



Safe Kids Portfolio Report

November 2025



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Executive Summary

The Safe Kids Portfolio represents a comprehensive, year-long initiative by Iowa's Department of Health and Human Services (HHS) to reduce trauma and improve outcomes for children involved with Child Protective Services (CPS). Developed in response to extensive assessments and stakeholder input, the portfolio includes a series of strategic projects aimed at transforming Iowa's child welfare system into a more trauma-informed, child-centered system. This report – and the work of the Safe Kids Advisory Panel – reflects the answers to the question: "What is needed to ensure families and children are better off because CPS was involved?"

Key Objectives

The identified strategies were thematically organized around four (4) key objectives:

- Build a well-trained, responsive workforce
- Increase time children spend in family-based settings
- Expand access to high-quality, specialized care
- Strengthen communication and collaboration across child-serving systems

The structure of the Safe Kids Advisory Panel reflected the commitment of HHS to broadly engage people with lived experience, professionals within the legal community, individuals providing foster care, and CPS leadership. This diverse panel of stakeholders provided ongoing feedback and recommendations, influencing project design and implementation. Their insights emphasized workforce stability, family engagement, specialized youth support, and transparent communication.

Governance and Structure

A multi-tiered governance model ensured strategic alignment and accountability, involving:

- Executive Sponsors
- Steering Committees
- Implementation Teams
- Safe Kids Advisory Panel

Safe Kids Advisory Panel

The Safe Kids Portfolio marks a significant step forward in Iowa's child welfare transformation. Through collaborative planning, evidence-based practices, and stakeholder engagement, the initiative has laid a foundation for a safer, more supportive system for children and families. The lessons learned will guide future efforts to ensure every child in Iowa grows up safe, supported, and connected.

Introduction

Over the past year, the Safe Kids Portfolio has served as a focused and collaborative effort to reduce trauma and improve outcomes for both the children and parents involved with CPS. This collection of projects was developed with a shared goal: to create safer, more supportive environments for children by addressing the systems and services that impact their daily lives.

Each project in the portfolio was selected for its potential to make a meaningful difference in one or more of the following areas:

- Supporting a well-trained and responsive workforce
- Helping children spend more time in family-based settings,
- Expanding access to high-quality, specialized care that meets the unique needs of youth, and
- Strengthening communication and collaboration across child-serving systems.

This report provides a summary of each project, including its purpose, the work completed, and the outcomes achieved. Together, these efforts reflect a year of progress toward building a more trauma-informed, child-centered system of care.

Background

Since 2022, Iowa's child welfare system has undergone a comprehensive and collaborative effort to better understand the experiences of children, families, and professionals across the state. Over the past three years, extensive data has been gathered through a variety of listening sessions, surveys, and formal assessments to inform system improvements and reduce trauma for children.

This work included:

- 36 listening sessions, including:
 - 11 court-focused sessions
 - 25 staff-focused sessions
- 4 statewide staff surveys, including an employee engagement survey and a service area realignment survey
- 12 town halls hosted by Family Well-Being and Protection Division Director, Janee Harvey:
 - 6 internal (with child protective services staff)
 - 6 external (with foster parents, adoptive parents, support providers, and legal partners)

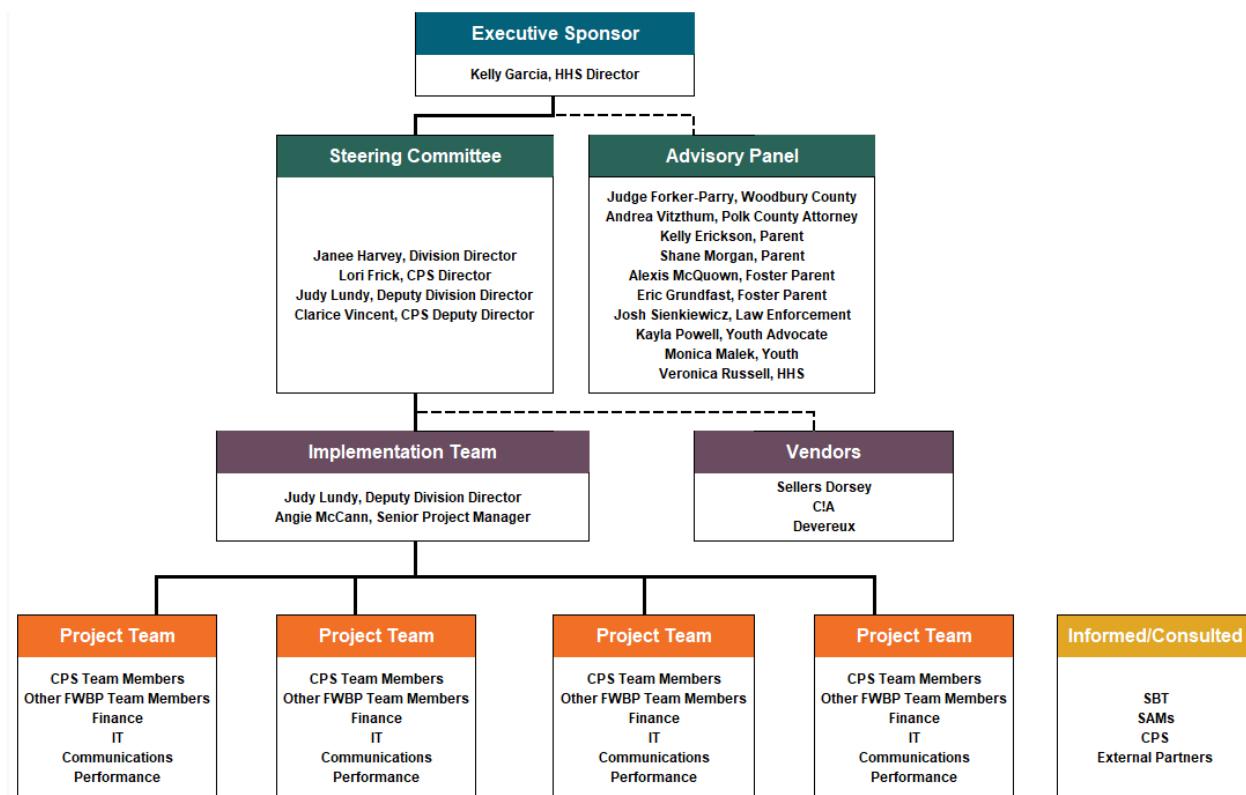
In addition to these internal efforts, the Iowa Department of Health and Human Services partnered with the Change and Innovation Agency (CIA) to conduct a thorough, independent assessment of the child welfare system. The final report, delivered in March 2024, included 22 system-level recommendations. Additional insights were gathered from:

- The Attorney General's Office (AAG) report, which provided 14 recommendations
- The Civic Solutions Group (SSG) report, which offered 6 recommendations

Together, these inputs represent one of the most comprehensive listening and assessment efforts in the state's child welfare history. The findings have directly informed the development of the Safe Kids Portfolio; a collection of projects designed to reduce trauma and improve outcomes for children and families across Iowa.

Governance Structure

The Safe Kids Portfolio was supported by a structured governance model designed to ensure strategic alignment, accountability, and effective implementation across all projects. The governance structure included multiple levels of oversight and collaboration, each with defined roles and responsibilities:



Executive Sponsor

- Provided final approval of the portfolio scope
- Determined prioritization throughout implementation

Steering Committee

- Offered planning and direction for implementation and its impact on the broader CPS team and those served by HHS
- Navigated barriers, risks, and issues
- Escalated key decisions to the Executive Sponsor
- Provided routine oversight to ensure timely progress and coordination

Safe Kids Advisory Panel

- Provided expert consultation and feedback throughout implementation

Implementation Team

- Responsible for facilitating, coordinating, and managing projects within the Innovation for Improved Outcomes Portfolio
- Ensured timely delivery of work products and deadlines
- Provided guidance on process, people, prioritization, and deliverables
- Escalated decisions to the Steering Committee

CPS

- Delivered a program-level view of resources, budgets, risks, and status
- Identified relevant processes and cross-program dependencies
- Assisted with planning, prioritization, and budgeting

This layered governance structure ensured that each project within the Safe Kids Portfolio was guided by clear leadership, informed by expert input, and aligned with the broader goals of Iowa's child welfare system transformation.

Project Categorization

To ensure a focused and strategic approach to reducing trauma for children, each project within the Safe Kids Portfolio was organized under one of four key categories. These categories reflected the core areas of opportunity identified through extensive listening, assessment, and collaboration. All projects were aligned with the overarching goal of reducing traumatic experiences so kids can heal.

The four categories were:

- 1. Support a Well-Trained Workforce Equipped to Spend More Time with Families**
Projects in this area focused on workforce development, including training, tools, and process improvements that allowed staff to spend more meaningful time with children and families. These efforts aimed to reduce administrative burden and increase direct engagement.
- 2. Build Strong Relationships so Kids Spend More Time in Family Settings**
These initiatives supported efforts to keep children safely connected to their families and communities. Projects emphasized family preservation, kinship care, and reducing reliance on congregate care settings.
- 3. Elevate Quality Specialty Care to Meet Unique Needs**
Projects in this category aimed to improve access to and the quality of specialized services for children with complex behavioral, emotional, or medical needs. The focus was on ensuring that every child received care that was tailored, timely and trauma-informed.
- 4. Communicate Effectively to Ensure Collaboration**
This category included projects that strengthened communication across systems, teams, and stakeholders. The goal was to improve coordination, transparency, and shared decision-making to better serve children and families.



The following projects were included in the Safe Kids Portfolio:

 **Support a well-trained workforce**

- Marketing and Recruitment
- Integrated Comprehensive Child Welfare Information System (CCWIS) (VISION computer system)
- Case Management Career Pathway
- Embedded Social Work Associate Expansion
- Bilingual Worker Compensation
- Central Consult Model

 **Kids spend more time in family settings**

- Family Centered Services Contract Redesign
- Drug Testing Redesign
- Foster Care Licensing Standards Redesign
- Foster Care Pre-Service Training

- Family Finding Specialist
- Kinship Caregiver Payment Program
- Kinship Foster Care Approval
- Family Housing Preservation Program (FHPP)



Quality Specialty Care

- Safety, Security and Quality for QRTPs
- Therapeutic Foster Care Expansion
- START Implementation
- Medical Consultation Model



Communication and Collaboration

- CPS Communication Plan
- CPS Stakeholder Communication Plan
- Report Dissemination Process Change
- Critical Incident Reporting
- Warm Transfer

With the projects organized into four strategic categories, the Safe Kids Portfolio provided a clear framework for action throughout the year. The following section offers a detailed update on each individual project, including its purpose, the work completed, and the outcomes achieved. These updates reflect the collective efforts of staff, partners, and stakeholders to reduce trauma and improve the lives of children and families across Iowa.

Project Summaries and Progress Updates

Support a well-trained workforce

Marketing and Recruitment

The Marketing and Recruitment Projects were designed to strengthen Iowa's Child Protective Services (CPS) workforce by identifying and implementing strategies to attract high-quality candidates. Throughout the project, the team conducted extensive research to explore best practices, identify areas for improvement, and examine recruitment strategies used by other states.

As a result of this work, several key enhancements were developed:

- **Niche Job Boards**

To reach more targeted audiences, the team recommended posting job openings on niche job boards. In April 2025, CPS began using *Handshake*, a career platform that connects college students with job opportunities and internships.

- **Career Lattice**

A visual career lattice was created to illustrate long-term growth opportunities within CPS—not only along the traditional career ladder but also across adjacent bureaus. This visual was incorporated into the CPS brochure in May 2025 and is now distributed at career fairs, university presentations, and other public outreach events.

- **CPS Career Page**

An external-facing CPS career page was launched in August 2025 to provide detailed information about specific roles, internship opportunities, and direct links to job postings.

- **Branded Materials**

PowerPoint presentations, training materials, and brochures were standardized to ensure consistent messaging about CPS, regardless of who is presenting. These materials are now available to all CPS staff for use in public engagement.

- **Job Posting Redesign**

Job postings were redesigned to be more concise and mobile-friendly, with a clearer outline of the skills and responsibilities associated with each position. The updated format was implemented in September 2025.

- **Resume Screening Tool Redesign**

The resume screening tool is currently being revised. While the existing tool evaluates knowledge, skills, and abilities, it has proven difficult to score based solely on resumes or applications. The goal is to streamline the screening process and more effectively identify qualified candidates for interviews.

- **Internship Standardization**

A dedicated workgroup is developing a standardized internship application process to create a more consistent experience and a clearer pathway for students seeking internships with CPS.

These efforts have laid the groundwork for a more strategic and effective recruitment process, supporting the long-term goal of building a skilled, stable, and trauma-informed CPS workforce.

Integrated Comprehensive Child Welfare Information System (CCWIS)

To modernize and enhance the tools used by our workforce, we have initiated a multi-phase project to design and deploy an integrated Comprehensive Child Welfare Information System (CCWIS) that will replace the current FACS system, which is a DOS operating system. This initiative is critical to ensuring that staff have access to effective and efficient technology for managing and documenting cases. This strategic approach will support improved service delivery and better outcomes for children and families.

Case Management Career Pathway

Supporting a well-trained workforce is directly tied to spending more time with CPS-involved families. Over the last four fiscal years, the number of Social Worker II vacancies averages 49% higher than the number of Social Worker III vacancies and Social Worker II positions are vacant, on average, 7 days longer.

Changes have been proposed to reflect a Journeyman approach to the case management career track. The Social Worker II role is a yearlong training period with lower caseloads for entry level staff and staff are able to move to the Social Worker III role after that time.

The training period is reimbursable at the 75% level by claiming Title IV-E funds. Iowa anticipates drawing down significant federal IV-E funding by deploying the social worker 2 position as a separate position – with different training schedules, modified caseloads, and enhanced supervision – than the Social Worker III role.

Embedded Social Work Associate Expansion

In response to feedback gathered during an April 2024 visit with shelter staff and youth, a Shelter Liaison position was created in the Northern Service Area (NSA). This role

was designed to strengthen support for youth in shelter care by enhancing communication, advocacy, and service coordination.

The primary responsibilities of the Shelter Liaison include:

- Meeting individually with youth on a weekly basis
- Participating in meetings to advocate for youth and share relevant information
- Facilitating communication between Child Protective Services (CPS) staff and shelter providers
- Ensuring timely sharing of required documentation

By building strong relationships with both youth and shelter staff, the liaison helps guide placement decisions that are in the best interest of the youth, ensures timely access to services, and proactively addresses concerns before they escalate.

The role was intentionally structured to maintain clear boundaries: the liaison is not a shelter employee and does not replace the social work case manager. Instead, the position is focused on communication, documentation, and youth support, with an emphasis on permanency and well-being.

Training and Onboarding

Shelter Liaisons were hired in October 2025 and began a comprehensive training program. This includes:

- The Social Work Case Manager New Worker Training, developed by the CPS Training Unit
- Specialized training in documentation practices, a critical component of the role

Training is expected to last 6 to 12 months, ensuring liaisons are well-prepared to support youth effectively.

Data Collection and Evaluation

Liaisons will track key data points, including:

- Dates of youth visits
- Timeliness of meetings and documentation
- Other relevant metrics tied to their responsibilities

A formal review of the Shelter Liaison role will be conducted at 6-, 12-, and 18-months post-hire to assess its impact.

Goals of the Shelter Liaison Role

- Reduce the length of time children spend in shelter care
- Increase placements with relatives and fictive kin

- Decrease unplanned discharges and shelter-to-shelter moves
- Support stable discharges to long-term placements
- Improve communication and collaboration between HHS and shelters
- Strengthen relationships with youth
- Enhance the quality and consistency of information and documentation sharing

Bilingual Worker Compensation

Providing additional compensation to bilingual staff in child welfare services is a strategic investment that enhances service quality, equity, and efficiency. Bilingual employees play a critical role in bridging communication gaps with families who have limited English proficiency, ensuring accurate understanding and reducing the risk of miscommunication in sensitive and high-stakes situations. Their ability to engage with families in their preferred language fosters trust, encourages participation, and supports better safety and permanency outcomes for children. Additionally, bilingual staff often bring valuable cultural insights that improve the relevance and effectiveness of services.

Recognizing these skills through compensation not only promotes fairness and retention but also reduces reliance on third-party interpretation services, leading to cost savings and improved service delivery. Research into other state agency practices revealed that many states offer bilingual pay differentials with clearly defined eligibility criteria. This information has informed the development of key considerations to support a formal request to include bilingual compensation within the State of Iowa's compensation rules, specifically for CPS staff. The goal is to acknowledge and support the essential role bilingual employees play in effectively serving Iowa's increasingly diverse communities.

Definition and Application of Bilingual Skills

"Bilingual skills" are defined as the ability to translate to and from English, interpret spoken language, or use sign language to communicate. In the CPS context, this includes any combination of conversational, interpretational, or translation work that supports direct engagement with clients or members of the public in a language other than English. Bilingual compensation would apply to employees whose positions require the use of a non-English language to perform essential job functions, particularly those involving regular communication with families in their preferred language.

In-Demand Languages

Language needs are determined by the populations served. According to the U.S. Census Bureau, the most commonly spoken languages in Iowa homes other than English include:

- Spanish

- Asian and Pacific Island languages
- German and other West Germanic languages
- Chinese
- Arabic
- Russian, Polish and other Slavic languages
- Vietnamese
- French, Haitian, or Cajun
- Tagalog (Filipino)
- Korean

In addition, based on 2025 CPS staff survey data, the top 15 languages requiring translation services include: Spanish, French, Arabic, Marshallese, Chuukese, Karen, Sign Language, Swahili, Vietnamese, Burmese, Creole, French-Congo, Haitian, Kirundi, and Lao.

Proficiency and Eligibility Criteria

Language proficiency requirements will vary by position and may include speaking, reading, writing, or listening skills. Departments or bureaus may establish their own fluency screening processes. A common benchmark used in other states is that bilingual skills must be used in at least 10% of work time with clients or the public (excluding conversations with coworkers).

Based on compensation models from other states, it is recommended that eligible staff receive a 5% pay differential above base salary for verified use of bilingual skills. Eligibility would be reassessed if an employee changes roles, and compensation would be limited to specific languages and positions based on operational needs.

Benefits to Child Welfare Practice

Implementing bilingual compensation in CPS would:

- Enhance communication and trust with families
- Support more effective motivational interviewing and case planning
- Reduce reliance on third-party interpretation services, saving time and money
- Improve safety and outcomes in high-risk or complex situations
- Recognize and retain staff with valuable language and cultural competencies

As of this report, the justification for bilingual compensation, along with supporting research from other states, has been submitted to the Department of Administrative Services for review. CPS is currently awaiting a response.

Central Consult Model (CCM)

Central Consult (CC) is a specialized consultation unit within Iowa's Child Protective Services (CPS) designed to streamline case resolution for assessments where children are determined to be safe. The primary goal is to support Child Protection Workers (CPWs) by offering expert, real-time consultation and documentation assistance for cases assessed as either *not confirmed* or *confirmed with low to moderate risk*. This process enhances decision-making, ensures policy compliance, and promotes timely, well-informed outcomes for families.

Central Consult offers four possible outcomes following a consultation:

1. Case Closure – If the child is safe and documentation is complete, the case is closed during the call.
2. Does Not Meet Criteria – If the case is ineligible, it is returned to the local supervisor with documented reasoning.
3. Need More Information – If additional information is required, the CPW is given clear instructions, and the case remains open until resolved.
4. Child is Unsafe – If safety concerns are identified, the case is escalated immediately to the local supervisor for action.

Each outcome is documented in the system, and local supervisors receive regular reports to ensure transparency and follow-up.

Central Consult significantly improves workflow efficiency by reducing administrative delays and allowing CPWs to focus on investigative work. The model supports same-day consultation and documentation, with most calls lasting approximately 45 minutes. Key performance indicators such as average call time, resolution rate, and after-call work are monitored to ensure continued efficiency. Early data suggests that integrating Central Consult into daily operations leads to faster case resolutions and more consistent application of policy.

Hiring for the Central Consult team began in November 2025. A phased rollout of Central Consult is planned for early 2026.



Kids Spend More Time in Family Settings

Family Centered Services Contract Redesign

Family Centered Services (FCS) are services designed to prevent the child from entering foster care and to assist the family when the needs of the child, parent, or kinship caregiver are directly related to the safety, permanency, or well-being of the child. The outcome of the services may be to keep the child with a parent or in the home

of the kinship caregiver, to reunify the child safely with a parent or kinship caregiver, or to achieve permanent family connections for the child.

Family Centered Services (FCS) are the state of Iowa's primary child welfare service package and was created to help implement the Families First federal legislation in Iowa. FCS supports the focus of Child Protective Services that children do best when family connections are maintained and preserved.

To ensure quality service delivery, FCS utilizes Evidence-Based Interventions (EBI) intended to create consistent and repeatable approaches to service delivery across the state of Iowa. SafeCare and Motivational Interviewing are the Evidence-Based Interventions implemented as the primary service packages of the FCS contract. The use of EBIs ensures a consistent framework of service delivery and that interventions are effective for creating lasting change. EBIs improve family outcomes and address key performance measures that tie directly to the Child and Family Service Review (CFSR) outcomes established for the state of Iowa.

The redesign of the Family Centered Services (FCS) contract began in January 2025. Recommendations from Sellers-Dorsey and information gathered in listening sessions from December 2024 through January 2025, combined with a review of the struggles in current processes helped inform the new FCS contract.

Notable changes are a direct result of the recommendations Sellers-Dorsey provided, and all help support quality interactions. The new contract shifts to a focus on supporting services for parents with other services shifting to contracts that better align with the services being offered. Along with the shift to parent-focused services, there will be a tiered intensity of services and a minimum of one contract per service area. With the new contract families will be provided with warm handoffs when meeting new individuals who will be serving them. There will also be an opportunity to receive additional visits if they are needed due to the child's emotional and developmental needs, and all visits will begin to see an increased focus on natural supports supervising interactions.

Drug Testing Redesign

The purpose of drug testing in child welfare is to help protect children by identifying or ruling out substance use as a contributing factor in abuse assessments or service cases. At the identification of this project, Iowa HHS was operating under two statewide drug testing contracts, with the most recent policy update issued in August 2021. Iowa HHS recognized the need to align its drug testing policies and practices with nationally recognized, evidence-based approaches.

The primary goal was to ensure that HHS drug testing guidance reflected best practices in child welfare. Key customers include Family Well-Being and Protection staff, contractors, judicial partners and the families served.

A workgroup convened May 2025, with the task of evaluating current evidence-based models, making policy recommendations regarding testing types and frequency, aligning with related HHS initiatives, and to develop training, communication and system enhancement plans to support implementation.

The new drug testing contract was created in partnership with our State Medical Director to ensure practices align with medical guidance. The new contract and practices include a shift in test priority, focusing on tests such as urinalysis and swabs which follow medical guidance. The contract also includes the addition of a Medical Review Officer (MRO) to take some of the burden off staff.

Information on the new guidance was provided to CPS staff during town halls and as a mandatory training. Judges received information via a lunch and learn and a new bench guide was created for their use.

Foster Care Licensing Standards Redesign

Licensing foster parents is essential to ensuring children are placed in safe, stable, and supportive homes. The process establishes critical standards—such as background checks, training, and home inspections—to verify a caregiver's ability to meet a child's needs. However, Iowa's current licensing process is lengthy, complex, and highly structured, which can discourage prospective foster parents and limit the availability of foster homes. The licensing process currently averages 7-9 months.

To address challenges in the current foster care licensing process, the goal of this project was to create a more supportive, accessible system that encouraged and equipped adults to become foster parents. A dedicated workgroup, convened in June 2025, continues to meet regularly to redesign the process. Their efforts began with a thorough evaluation of the existing licensing framework, including legal requirements, feedback from recently licensed foster parents, and data on applicant retention. The group has since developed a streamlined model, identified necessary changes to state code and administrative rules, and is currently reviewing related forms for improvement. A key feature of the redesigned process is a graduated licensing approach, allowing applicants to serve as foster placements before receiving their full license. Under this new model, the estimated time to full licensure is reduced to 3–4 months. The rollout of this new process will be timed with Iowa Code and Iowa Administrative Code changes.

Foster Care Pre-Service Training

Along with changes to the foster care licensing process, a comprehensive review and redesign of the initial foster parent training curriculum is underway to improve its effectiveness, efficiency, and alignment with current needs. This includes evaluating the existing National Training and Development Curriculum (NTDC). The work within this initiative is broken down into phases:

- Phase 1- a short survey will be developed to gather feedback from foster parents on the current licensing process, followed by focus groups to explore challenges and opportunities in greater depth. The information collected will be analyzed to identify strengths, gaps, and potentially unnecessary components in the current training.
- Phase 2 - will involve a standards analysis, reviewing both state and federal requirements to assess the impact of proposed changes.
- Phase 3 - the training curriculum will be redesigned, including revisions to the self-assessment tool for prospective foster parents, which will be used during pilot implementation. A core curriculum will be identified for all prospective foster parents, and the redesigned training will be closely aligned with ongoing improvements to the licensing process.
- Phase 4 – A pilot program will be developed to test the redesigned process and collect feedback. Adjustments will be made before a full-scale rollout.

Currently, pre-service training for foster parents consists of 33 hours, as outlined in Iowa Code. To help streamline the licensing process, the workgroup leading this initiative is preparing to request a reduction in training hours to approximately 18, making the process more efficient while still ensuring caregivers are well prepared.

Family Finding Specialist

Iowa HHS recognizes that children don't just need families—they need *their* families. Grounded in a “families first” philosophy, the Family Finding Specialist (FFS) role is designed to strengthen and preserve familial connections from the earliest point of a child’s involvement with the child welfare system. Research consistently shows that positive, stable relationships lead to better outcomes for children. This role supports the goals of the Family First Prevention Services Act (FFPSA) by prioritizing placement with relatives or fictive kin when out-of-home care is necessary.

The FFS is a dedicated position within HHS focused on rigorously identifying, locating, and engaging relatives and fictive kin—especially within the first 90 days of a child entering care. This early engagement is critical to increasing the likelihood of family-based placements and achieving timely permanency. The role is designed to complement, not replace, the work of Child Protective Workers (CPWs), Social Work

Case Managers (SWCMs), and Adoption staff by taking on intensive search and engagement efforts that can otherwise be time-consuming.

The specialist will begin family finding efforts within days of a child's entry into care. They will collaborate closely with case workers, providing detailed reports on search efforts, including resources used, individuals located, contact attempts, and any relevant findings. A standardized referral process and communication workflow will be established to ensure consistency and clarity across the state.

Anticipated Outcomes

The FFS role is expected to:

- Increase the number of children placed with relatives or fictive kin early in the case
- Reduce disruptions caused by late identification of family members
- Improve permanency outcomes by supporting timely, stable placements
- Allow case managers to spend more time directly engaging with children and families
- Strengthen family connections and reduce the trauma of separation

The Family Finding Specialist (FFS) role was initially piloted in the Western Service Area (WSA), where early results demonstrated increased success in locating and engaging relatives and fictive kin. Building on this success, a workgroup of six CPS staff—including two who directly participated in the WSA pilot—was convened to evaluate the pilot and design a standardized, statewide process for implementing the FFS role.

The resulting model outlines a structured approach in which the FFS initiates intensive family finding efforts within the first 30 days of a child's out-of-home placement. If needed, this intensive search period can be extended by an additional 15 days. During this time, the FFS will utilize all available tools and resources to identify and locate relatives and fictive kin. This includes speaking directly with youth (when age-appropriate) and family members to gather information and actively engaging identified individuals as potential placement options or as supportive connections for the child and their parents.

In addition to developing the core process, the workgroup clearly defined the responsibilities of the FFS, established performance measures, and created data tracking systems to monitor effectiveness. A comprehensive training plan, communication strategy, and standardized forms and tools were also developed to ensure consistency and fidelity across the state. The role builds on lessons learned from the WSA FFS pilot and is informed by national best practices and stakeholder feedback.

As part of this effort, family finding research tools are being evaluated to ensure they meet the functional and outcome needs of CPS.

Kinship Caregiver Payment Program

The Kinship Caregiver Payment Program is a time-limited payment specifically for kinship caregivers. As of April 1, 2025, kinship caregivers can receive a daily rate equivalent to the base foster care maintenance payment for each child court ordered into their care. This is an automatic payment, so kinship caregivers are not required to complete an application to receive this payment. Caregivers are eligible to receive as soon as 14 days after court-ordered placement of the child into their home. If a child was previously placed in a paid placement prior to kinship placement the payment may start sooner. Payments may continue for up to four months which allows time to work through the kinship foster care approval process.

During the first 14 days of kinship placement, kinship caregivers will receive assistance in applying for Medicaid health care coverage for a child in their care. If a child is believed to have a disability, support and direction will be provided to connect with services or to apply for Social Security benefits. Caregivers cannot receive the kinship caregiver payment and FIP (Family Investment Program) at the same time for a child placed in their care.

Kinship Foster Care Approval

Children do best when they are with their families and Kinship Foster Care Approval was created to support that. Previously, the foster care licensure standards were the same for general foster homes and kinship placements. This led to delays in permanency, placement disruptions and increased financial burdens on kinship caregivers as they were already caring for the child in their home.

Kinship Foster Care Approval is a streamlined approval process for kinship caregivers as they continue to care for a child who has been court-ordered into their home. The update decreases the amount of time in the home study process to being completed within 60 days. Kinship caregivers receive more timely financial assistance and supportive services for the placement family and child(ren).

The updated process allows children to maintain a sense of place and belonging, their cultural identity and a connection to their own community.

Family Housing Preservation Program (FHPP)

Family Housing Preservation Program (FHPP) is a program that houses two families at a time. One family will have access to 2 bedrooms and a private bathroom, the other will have access to 3 bedrooms and a private bath. Both families will have access to all shared living spaces (kitchen, living room, dining room, laundry facilities). The FHPP will provide intensive, one-on-one casework and collaborate with multiple internal and external partners to provide on-site therapy or counseling, evidence-based parenting education, diagnostic and evaluation and other services to help participants develop the skills and tools they need to achieve self-sufficiency. Families will move through the program in 3 phases over the course of 6-12 months. The phases are the readiness phase, self-sufficiency phase and transition phase, each lasting approximately 60-90 days. The family will meet with the case worker at least once per week to address success roadmap goals.

Self-Sufficiency assistance includes: concrete supports such as food, household supplies, and other necessities; assistance/coordination of transportation; assistance applying for CCA and finding a licensed child care facility.

Program Eligibility Criteria:

- Must have a Child Abuse Assessment with a finding or indication of abuse or neglect that places the child at risk of emergency removal or placement;
- Or an open service case (newly opened or ongoing) with a goal of family preservation and/or reunification.
- In need of safe and stable housing (ie. homeless, staying in shelter, living in transitional housing, etc.)
- Motivated to participate in the program/treatment (assessed through a screening tool)
- Minimum of 30 days sobriety prior to admission
- Minimum of 30 days since last hospitalization due to a psychiatric episode

Program Exclusion Criteria:

- Any household member is registered under a state sex offender registration program.
- Parent(s) unwillingness to engage in treatment
- Any member of the applicant household was hospitalized for a psychiatric episode in the prior 30 days
- Any household member has a felony conviction.

- Some exceptions may be allowed upon appeal, for example, a conviction occurred more than 10 years prior, the felony did not involve a child or crime against a person.

Quality Specialty Care

Safety, Security, and Quality for QRTPs

In April 2025, the Iowa Department of Health and Human Services (HHS) entered into a contract with The Devereux Foundation to support the state's Qualified Residential Treatment Programs (QRTPs). This initiative was part of a broader effort to strengthen the quality, safety, and effectiveness of residential care for children with complex emotional and behavioral needs. Devereux, a nationally recognized behavioral health organization, provided expert consultation, assessment, and training services to QRTP providers across Iowa.

Under the contract, Devereux conducted comprehensive, on-site assessments of selected QRTP facilities. These assessments included reviews of admission and discharge processes, treatment planning, physical environments, staffing practices, safety protocols, and clinical documentation. The goal is to identify both strengths and areas for improvement, and to offer actionable recommendations that enhance care quality and ensure alignment with trauma-informed, family-centered practices.

The contract also included the development of structured engagement plans, policy and procedure reviews, and opportunities for knowledge sharing through site visits to comparable programs. Devereux provided both initial and final written reports for each engagement, outlining findings, recommendations, and strategies for improvement. These reports were shared with HHS and the QRTP providers to support continuous quality improvement.

Therapeutic Foster Care Expansion

Therapeutic Foster Care (TFC) is a specialized family-based program developed by the Family Well-Being and Protection Division in collaboration with Medicaid and Aging and Disability Services – Target Case Management (TCM) Unit, and Four Oaks. It serves youth ages 8–17 with complex behavioral or mental health needs who are unable to remain in traditional foster homes. TFC offers an alternative to institutional care by placing youth in highly trained foster homes supported by a multidisciplinary team.

Since its launch as a pilot in Cedar Rapids in October 2023, TFC has demonstrated success in stabilizing youth and supporting transitions to permanency or lower levels of care. TFC resource parents receive advanced training and work closely with case managers, therapists, and service providers to deliver trauma-informed care. The

program emphasizes frequent person-centered planning, coordination with Managed Care Organizations (MCOs), and individualized support before, during, and after placement.

Youth eligible for TFC must be in state custody, meet criteria for behavioral health or developmental needs, and be adjudicated as a Child in Need of Assistance (CINA). Services typically last up to six months, with flexibility based on the youth's progress. The program's goals include reducing reliance on institutional care, improving school and social engagement, and achieving safe, stable permanency outcomes.

TFC also allows for carefully considered exceptions—such as placing a general foster care youth with a sibling in a TFC home—when it supports family unity and therapeutic goals. These placements follow a structured approval process to ensure safety and preserve the therapeutic environment.

The TFC Case Management component, currently delivered by HHS's TCM Unit, has been central to the program's success. TFC Case Managers coordinate pre-service meetings, facilitate person-centered planning every 45 days, and maintain close communication with social work case managers, schools, service providers, and Managed Care Organizations (MCOs). Feedback from TFC resource parents has been overwhelmingly positive, particularly regarding the quality and consistency of case management and clinical coordination.

The TFC program is now preparing to expand into additional service areas—beginning with the Des Moines Service Area in late 2025—HHS leadership has evaluated how best to sustain and scale the case management model. Three options were considered: maintaining the current HHS-led model, transitioning case management to MCOs, or assigning youth to Fee-for-Service Medicaid. The TFC Operations Team has recommended continuing with the current HHS TCM model, citing its effectiveness and the strong support from families and stakeholders. While this model may require additional staffing as the program grows, it is seen as critical to maintain the stability and therapeutic integrity of the TFC program.

These efforts reflect Iowa's commitment to building a responsive, high-quality TFC system that meets the needs of youth and families while maintaining strong clinical oversight and program integrity.

As of September 2025, Iowa's TFC program includes nine active TFC resource families providing a total of 14 beds, and nine respite families, with seven overnight respite stays utilized. There are currently nine youth placed in TFC homes. To date, five youth have been discharged from the program—three of whom successfully transitioned to permanency or lower levels of care.

Sobriety Treatment and Recovery Teams (START) Implementation

The Sobriety Treatment and Recovery Teams (START) model is a specialized, evidence-based approach to child welfare that focuses on families affected by both child maltreatment and parental substance use. Designed to serve families with at least one child aged five or younger and a parent diagnosed with a substance use disorder, START aims to keep children safely at home by providing rapid access to recovery services and intensive, family-centered support. The model is grounded in the belief that early intervention and strong, supportive relationships can significantly improve outcomes for both parents and children.

START operates through a team-based structure, where each family is served by a dyad consisting of a Social Work Case Manager (SWCM) and a Family Mentor—a peer support professional with lived experience in recovery. These dyads are intentionally kept small, with each team serving no more than 8-10 families to ensure high-intensity, individualized support. Services include weekly home visits, close coordination with treatment providers, and a strong emphasis on both substance use and mental health recovery. Each team is overseen by a dedicated supervisor who manages no more than four dyads, ensuring fidelity to the model and providing both clinical and administrative oversight.

The model is being piloted in two Iowa regions: Woodbury County and the combined area of Clinton and Scott Counties. To support implementation, four new SWCM positions and two supervisor roles were created. These staff are dedicated full-time to START and will receive specialized training and technical assistance to ensure the model is implemented with fidelity.

Research shows that mothers in START achieve higher rates of sobriety and early recovery compared to traditional services. Children in START are less likely to enter out-of-home care, and more likely to remain safely with or be reunified with their parents. At 12 months post-intervention, children served by START are more likely to remain free from both placement and maltreatment. Additionally, the model has been associated with reduced staff turnover and improved outcomes for Black families, thanks to its family-centered, team-based, and motivational approach.

Overall, START represents a strategic investment in early intervention and family preservation, with the potential to transform how Iowa supports families impacted by substance use and child welfare involvement.

Maintaining fidelity to the START model is a top priority. To support this, CPS has partnered with the University of Iowa for data collection and research, ensuring rigorous evaluation of implementation and outcomes. Additionally, Children and Family Futures—the developer of the START model—is providing ongoing consultation and technical assistance to guide the rollout and ensure adherence to model standards.

Medical Consultation Model

Iowa currently uses a combination of referrals to local primary care physicians, Child Protection Centers (CPCs)/Child Advocacy Centers (CACs), and directly to specialists in child abuse pediatrics for medical evaluations. Written HHS policies state, "The child protection worker shall contact a medical or mental health professional when advice is required in order to determine if the child requires or should have required medical or mental health care as the result of abuse." Whether to refer, to whom, and under what circumstances are driven by experience, training, and education for HHS' front-line child protection workers.

Iowa HHS contracted with Sellers Dorsey, a consulting firm, to conduct industry research including a comprehensive national scan and consolidate their findings into an executive summary of key findings. Through their research, specific model components were identified:

- Medical network development – States with large rural areas are developing statewide networks of medical professionals who regularly see children and are connected to child maltreatment medical experts. To support these networks, states are investing in provider recruitment, outreach, and capacity-building efforts, using a variety of funding sources.
- Targeted training – To ensure effective medical evaluation and treatment in child abuse and neglect cases, all stakeholders must understand the referral process, their specific roles, and the expertise of available providers. Front-line investigators and primary care professionals will need to recognize when to involve specialists, while medical experts require ongoing, advanced training to stay current with best practices in identifying and treating child maltreatment.
- Consultation support – States are ensuring medical professionals have rapid access to expert support through file reviews, virtual consults, emails, or 24/7 phone consultation, when case-specific questions arise. Often, a Board-Certified Child Abuse Pediatrician provides guidance without conducting the evaluation directly, helping determine when specialized assessments are needed.
- Communication and collaboration – The role of a medical professional often extends beyond the exam to include communicating with investigators, writing reports, testifying in court, and participating in multidisciplinary teams. States are working to build capacity and allocate resources to support these essential responsibilities.
- Detailed referral policies – States with strong medical evaluation models have clear referral policies based on factors like the type of alleged abuse, the child's age, or specific injuries, often requiring mandatory referrals for very young children. These guidelines help ensure timely and appropriate medical assessments.

- Information for parents and guardians – When states refer children for medical evaluations, parents need to be informed, often through brochures developed by states, CACs, hospitals, or providers to help them understand the child welfare process.

Sellers Dorsey's recommendations for Iowa include:

- Implementation of a network development model that provides ongoing training for medical providers and investigators, consultation support for medical professionals and others in the network, and clear communication and collaboration pathways and responsibilities.
- Update referral policies with a focus on detail and clarity and establish mandated referrals for certain very high-risk injuries or circumstances. Develop and deliver trainings to front-line staff and law enforcement partners on policy changes and supporting medical information.
- Develop mechanisms for parent communication. Including, but not limited to, providing brochures at the time of a medical evaluation request, providing sample brochures and/or language to network members, and ensuring relevant information geared toward parents is available at the exam location.

A CPS workgroup, composed of policy staff, CPS leadership, and front-line staff and supervisors, convened in early November 2025 to develop referral policies for medical evaluations. Their recommendations will be shared with leadership for review, and a plan to implement a statewide network development model is currently underway.

Communication and Collaboration

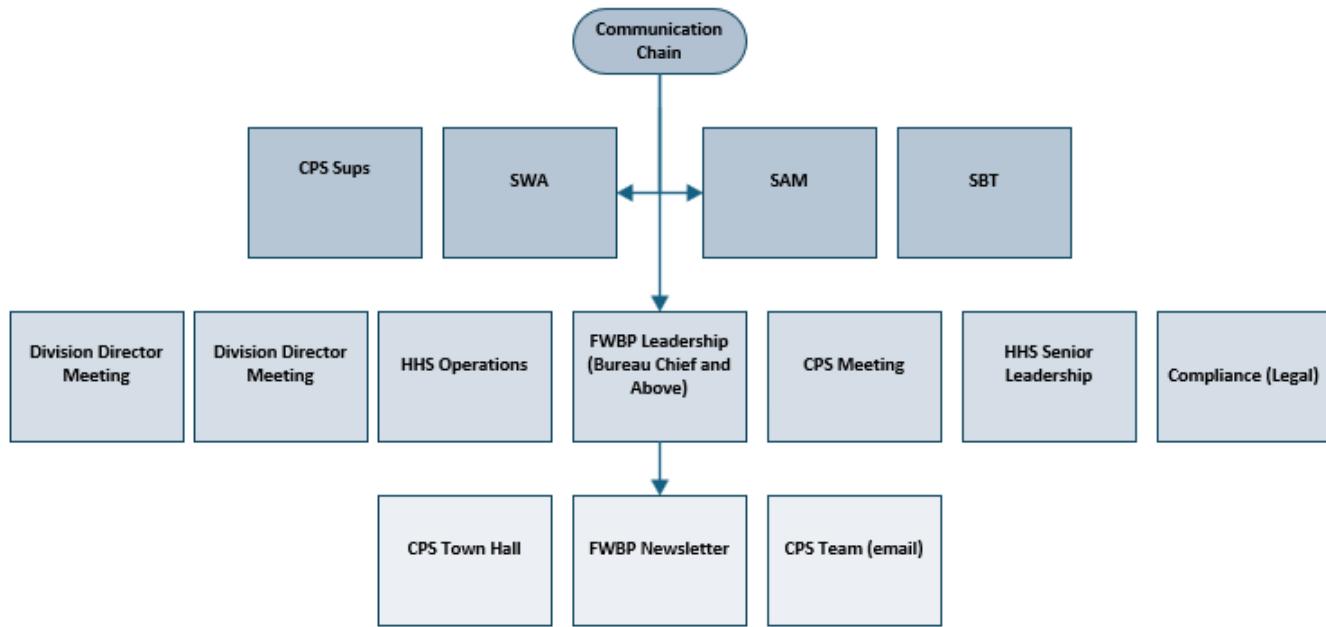
CPS Communication Plan

Iowa Child Protective Services (CPS) had identified means of communicating information throughout the division, it lacked a clearly documented internal communication plan. An internal communication plan is essential for several reasons:

- Consistency and Clarity - An internal communication plan ensures that all CPS staff—from front-line workers to leadership—receive consistent, accurate, and timely information. This reduces confusion, prevents misinformation, and helps staff align around shared goals, policies, and procedures.
- Improved Coordination - CPS work often involves collaboration across multiple roles and departments. A structured communication plan supports better coordination between case managers, supervisors, legal teams, and service providers, which is critical for effective case planning and child safety.

- Change Management - As CPS evolves—whether through policy updates, program expansions like Therapeutic Foster Care, or system improvements—an internal communication plan helps manage change by clearly outlining what's changing, why, and how it affects staff roles and responsibilities.
- Staff Engagement and Morale - Transparent and regular communication fosters trust and engagement among staff. When employees feel informed and heard, they are more likely to feel valued and stay committed to their work, which is especially important in high-stress environments like child welfare.
- Training and Onboarding - A communication plan supports onboarding and ongoing training by ensuring that new and existing staff have access to the right information, resources, and updates in a timely manner.

Currently division-wide information is shared through electronic memos, virtual town halls, and newsletters. The following is a high-level visual of the internal communication plan:



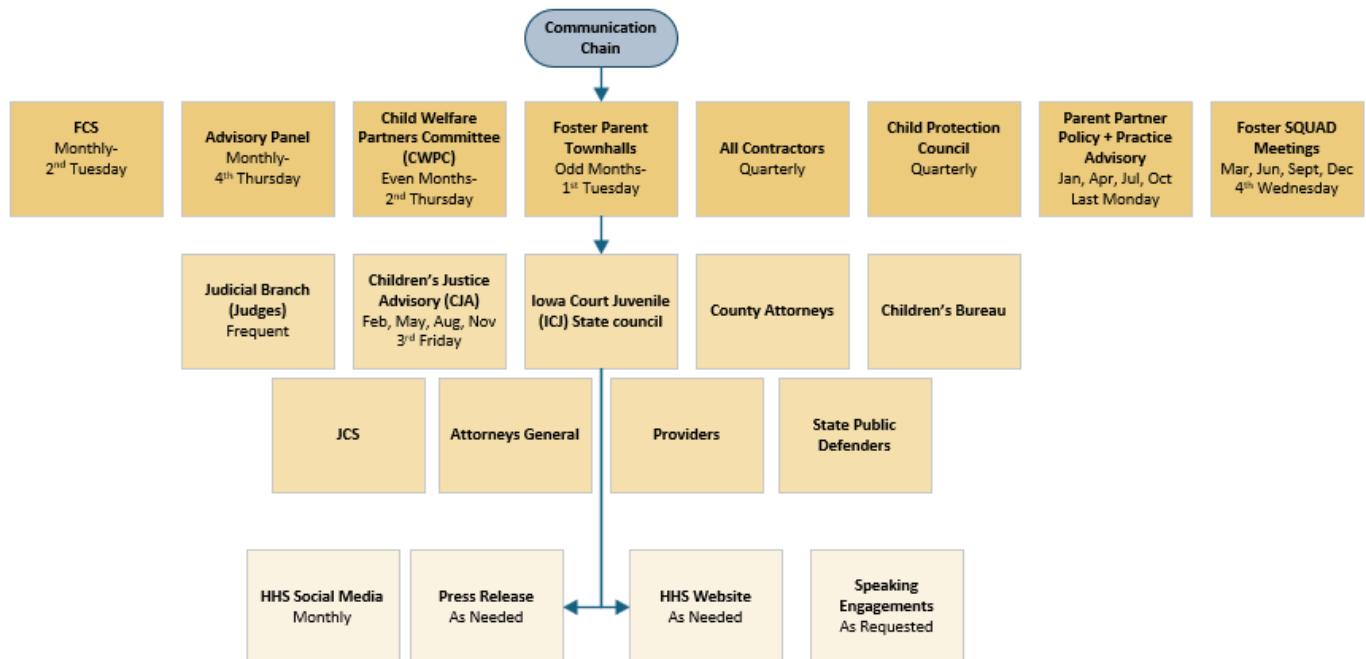
CPS Stakeholder Communication Plan

Creating an external communication plan for Iowa Child Protective Services (CPS) is essential to building trust, transparency, and collaboration with the public and key partners. An external communication plan:

- Builds Public Trust and Transparency - Ensures that CPS communicates clearly and consistently with the public, families, and community partners. Transparent communication helps build trust in the agency's mission and processes.

- Supports Family and Community Engagement - Effectively communication with families, foster parents, service providers, and community organizations helps ensure that everyone involved understands CPS policies, services, and expectations. This improves collaboration and outcomes for children and families.
- Clarifies Roles and Processes Explains CPS's role in child welfare, how investigations work, what families can expect, and how to access support. This is especially important for families unfamiliar with the system or facing language or cultural barriers.
- Manages Public Perception and Media Relations - Provides a framework for timely, accurate, and coordinated messaging. This helps protect the integrity of CPS's work and ensures the public receives factual information.
- Promotes Program Awareness and Recruitment - Supports recruitment of foster and adoptive families, raise awareness of new initiatives like Therapeutic Foster Care, and highlight success stories that demonstrate the impact of CPS services.
- Ensures Compliance and Accessibility - Ensures that public-facing materials are accessible and compliant with legal and ethical standards—especially when sharing information about children and families.

The following is a high-level visual of the external communication plan:



Report dissemination process change

Iowa has historically followed a practice of automatically sending child abuse assessment reports to all involved parties, whereas many other states provide reports only upon request. This approach can be duplicative and unnecessary—particularly when reports are sent to children involved in the case—resulting in households receiving multiple copies (e.g., to the perpetrator, non-offending parent, and one or more child victims). The process is labor-intensive, increases the volume of appeals, and incurs additional costs related to postage and printing.

We have recently revised Iowa's process for distributing child abuse assessment reports to reduce redundancy and improve efficiency. Instead of automatically sending reports to all involved parties, we are now piloting a more targeted approach in select areas. Under this pilot, reports are sent only to those who are legally required to receive them or who request a copy, minimizing unnecessary duplication—particularly in cases where multiple individuals in the same household would otherwise receive identical reports. This change is expected to reduce administrative burden, lower postage and printing costs, and help decrease the number of appeals triggered by automatic report distribution. Early feedback has been positive, and it is anticipated this will expand statewide soon.

Critical Incident Reporting

Iowa HHS is strengthening its internal processes for responding to critical incidents involving child death or near-death to ensure consistent and timely communication with agency leadership. While this process is not visible to families, providers, or foster parents, it plays a vital role in ensuring accountability and oversight. A new standardized reporting tool was created to streamline how these incidents are documented and shared across service areas. The tool includes a built-in workflow that generates a consistent report format, ensuring that leadership receives timely and uniform information regardless of where the incident occurs. This improvement reflects HHS's ongoing commitment to child safety, transparency, and continuous system improvement.

Warm Transfer

The "Warm Handoff" initiative was implemented to improve the efficiency and effectiveness of handling reports of abuse or neglect that occur outside the state. Previously, when such a report was received, intake workers were required to collect all relevant information, document it as a formal intake, and then contact the appropriate state's intake team to relay the details. This process often took up to two hours, factoring in documentation, call time, hold times, and finalizing the handoff.

To streamline this process, the team introduced a new approach: instead of documenting a full intake, intake workers now directly connect the caller to the appropriate state's intake line. Once the caller is successfully transferred and speaking with a live worker in the receiving state, the intake worker disconnects from the call.

This warm transfer approach has significantly reduced the time and administrative burden on intake staff while ensuring that callers are promptly connected to the appropriate jurisdiction.

Safe Kids Advisory Panel

The Safe Kids Advisory Panel was created as a forward-thinking way to review and guide projects within the Safe Kids portfolio for Child Protective Services (CPS). The panel included a diverse group of individuals who represent different parts of the child welfare system. Its formation was influenced by the need to respond to past litigation, with a focus on learning from those experiences to improve outcomes for children and families in Iowa.

Panel meetings offered an opportunity for stakeholders to share their perspectives early in the project development process. The added context and situational awareness from a variety of partners helped CPS understand different viewpoints and incorporate feedback before final decisions are made. By listening to those directly affected by these projects, we have planned more effectively and avoided future challenges. This approach also gave stakeholders a chance to see the impact of their contributions and supports long-term success across the portfolio.

The Safe Kids Advisory Panel served as a representative sample of individuals from across the broad spectrum of the child welfare system. Their insights helped us better understand communication gaps and explore ways to share information more clearly and consistently with all stakeholders.

The Safe Kids Advisory Panel included a mix of HHS staff and external partners who brought valuable perspectives to the discussion. While these individuals were able to provide thoughtful feedback and insights, they did not hold formal decision-making roles within the panel.

Selection

Each participant selected for the Safe Kids Advisory Panel brought experience that made them subject matter experts impacted by the work of Child Protective Services. Their diverse backgrounds provided feedback from a variety of viewpoints, raising questions and providing feedback that may not have otherwise been considered.

Participants

Invited Panel Members

Judge Forker-Parry, Woodbury County

Andrea Vitzthum, Polk County Attorney

Kelly Erickson, Parent

Shane Morgan, Parent

Alexis McQuown, Foster Parent
Eric Grundfast, Foster Parent
Josh Sienkiewicz, Law Enforcement
Kayla Powell, Youth Advocate
Monica Malek, Youth
Veronica Russell, Iowa HHS and lived experience

Iowa HHS

Janee Harvey, Family Well-Being and Protection Division Director
Lori Frick, Child Protective Services Director
Judy Lundy, Family Well-Being and Protection Deputy Division Director
Clarice Vincent, Child Protective Services Deputy Director
Angie McCann, Senior Project Manager
Klaire Wisniewski, Communications

Advisory Panel Meetings

The group met once per month beginning in December 2024 with the final meeting in November 2025. The kickoff meeting included background information on the events leading up to the creation of Safe Kids and a thorough review of the portfolio of projects.

Each meeting featured a presentation on projects in progress, including key updates on milestones achieved and responses to any outstanding questions from the previous session. Panel members were encouraged to ask questions throughout the presentation, with dedicated time at the end for additional discussion, suggestions, and input on related projects or broader CPS concerns.

Meeting Dates

December 17, 2024

January 30, 2025

February 27, 2025

April 24, 2025

May 22, 2025

June 26, 2025

August 28, 2025

September 25, 2025

October 23, 2025

November 17, 2025

Safe Kids Advisory Panel Summary of Comments and Recommendations

The projects within the Safe Kids portfolio had common themes and were grouped in four areas with an overall goal of reducing trauma so children and staff can heal. The recommendations are grouped according to the four areas of the Safe Kids portfolio.

Support a well-trained workforce equipped to spend more time with families

- Multiple panelists described their experiences with staff turnover at both HHS and with contractors. They highlighted the importance of hiring and retaining quality staff to support children and families.
- Conversations on contract redesign projects led to conversations regarding contract service providers and the need to have a stable workforce that follows through on service delivery for Iowans.
- Panelists appreciated interactions with staff who have lived experience and lifted up the desire to enhance this section of the workforce.

Build strong relationships so kids spend more time in family-like settings

- The panel identified the need for additional post-adoption resources to support permanency and requested additional promotion of these supports to reach all adoptive parents.
- A project was suggested to intentionally support father engagement, especially when children are out of home and parents live separately.

Elevate quality specialty care to meet unique needs

- Discussed the need for worker contacts while youth are in shelter and the specific supports youth feel could be improved.

- There was a suggestion for specialized positions to support specific demographics of youth in care (young children, youth aging out, etc.).
- The Sobriety, Treatment and Recovery Teams (START) project received positive feedback from the group and updates were consistently presented to the group.
- The panel had many suggestions regarding the licensing process including allowing foster parents to retake trainings, especially when there is a training related to a need of a child in their care. The panel also suggested specific trainings related to kinship care, specifically the changing dynamics within a family.
- One panel member suggested a model to house youth who do not want to be in foster homes but want a home-like setting. There was an emphasis on staffing stability and enhanced supports when youth are in crisis.

Communicate effectively to ensure collaboration

- There was a suggestion to expand the ombudsman program to investigate complaints related to CPS but separate from the current CPS complaint investigation process.
- Many panelists expressed feeling heard as their ideas were incorporated into projects with clear communication back to the panel regarding their ideas.
- Participants requested and will receive communication as projects in the portfolio progress.

The Safe Kids Advisory Panel has played a vital role in shaping the direction of Child Protective Services projects by bringing together a diverse group of voices from across the child welfare system. The collaborative nature of the panel fostered transparency, trust, and shared ownership of outcomes, strengthening the connection between policy and practice. The lessons learned from this panel will inform future engagement strategies and reinforce the importance of inclusive, proactive planning.

Conclusion

The Safe Kids Portfolio demonstrates Iowa's commitment to building a stronger, more responsive child welfare system – one that prioritizes safety, stability, and healing for children and families. With input from frontline staff, community partners, and the Safe Kids Advisory Panel, this initiative has delivered measurable progress across key areas: reducing trauma, strengthening family connections, improving workforce capacity, and enhancing system-wide collaboration. The projects outlined in this report reflect not only a year of hard work but also a shared vision for a more responsive, equitable, and effective child welfare system. As we move forward, the insights and lessons gained from this portfolio will continue to shape our strategies, ensuring that every child in Iowa has the opportunity to grow up safe, supported and connected.