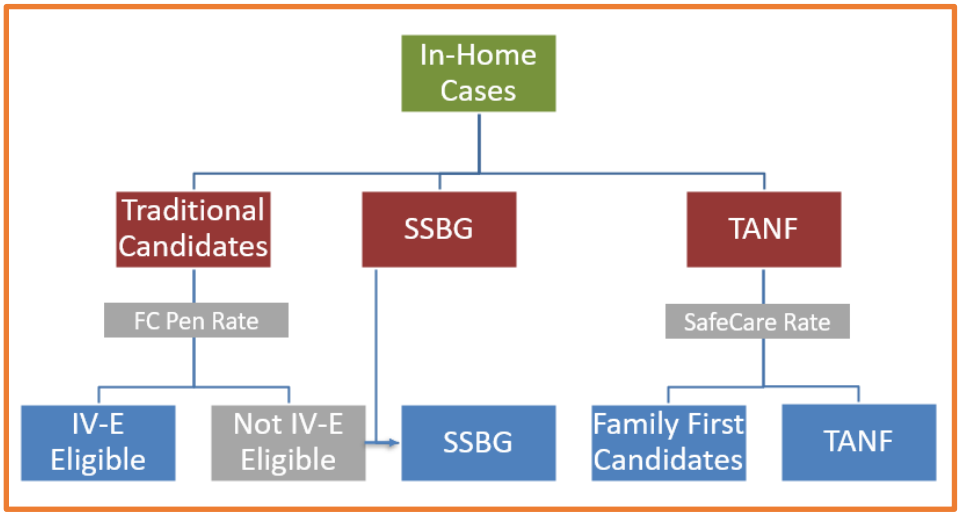


Figure 10: Current application of penetration rates for administrative costs associated with in-home cases.

It is recommended that HHS consider altering the application of the penetration rates as shown in Figure 11, by first considering all children with in-home involvement to determine if they meet the qualification for Family First Candidates for Foster Care, instead of only those who meet the TANF eligibility criteria. For those children who are not Family First Candidates for Foster Care, then determine the percentage that are Traditional Candidates for Foster Care, TANF Eligible, with the remainder being considered eligible for SSBG. Depending on the chosen implementation strategies outlined in this report, if most children are Family First Candidates for Foster Care, it may not be worth the administrative effort to continue documenting and claiming administrative costs related to Traditional Candidates for foster care.

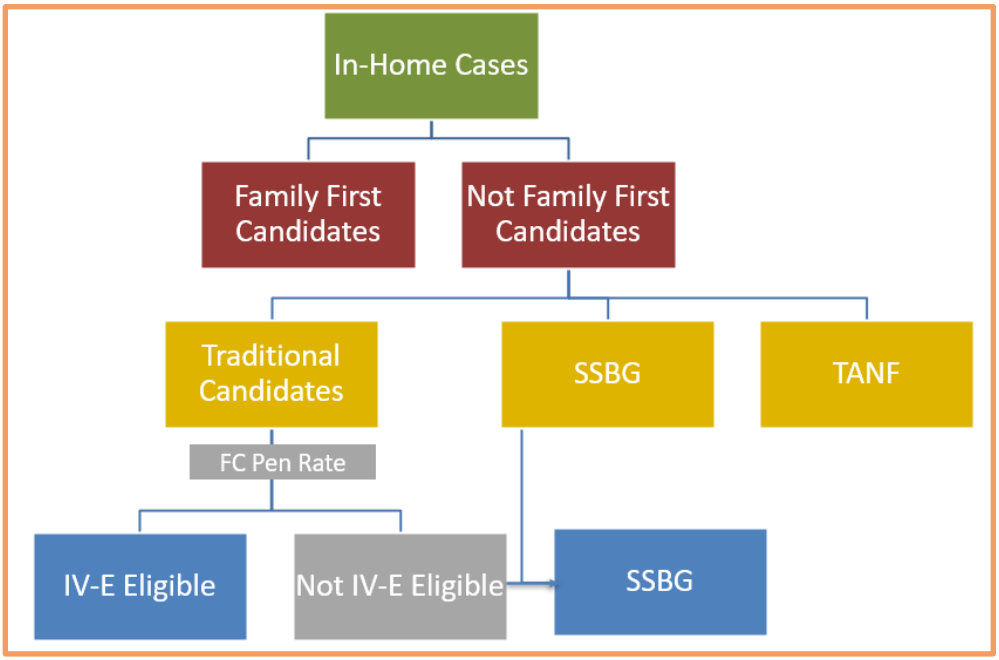
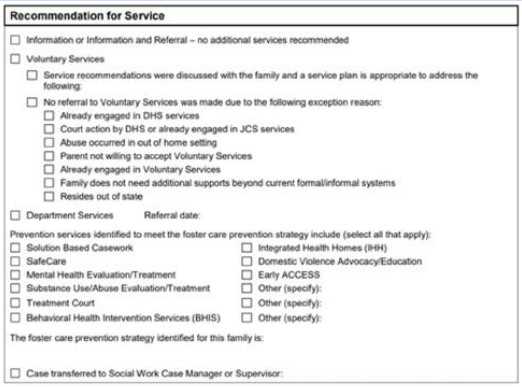


Figure 11: Recommended application of penetration rates for administrative costs associated with in-home cases.

ELIGIBILITY FOR CHILDREN WITH CHILD WELFARE INVOLVEMENT

As Iowa makes plans to implement strategies outlined in this report, business processes will need to be updated to ensure eligibility is appropriately documented within the Comprehensive Child Welfare Information System. The currently approved Iowa state Title IV-E Prevention Plan outlines the process by which a child is determined to be a Family First Candidate for Foster Care during the initial assessment phase. The child's Prevention Plan is part of the *Child Protection Worker's Child Protective Services Child Abuse Assessment Summary, Form 470-3240, or CINA Services Assessment Summary, Form 470-4135.*

Child Protective Services Child Abuse Assessment Summary



Recommendation for Service

- ☐ Information or Information and Referral – no additional services recommended
- ☐ Voluntary Services
  - ☐ Service recommendations were discussed with the family and a service plan is appropriate to address the following:
  - ☐ No referral to Voluntary Services was made due to the following exception reason:
    - ☐ Already engaged in DHS services
    - ☐ Court action by DHS or already engaged in JCS services
    - ☐ Abuse occurred in out of home setting
    - ☐ Parent not willing to accept Voluntary Services
    - ☐ Already engaged in Voluntary Services
    - ☐ Family does not need additional supports beyond current formal/informal systems
    - ☐ Resides out of state
- ☐ Department Services Referral date:

Prevention services identified to meet the foster care prevention strategy include (select all that apply):

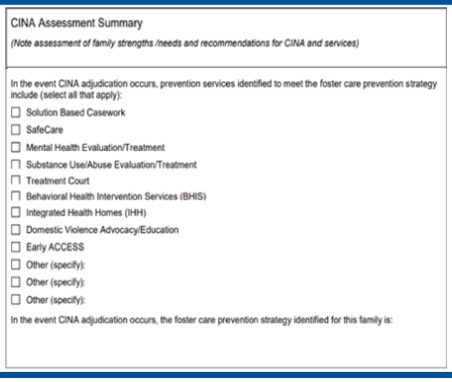
☐ Solution Based Casework	☐ Integrated Health Homes (IHH)
☐ SafeCare	☐ Domestic Violence Advocacy/Education
☐ Mental Health Evaluation/Treatment	☐ Early ACCESS
☐ Substance Use/Abuse Evaluation/Treatment	☐ Other (specify):
☐ Treatment Court	☐ Other (specify):
☐ Behavioral Health Intervention Services (BHIS)	☐ Other (specify):

The foster care prevention strategy identified for this family is:

☐ Case transferred to Social Work Case Manager or Supervisor:

Currently, there are only limited services listed as part of each form. While there is the ability for the worker to add additional services, it is recommended that all Title IV-E eligible prevention services should be added to the forms. In addition, in some instances, services are provided during the assessment phase, before the final assessment summary is completed, to stabilize families and prevent the placement of children into foster care. These services often include Family Preservation Motivational Interviewing which could be Title IV-E eligible if child-specific Prevention Plans are in place, to identify the service as necessary to prevent the removal of the child. It is recommended that HHS explore system solutions to create Prevention Plans for these children.

CINA Assessment Summary



CINA Assessment Summary

(Note assessment of family strengths /needs and recommendations for CINA and services)

In the event CINA adjudication occurs, prevention services identified to meet the foster care prevention strategy include (select all that apply):

- ☐ Solution Based Casework
- ☐ SafeCare
- ☐ Mental Health Evaluation/Treatment
- ☐ Substance Use/Abuse Evaluation/Treatment
- ☐ Treatment Court
- ☐ Behavioral Health Intervention Services (BHIS)
- ☐ Integrated Health Homes (IHH)
- ☐ Domestic Violence Advocacy/Education
- ☐ Early ACCESS
- ☐ Other (specify):
- ☐ Other (specify):
- ☐ Other (specify):

In the event CINA adjudication occurs, the foster care prevention strategy identified for this family is:

Some possibilities may include the completion of the service section of the form before the entire form is completed, or creation of another form to be utilized as the Prevention Plan.

Services are also referred by the ongoing caseworker and authorized through the Child Welfare Services Face Sheet and Service Referral (3055). HHS may want to clarify the business processes for creating and reauthorizing Prevention Plans during ongoing in-home cases. As with the assessment phase, these Prevention Plans should have the flexibility to begin at any time and also include any of the approved Title IV-E Prevention Services which could be utilized to prevent placement into foster care. This could occur during an in-home case when the risk of entry into foster care increases, when a child is reunified, or on a trial home visit to prevent the child from returning to foster care.

MOTIVATIONAL INTERVIEWING - TRAINING, FIDELITY, AND CONTINUOUS QUALITY IMPROVEMENT

Iowa HHS has built a strong foundation of Motivational Interviewing within the state, both internally by SWCMs as well as through its contracted service array including the Family Centered Services and home visiting programs. As HHS works to improve the delivery of Motivational Interviewing, considerations around implementation and monitoring to ensure fidelity to the model are necessary. The below information is organized in three parts: 1) Training; 2) Fidelity; and 3) Continuous Quality Improvement (CQI). Tools, Resources and State examples are included.

Training

What is Motivational Interviewing?

Miller and Rollnick (2013)[13] define Motivational Interviewing (MI) as "…a collaborative goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for/and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion." While there are no prescribed requirements for MI training or practice, a large body of research supports this method, as cited by the Administration for Children and Families (ACF)[14] on the Title IV-E Prevention Services Clearinghouse website. The Motivational Interviewing Network of Trainers (MINT)[15] has developed key qualities of MI, core elements of practicing with the underlying spirit of MI, and identified core skills and fundamental processes for the MI practitioner.

Furthermore, Miller and Rollnick (2013) posit that MI "…is not a manualized intervention." MINT cites that "MI is framed as a method of communication rather than an intervention, sometimes used on its own or combined with other treatment approaches." From a best practice and fidelity to the model perspective, MINT states that MI is an approach that should include "…ongoing learning, consultation, and practice [which] are necessary to continue increasing skillfulness and mastery of MI methods."

Current Training Status for Family Centered Services (FCS) Providers

Currently, three training courses (a beginning course, intermediate course, and advanced course) are offered by The Training Academy, a partnership between HHS and The Coalition for Family and Child Services of Iowa.[16] Per the state contract, special terms sections, Family Support Specialists providing Family Preservation Services shall be trained in MI or working towards training. Providers may offer MI training to staff using other methods outside of what is offered through the Training Academy. If this option is selected, all training curricula must be reviewed and approved by HHS prior to being delivered.

[13] W.R. Miller and S. Rollink (2013). *Motivational Interviewing: Helping People Change, Third Ed.* The Guilford press.
[14] Summary of information from the Title IV-E Prevention Clearinghouse website: preventionservices.acf.hhs.gov
[15] Summary of information from the Motivational Interviewing Network of Trainers website: motivationalinterviewing.org
[16] Summary of information from The Coalition for Family and Childrens Services of Iowa website: www.iachild.org

Current Training Status for Iowa HHS Social Work Case Managers

Currently, training for Iowa HHS staff falls under the Bureau of Service Support and Training. The Service Support and Training Bureau Chief leads the Training Committee, which reviews and approves all proposed training curricula. All new staff and supervisors are required to attend Motivational Interviewing training within the first six months of employment. A pre-requisite online training course hosted by the Florida Board of Certification Coursework covers the basics, including a description of MI and when to use this method.

Staff may enroll in MI practice sessions after the initial training is completed and documented in the Agency's Learning Management System (LMS). These 1-day sessions are in-person and must be completed within the first six months of employment. Trainers of the practice sessions are certified as MI Trainers and provided through Iowa HHS' partnership with Iowa State University (ISU).

MI is also incorporated into many other courses. MI Coaching Training was offered to supervisors in the past. However, this course is no longer offered due to the low attendance and decreased availability of certified trainers.

Training Consistency

It is recommended that HHS consider using consistent andragogical methods and training structures across provider and state staff who currently are, or will be, utilizing MI.

Implementing consistent training across provider and state staff will improve the quality of training and service delivery and increase the fidelity of the MI practice. This recommendation may be accomplished through various pathways as shown in Figure 12 and detailed below.

Figure 12: Pathways to Implement Consistent Training Across Staff

Existing Partners

HHS already has existing partners which support its training efforts related to Motivational Interviewing.

- Iowa State University (ISU): ISU hosts the MI-Hub[17] which distributes training and technical assistance to students, researchers, and practitioners. An interdisciplinary research team manages the MI-Hub. ISU also provides, through the MI-Hub, an online course that covers basic foundational MI knowledge and skills.
- Coalition for Family and Children's Services in Iowa: This organization hosts The Training Academy that offers sessions for Child Welfare practitioners to practice MI skills. These sessions build upon basic MI foundational knowledge.

Training Providers

In addition to existing partnerships, there are multiple training providers being utilized to support state efforts to implement Motivational Interviewing as part of their Title IV-E Prevention Plans. Some commonly used providers include those described below.

Motivational Interviewing Network of Trainers

The Motivational Interviewing Network of Trainers (MINT) is an international organization of MI trainers. Their central interest is to improve the quality and effectiveness of counseling and client consultations about behavior change. Started in 1997 by a small group of trainers trained by William R. Miller and Stephen Rollnick, the organization has since grown to represent 40 countries and more than 30 languages. MINT is built upon four (4) foundational values: 1) Quality, 2) Openness, 3) Generosity, and 4) Respect. The mission of MINT is to promote good practice in the use, research, and training of MI. Rather than seeking to limit or control the practice and training of MI, MINT promotes quality applications of MI across cultures, languages, and contexts. To encourage good practice standards, MINT membership is limited to trainers who have completed a training workshop for new MI trainers that is either sponsored or endorsed by MINT. Many states[18] are utilizing MINT as part of their implementation

State Highlight: Kentucky

Motivational Interviewing Training

How?

- Provided to all staff who will be providing coaching or training
- Training provided by MINT or equivalent training
- Select staff will also receive advanced training
- Advanced training includes MITI or MIA:STEP

State Highlight: Indiana

Motivational Interviewing Training

How?

- MI provided by Indiana Family Preservation Services (INFPS) providers
- MI practitioner directs training and ongoing development of staff
- MI practitioner is a member of MINT and uses MINT approved exercises
- Service providers receive a multi-level training with classroom and field experience
- Service providers must document and provide evidence of techniques used along with examples

[17] Summary of information from Iowa State University; University Translational Research Network website: www.uturn.iastate.edu/resources/motivational-interviewing/

[18] All State Highlight information is summarized from the Title IV-E Prevention Services Clearinghouse website: preventionservices.acf.hhs.gov/program?combine_1=motivational+interviewing

of MI. Some examples include Indiana, Kansas, Kentucky, Michigan, New Hampshire, Oregon, Rhode Island, and Utah.

Health Education & Training Institute (HETI)

Health Education & Training Institute (HETI):[19] This organization specializes in educational training and coaching for individuals and agencies working in the criminal justice, health care, and social services fields. HETI is committed to delivering compassionate, respectful training programs that result in the mastery of technical skills; an enhanced level of respect and compassion for clients and patients; an increased sense of integrity, responsibility, and self-esteem; recognition of the participants' experiences and contributions; a powerful, unique, and valuable learning experience; and a safe place to practice.

State Highlight: New Hampshire

HETI

How?

- New Hampshire Community Based Voluntary Services (CBVS) provider contracted with HETI to provide MI training for staff
- A multi-level approach is used to meet New Hampshire's training needs through HETI
  - Level One – Basic level training received by all CBVS staff
  - Level Two – Advanced Training provided to select staff
  - Level Three – Required for Family Resource Center recognized MI certification
  - Level Four – Required for Certified MI Peer Coaches
  - Level Five – Required for Certified In-House Trainers

eSym

eSym:[20] Provides virtual, targeted MI training that was developed with the University of Utah PIVOT Center. This virtual training consists of four steps: 1) Learning through narrated presentations; 2) Watching demonstrations (good practice/bad practice); 3) A learning check (quiz); and 4) Practicing MI outside the virtual learning platform.

Case Western Reserve University Center for Evidence-Based Practices (CEBP)

Case Western Reserve University's Jack, Joseph, and Morton Mandel School of Applied Social Sciences Center for Evidence-Based Practices (CEBP)[21] offers MI training and consulting services, including introductory and advanced MI training, post-training onsite consultations, and evaluation of both live and recorded practice skills sessions. CEBP's training and consulting services are focused on four (4) learning objectives: 1) Theory/Concepts of MI; 2) Practice/Principals of MI; 3) Supervision of MI; and 4) MI Implementation. CEBP offers four (4) Core Training Events: 1) Foundations of Motivational Interviewing, Part 1; 2) Foundations of Motivational Interviewing, Part 2; 3) Motivational Interviewing, Applied Skills for Practice; and 4) Motivational Interviewing, Resources for Clinical Supervisors. Several of their trainers and consultants have been trained

State Highlight: Ohio

CEBP and Leveraging Existing Partner

How?

- Department of Job and Family Services and Department of Mental Health and Addiction Services partnered with Hazelden Betty Ford Foundation and provided training for more than 150 caseworkers, supervisors, and leaders in MI
- CEBP provides MI practice and training services
- Juvenile courts leverage the Motivational Interviewing Implementation and Practice Manual

[19] Summary of information from The Health Education and Training Institute website: www.hetimaine.org
[20] Summary of information from the eSym website: esympro.com
[21] Summary of information from the Center for Evidence-Based Practices website: case.edu/socialwork/centerforebp/services/training

by and are active participants in MINT. Ohio uses CEBP as their vendor for MI practice and training services.[22]

Training Structure

As HHS considers moving toward consistent training and curriculum, below in Table 3 are additional topics to consider when developing a consistent training structure. The MI literature states that proficiency in MI increases over time with experience. More specifically, as noted below, training should include a multi-tiered structure that builds upon experience and should be on-going. While 100% self-directed training is not supported by the MI literature, most training programs have acknowledged the need to offer various training pathways for working adults. As such, many training providers include some sort of semi-structured training along with self-directed training.

Table 3: Multi-Tiered Training Structure

Levels of Training
•Multi-tiered training structure that builds upon learning and experience •Most common: introduction, intermediate, advanced, and ongoing boosters or refreshers
Self-Directed Training
•MINT advises a self-directed approach to MI training is not effective. Furthermore, MINT believes that 'ongoing…consultation is the best method to facilitate improvement in the practice of Motivational Interviewing.' •Alternatively, HETI offers a self-directed online training course that uses HETI materials (assigned readings, online presentations, videos, quizzes and online discusion forum) and is semi-structured. •ISU offers an online, semi structured course consisting of weekly guided video-based content and virtual consultation
On-going Training
•MINT and the MI body of research support on-going training as the best method to facilitate skill development, competency, and expertise in the practice of Motivational Interviewing •Ongoing training may include moving through levels of training; booster or refresher trainings annually/periodically/at the discretion of supervisor or based upon performance outcomes or client/family feedback
Trainer/Training Certification
•Many training providers offer certificates/certifications associated with attending their respective training programs. Examples include but are not limited to: • MINT is currently developing a practitioner certification program. • HETI offers a HETI Certificate Program of Advanced Motivational Interviewing

Fidelity

What is fidelity?

Fidelity is an approach or method to assess the degree to which an intervention is implemented as intended. Whereas fidelity to a model means implementing the program or intervention in a manner consistent with the model elements and, therefore, maximizing the likelihood of achieving results comparable to those measured in research.[23]

[22] Summary of information from the Hazelden Betty Ford Foundation website: www.hazeldenbettyford.org
[23] Summary of information from the Law Insider website and Child Welfare Information Gateway website: www.lawinsider.com and www.childwelfare.gov

There are multiple options that Iowa HHS can implement to develop a process that monitors the fidelity of MI. As stated in previous sections, incorporating consistent, on-going training across all individuals who will deliver MI services will boost consistency and contribute to fidelity. Other considerations include implementing ongoing MI coaching, implementing organization-wide MI practice, and leveraging existing partnerships.

MI Coaching

It is recommended that HHS implement ongoing MI coaching for MI practitioners. There are several pathways that Iowa HHS can take to implement MI Coaching. Most states with an approved Title IV-E Prevention Plan, are utilizing direct supervisors as MI Coaches. Some states are leveraging existing partnerships to develop and implement MI Coaching training and provide ongoing support to coaches. Others are hiring an MI Training vendor to provide MI coaching training and/or direct coaching. In addition, many are utilizing an MI Coding tool to use during/alongside coaching. Some states are utilizing a combination of these methods, as cited in some of the State Highlights throughout this report.

Pathways to implement MI Coaching:

There are many tools and resources available to support implementing MI coaching from direct supervisors of those who are providing MI services. Coaching is supported by the MI body of research. More specifically, Miller and Rollink (2013) posit that coaching should be based upon direct observation of MI practitioners. Some States are training direct supervisors in MI coaching, as these supervisors are the closest to staff and client interactions where MI is employed. Below are samples of tools and resources available that may be useful supports with implementing MI coaching with direct Supervisors. It should be noted that Figure 13 below is not meant to be an exhaustive list.

Each of the MI coding tools has a slightly different focus. As the below tools are discussed, it is recommended that HHS consider the implementation pathway that will achieve a consistent training strategy that supports MI Coaching and choose the tools and resources that best fit that strategy and will lead to MI model fidelity.

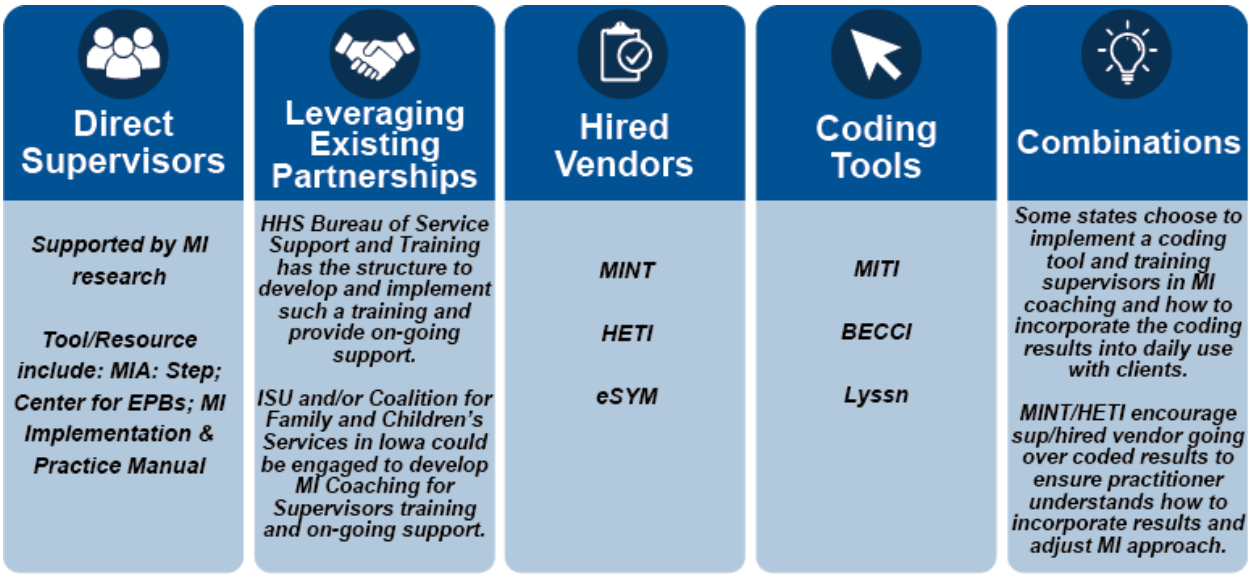


Figure 13: Sampling of tools or resources available to support MI coaching with direct Supervisors.

Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA: STEP):[24] This tool was developed by NIDA (National Institute on Drug Abuse) and SAMHSA (Substance Abuse and Mental Health Services Administration). This resource offers an array of MI tools and was developed to aid supervisors with ongoing coaching/mentoring and maintenance of MI skills.

State Highlight: District of Columbia (D.C.)

MIA:STEP

How?

- Quarterly random supervisor (state and provider) review of no less than one family per caseworker, to strengthen caseworker MI skills and quality and fidelity for the MI practice
- Quarterly caseworker assessments by supervisors to observe and document observations of family visits
- Assess and monitor fidelity through quarterly reviews by D.C.'s Family First Implementation Team of MIA:STEP scores and supervisor observations
- Use quarterly reviews by D.C.'s Family First Implementation Team to also identify potential change activities for D.C.'s CQI process

Center for Evidence-Based Practices (CEBP):[25] As described above, Case Western Reserve University's Jack, Joseph, and Morton Mandel School of Applied Social Sciences CEBP offers a multitude of MI training and consulting services, which include introductory and advanced MI training, post-training onsite consultations, and evaluation of both live and recorded practice skills sessions. On a regular basis, CEBP offers free webinar events covering subject matter relating to many different Evidence-Based Practices (EBPs), including MI. CEBP's website houses a Resources and Tools library consisting of a multitude of resources and tools that have been developed by CEBP, including, but not limited to, a readiness ruler, a series of audio recordings, and recommended reading materials.

[24] Summary of information from the National Institute on Drug Abuse website: nida.nih.gov
[25] Summary of information from the CEBP website: case.edu/socialwork/

Motivational Interviewing Implementation and Practice Manual:[26] This manual is a publication from Pennsylvania's Juvenile Justice System Enhancement Strategy (JJSES), which covers MI in a juvenile probation department and protocol for MI training. The manual provides resources such as a timeline/flowchart with a recommended MI implementation protocol, a resource list, sample releases, sample exercises, sample policies, and sample coding sheets. A general overview of strategies to support successful staff buy-in of implementing MI into practice is also included. While a juvenile justice initiative published the manual, much of the information provided in the manual is useful and could be applied to child welfare organizations. Ohio incorporates both CEBP and the MI Implementation and Practice Manual. See the state highlight example under CBEP and Leveraging Existing Partner section above for more details.

Several Training vendors also offer MI Coaching Training:

- MINT offers training to those responsible for the ongoing training and supervision of staff providing MI.
- HETI offers coaching sessions for individuals who are using their coding services. Coaching sessions are scheduled after the coder sends feedback.
- eSym also offers skills coaching through video and/or in-person sessions.

The Motivational Interviewing Treatment Integrity (MITI)[27] and the Behavioral Change Counseling Index (BECCI)[28] are available for purchase from MINT. MINT provides an array of services to choose from associated with MI coding tools. More specifically, MINT can provide training for those who will be using the tools for either MI Coaching or MI fidelity purposes. MINT can provide direct coding services that can also include direct coaching for the MI practitioner. MINT also notes that MITI and/or BECCI coders do not need to be experienced MI practitioners but do need to be proficient in coding the selected tool. An example of the coding training for the BECCI includes BECCI coders acquiring basic knowledge through recommended background reading, watching a training video, and then gaining an understanding of how the BECCI checklist works through reading and understanding the BECCI manual.

[26] Pennsylvania's Juvenile Justice System Enhancement Strategy (JJSES) offers a protocol for Organization-wide MI Implementation plan, in their MI Implementation and Practice Manual (2012); www.pccd.pa.gov/Juvenile-Justice/Documents/JJSES%20Monograph%20Final%20version%20press%20ready%2005%2025%2012.pdf
[27] Summary of information from MINT website: motivationalinterviewing.org/miti-31
[28] Summary of information from the MINT website: motivationalinterviewing.org/becci-manual

Motivational Interviewing Treatment Integrity (MITI) Tool:

This instrument was created by the University of New Mexico (UNM) Center on Alcoholism, Substance Abuse, and Addictions (CASAA). The MITI uses uncomplicated coding with one intended purpose being to provide formal feedback for practice improvement. The MITI is comprised of two elements: global scores and behavioral counts. The global scores are ranked on a scale of 1-5, which captures the coder's (reviewer's) overall impression of MI, under five global dimensions. The behavioral counts require the coder to tally specific interviewer behaviors that occur during a MI interaction. The assessment occurs by coder reviewing a single twenty-minute segment of a recording of a MI interaction, which is selected at random.

Many states, including Hawai'i, New Hampshire, and Vermont, use the MITI as part of their implementation of MI.

State Highlight: New Hampshire

MITI

How?

- Trainers randomly choose at least one family every six months from the family support specialist to measure how well they are practicing MI
- Trainers provide individualized feedback to the family support specialist to strengthen their MI skill level
- The family support specialist's scores are maintained over time to allow the training staff to track individual progress over time

Behavioral Change Counseling Index (BECCI) Tool:

This instrument was developed for the purpose of measuring the skills involved in Behavioral Change Counseling. This tool was developed with the goal of supporting both researchers and trainers through a checklist that evaluates recordings of consultations. For the BECCI to be leveraged appropriately, the individual rating the recording should have strong basic knowledge of Behavioral Change Counseling and the BECCI checklist. There is also a training plan. The BECCI checklist focuses on practitioner behaviors. Each checklist item is scored on a scale ranging from 0-5 and should be reviewed by looking at each checklist item's score. The BECCI checklist includes 11 measurements across four (4) domains. Many states use the BECCI as part of their implementation of MI, including Michigan and Rhode Island.

State Highlight: Michigan

BECCI

How?

- BECCI was selected after reviewing MI fidelity tools because it could be embedded within Michigan's practices most effectively
- Service provider staff complete an initial 20-hour MI training and an additional 90 days of coaching
- Supervisors shadow staff and score observed interactions using BECCI during the coaching period
- Supervisors provide feedback based on the BECCI to foster continued growth of MI skills in provider staff

State Highlight: Rhode Island

BECCI

How?

- Division of Performance Improvement (DPI) uses BECCI for fidelity monitoring
- Quarterly, a statistically valid sample of cases that used MI is pulled
- Supervisors review sample cases and complete the BECCI

Lyssn Software:

Lyssn is a proprietary software where interactions between client and MI practitioner can be directly recorded or uploaded later. Using Artificial Intelligence technology, Lyssn software produces ‘’high-fidelity transcription”, clinical note, and “expertly analyzes the session to generate actionable feedback”.[29] Lyssn is a clinically validated AI platform that offers training on demand, documentation support and metrics that may be used for quality improvement purposes. The platform processes and evaluates clinical conversations which may be utilized by child welfare organizations to monitor fidelity. In addition, Lyssn can integrate with a state’s Comprehensive Child Welfare Information System (CCWIS).

Many states, including New Hampshire and Utah, are utilizing Lyssn as part of their implementation of MI.

Many states are combining MI coding tools and software with MI coaching (either from direct supervisor or a hired vendor). Moreover, MINT, HETI and other organizations encourage supervisors (or hired vendors) to incorporate reviewing coding results into their one-on-one meetings with staff who are utilizing MI to ensure practitioner understanding, make needed adjustments, and strengthen each MI practitioner’s approach.

State Highlight: Utah

Lyssn

How?

- Lyssn is used as a tool for service providers to measure fidelity and reinforce MI practice
- Providers record audio during MI sessions and utilize Lyssn’s AI technology to evaluate the recorded sessions
- The proprietary AI technology measures the use of open-ended questions and reflective listening practiced by the MI service providers
- Lyssn then provides feedback directly to service providers for specific sessions
- Summary reports are sent directly to Utah’s Department of Human Services (DHS) of model fidelity and identifying areas of need for technical assistance

Other Suggestions for Implementing Fidelity

Another potential approach to ensuring fidelity is implementing MI across the full organization, moving beyond direct staff and supervisors. Pennsylvania’s Juvenile Justice System Enhancement Strategy (JJSES) offers an organization-wide MI Implementation plan in their MI Implementation and Practice Manual (2012). While a juvenile justice initiative published this manual, much of the information provided in the manual could be applied to child welfare organizations.

Additionally, HETI recommends that an integrated training and development plan adapted to the various concerned parties across the organization (management, coaches, clinicians, etc.) should be followed to provide adequate learning opportunities to achieve and maintain proficiency in MI.

Utilizing existing knowledge and resources regarding fidelity from other practice models is another avenue to achieving fidelity. More specifically, HHS could leverage lessons learned and system monitoring structures utilized in SafeCare fidelity monitoring to implement MI fidelity monitoring. In addition, HHS might want to consider engaging the HHS Bureau of Quality

[29] Summary of information from the Lyssn website: www.lyssn.io

Assurance and Improvement and/or HHS Bureau of Service Support and Training for assistance in building an MI fidelity monitoring approach.

Continuous Quality Improvement

What is CQI?

Continuous Quality Improvement is a process of creating an environment in which management and workers strive to create a progressive incremental improvement in quality. That can be the quality of a process, safety, client care, etc.[30] In this case, the focus is on the quality of MI service delivery.

Currently, all providers under the Family Centered Services (FCS) contract, Quality Assurance and Improvement Reporting section must agree to:

- Have an established Quality Assurance and Improvement System for tracking and evaluating the effectiveness of service delivery under this Contract; and
- Have a Quality Assurance and Improvement System that prepares and submits Monthly Service Performance Summary Reports to their Agency Service Contract Specialist that describe the aggregate performance of the Contractor in meeting key service requirements for all Cases in which they provided FCS during each month.

While Quality Assurance (QA) efforts are spelled out in the provider contracts and will support a CQI process, a further recommendation is to develop a dedicated MI CQI process that incorporates the collective efforts of those who are practicing MI across provider and state staff.

Many states outline robust CQI processes in connection with MI in their submitted and approved Title IV-E Prevention Plans. Within these plans, there is variation in how states administer their CQI process. Approaches include, but are not limited to, partnering with experienced CQI entities, hiring individuals for an evaluation team specific to Family First programs, contracting with third-party providers, having agency workgroups conduct CQI activities, or requiring contracted prevention services providers to conduct CQI internally per contract requirements. There is also variation in CQI methodologies. Several states perform CQI activities under formal CQI frameworks, such as Plan, Do, Study, Act (PDSA), while others perform CQI activities under an informal but well-developed CQI process.

Furthermore, when assessing MI fidelity and effectiveness through CQI, several states incorporate the use of MI coding tools, such as BECCI, MITI, and Lyssn. Incorporating coding tools allows states to establish baseline measurements, assess the impact of changes in how MI is administered, assess outcomes, and ensure that MI is being administered in accordance with the practice model.

Rhode Island is chosen as the state to highlight a robust MI CQI process for many reasons. One such reason is that the Department of Children, Youth, and Families (DCYF) employs CQI efforts on both the state and provider side. Case as well as contract reviews are part of the CQI

[30] Summary of information from the following websites: www.childwelfare.gov; dcfs.louisiana.gov; pubmed.ncbi.nlm.nih.gov

efforts. DCYF utilizes the MITI for fidelity and CQI monitoring. In addition, Rhode Island implemented a Service Array Unit that focuses on evidence-based practice implementation, performance, and outcomes. This group of staff accomplishes CQI efforts by ensuring consistent communication and feedback between the state and provider staff who engage in MI efforts, thus completing the CQI cycle. See the Rhode Island table for more specific information regarding their CQI process.

Rhode Island

Rhode Island's CQI process is led internally by DCYF staff and is centered around Rhode Island's ongoing practice reviews and active contract management, which have been adjusted to meet Family First quality improvement guidelines. This adjustment was necessary as prevention programs and services are provided through contracts with service providers. Starting in fiscal year 2022, service contracts were modified to add requirements for service providers to participate in CQI processes, quarterly meetings, case reviews, and focus groups.

How?

- The ongoing practice reviews cases included in the review population are selected randomly, and reviews are conducted using a standardized tool. Rhode Island considers such case reviews to be integral to measuring program performance.
- Active contract management (ACM) activities are conducted by DCYF and provider stakeholders working in partnership using the Plan-Do-Study-Act (PDSA) CQI framework. The primary focus of the ACM framework is identifying key data, deriving insights from key data, and spurring improvements. Before implementing identified improvements across the state, such improvements may be piloted on a district-level basis so the changes(s) can be monitored for effectiveness.
- Rhode Island utilized FFPSA funds to expand staff supporting service-related activities. Part of this staff expansion was developing regional Service Array Units, which liaise with EBP service providers and DCYF field staff. Service Array Unit staff monitor the performance of EBP service providers and support DCYF field staff with service implementation, matching, and referrals. In relation to CQI, Service Array Unit staff are responsible for sharing outcomes between local DCYF leadership and EBP service providers. These staff provide information to field staff relating to service effectiveness and utilization.
- Rhode Island's DCYF MI trainer was primarily responsible for standardizing Rhode Island's MI practice model and establishing fidelity standards and measures. Community-Based Voluntary Services (CBVS) service providers utilize the MITI for the purpose of fidelity monitoring. Training staff from CBVS service providers are responsible for reviewing at least one family, selected at random, for each service provider staff member using the MITI. These regular reviews allow for ongoing assessments of skills. The trainer observations and scores from the MITI are reviewed every six months to monitor fidelity to the model and inform change activities supporting successful MI implementation. MITI scores and other available quantitative data are used as part of the ACMs to assess outcomes, fidelity to the MI model, and implementation of MI. Through discussion, the information gleaned from assessments is used to identify practice improvement needs and changes that may need to occur to improve MI implementation.

HHS has already implemented MI training and utilization across state and provider staff and has many pieces in place for the agency to consider amending the Title IV-E Prevention Plan to add MI as an EBP. If HHS decides to continue in this direction, it is recommended that the agency continue implementing practices that will strengthen and align its MI approach with the Title IV-E EBP requirements. Once a state has determined which EBP they will implement, the Title IV-E Prevention Plan must include plans to implement the services, how they will be continuously monitored to ensure model fidelity, and how the continuous monitoring will be used to adjust and improve the services.

Based upon the above research and analysis, three (3) recommendations for HHS around implementing Motivational Interviewing surfaced:

1. Considering using consistent andragogical methods and training structure across provider and state staff who currently are, or will be, utilizing MI.
2. Implement ongoing MI coaching for MI practitioners to meet model fidelity.
3. Develop a dedicated MI CQI process that incorporates the collective efforts of those who are practicing MI across provider and state staff.

Many pathways for each recommendation are offered throughout this section of the report. HHS should determine the implementation strategy around MI and then choose the training structure, coaching model (including tools and resources to ensure fidelity to the model), and CQI process that best fits with that strategy.

CONCLUSION

Sivic Solutions Group appreciates the opportunity to identify family service delivery improvements and optimal federal recovery for the Iowa Department of Health and Human Services. With the assistance of the Title IV-E/IV-B workgroup to guide the process and a thorough review of the Title IV-E and Title IV-B service array, we are pleased to present several potential paths to assist HHS in realizing its goals. We hope that HHS finds the recommendations identified in this report beneficial and practical solutions to revenue optimization. We welcome the opportunity to continue discussions and provide additional implementation details around the chosen strategies HHS is interested in moving forward with accomplishing. Our team has the knowledge and ability to support and partner with HHS in realizing its objectives and is looking forward to the next steps in this process.