

DHS/AECF  
Partnership

Des Moines, Iowa  
June 18, 2019

Iowa Preventive Services Needs Assessment:  
Summary of AECF Findings & Recommendations

THE ANNIE E. CASEY FOUNDATION



## Iowa has an opportunity to re-envision its continuum of prevention services to better meet the needs of children and families

The goal of child welfare prevention is to provide services that strengthen parents' protective capacities to ensure child safety and wellbeing



DHS and its Provider Partners have a long history of providing an array of prevention services and are able to build upon existing strong practices to achieve better outcomes



Iowa can achieve improved results in prevention services by:

- Developing a clear case management model
- Using targeted evidence-based interventions
- Instituting stronger accountability for DHS and Providers

Our assessment identified several strong areas of practice Iowa can build upon to further strengthen prevention services

**Values & Mission**

The vision articulated by the DHS Child Welfare leadership is aligned with best practice in child welfare prevention

**Funding & Support**

There is an existing prevention services structure and support for utilizing forthcoming FFA opportunities

**A Culture of Innovation**

Iowa has embraced innovative approaches through several initiatives, pilots, and support of EBPs like Safe Care

**Accountability**

There are mechanisms for performance monitoring that can be leveraged to focus on desired outcomes

DHS has articulated a clear vision for prevention services that highlights a commitment to strengthening and preserving family connections

**Iowa's Vision  
Aligns with  
the Federal  
Children's  
Bureau Vision**

- Focus on preventing maltreatment
- Recognize removals cause trauma. Prevent unnecessary removals
- Design interventions to address parent and child trauma
- Build the capacity of communities to support their children and families
- Locate services where families live
- Establish a healthy, stable, and skilled workforce
- Ensure capable and visionary leadership

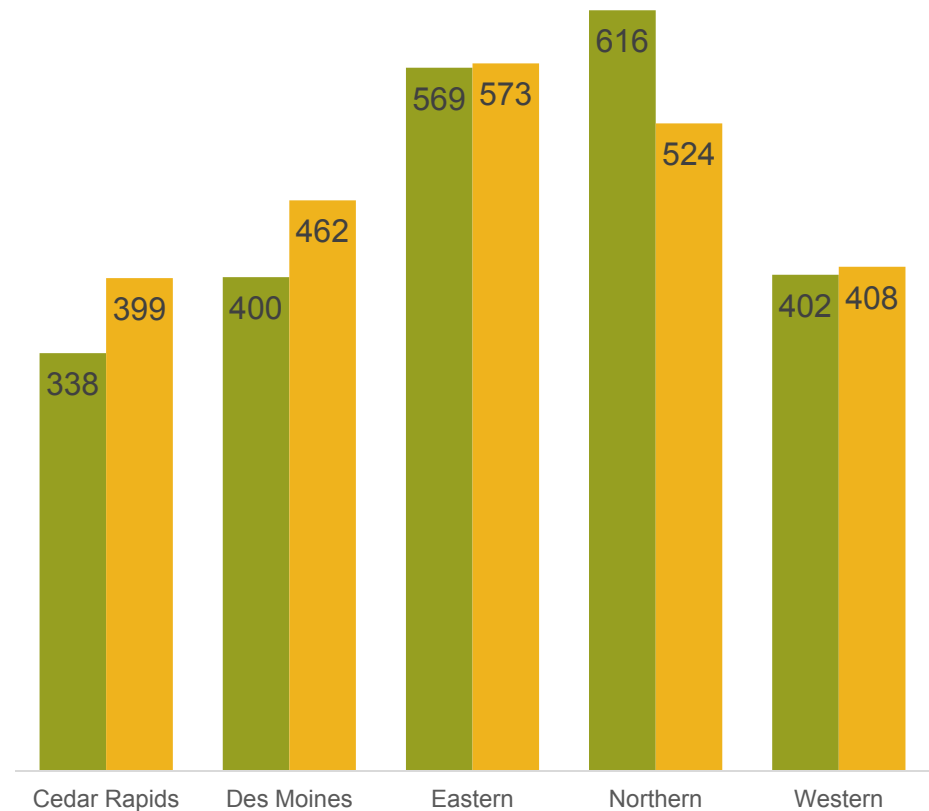
# DHS already funds prevention services designed to address a broad array of needs

## The current model aligns with DHS' vision in several ways:

- Services are in the community
- FSRP workers meet with families in their homes
- Two FSRP providers are available in every service area
- Some providers are using trauma-informed and evidence-based models

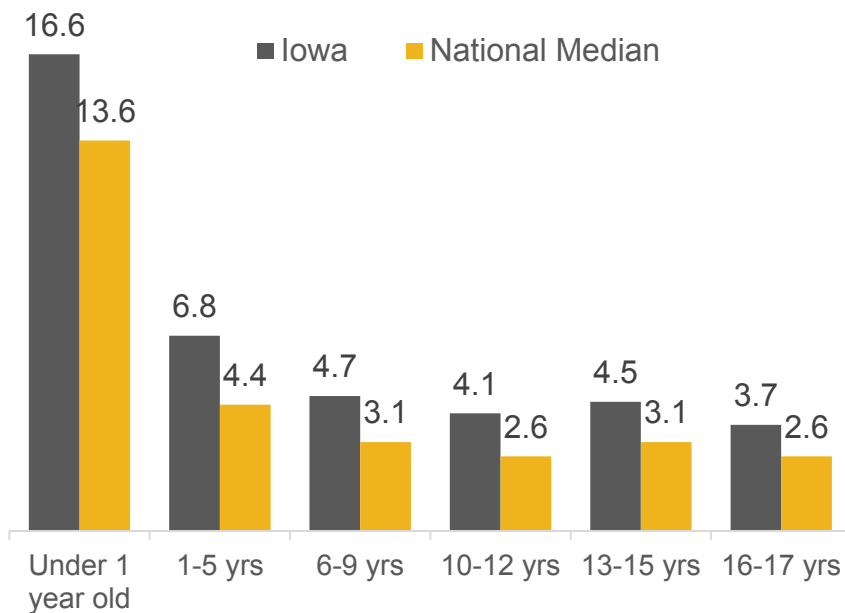
*“Often the biggest factor in a case’s outcome is the FSRP worker’s ability to follow through and help parents locate and access resources”*  
– Parent Partner

Average Annual Number of FSRP Only Cases Per Service Area  
FFY 2016-2017 Avg.      FFY 2014-2017 Avg.



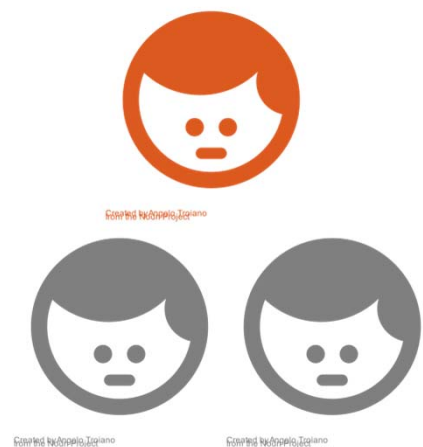
However, data also reflects an opportunity to better leverage prevention services to further reduce unnecessary foster care entries and repeat reports

Iowa's foster care entry rate per 1,000 children is higher in every age group compared to the national median (FFY 2017<sup>1</sup>)



From 2014-2018 there has been a 14.5% increase in entries

About 1/3 of screened in reports each year are for children who were previously substantiated<sup>2</sup>



*“The lack of meaningful, sufficient interventions at the right time has led to more removals than necessary.”*  
 – Iowa Judge

<sup>1</sup>Source: AFCARS 2017 Public Use File & US Census Bureau.  
<sup>2</sup>NCANDS Iowa state submitted file

# Our assessment also found areas of challenge in effectively serving certain populations of children

Several populations require more targeted interventions

- Teens with behavior problems
- Parents with substance abuse issues

**Key Challenges**

System characteristics are currently contributing to these challenges

- Lack of role clarity between DHS and FSRP
- Lack availability of or access to services

DHS can enhance current services to address these challenges

With specific modifications and enhancements, Iowa has the ability to significantly improve the quality and impact of its prevention services

Enhancement opportunities fall into three areas:

**Case Management**

Employ a clear case management model with defined roles



**Evidence-Based Practices**

Establish an array of evidence-based interventions



**Accountability**

Develop more robust accountability for DHS and FSRP

Collaboration

A shared spirit of teaming and collaboration between DHS, FSRP and key stakeholders is a critical underpinning to success in all three areas



Though there are pockets of strong collaboration, an overall lack of clear case management responsibility and workload constraints contribute most to challenges

### **What's working well:**

- Collaboration when the FSRP and DHS workers work as a team
- Communication when FSRP and DHS workers regularly discuss case progress
- Support for parents when the FSRP worker is trained, experienced and stable

### **Prevailing challenges:**

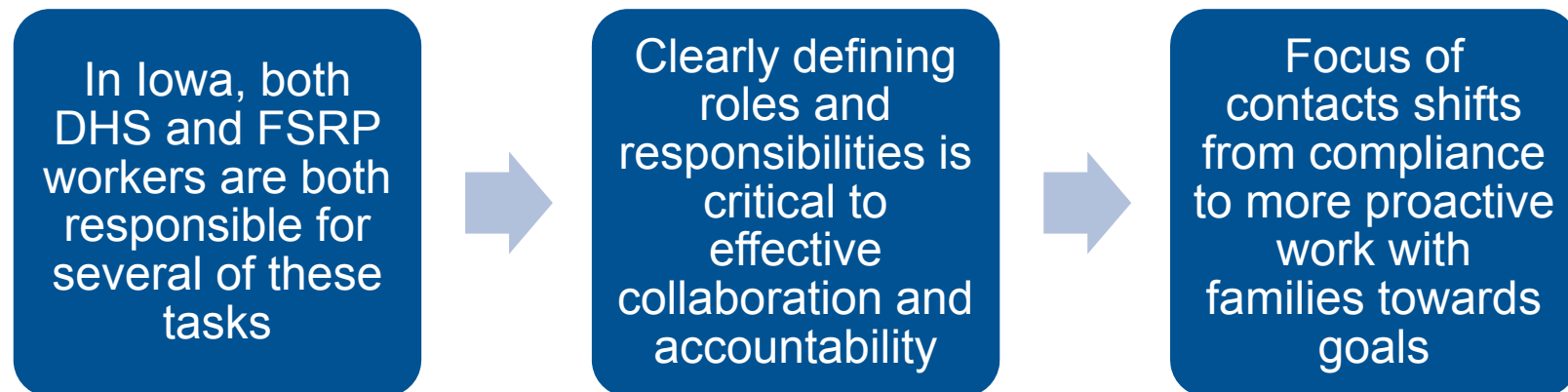
- Duplicate responsibility between FSRP and DHS workers
- Disagreement about what FSRP workers should do to support families
- Limited time spent with families due to high caseloads, frequent turnover, and significant time spent traveling

*“We had a family that had three different FSRP workers in three months. They can’t develop effective working relationships in that amount of time.” - Judge*

## High quality case management should be considered a prevention service that contributes to better outcomes for families

### We define Case Management to include:

1. Working with the family to **develop a family service plan** (family team meetings)
2. Helping the family **connect to needed services** (referrals, assistance at appointments)
3. Aiding the family in **accessing services** (transportation planning and support)
4. **Assessing the parents' protective capacities** and behavior changes over time
5. **Monitoring the child's safety** and addressing any new safety or risk concerns



Evidence-based case management models ensure caseworkers use effective and consistent strategies to help families achieve service goals

There are currently two case management models rated as Promising by the California Evidence-Based Clearinghouse:

- Family Connections
- Solutions Based Casework

There are potentially other models not yet rated. Additionally, Iowa could choose to build on its current practice to develop its own.

**Considerations for Model Selection:**

- Cost and workforce educational requirements
- Developer capacity or availability
- Implementation effort required by Iowa
- Potential for future FFSPA reimbursement
- Uniformity and potential efficiencies of scale

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Leveraging the Family First Prevention Services Act, Iowa has the opportunity to build an array of specialized evidence-based services

## Preventive Categories in the Family First Act



Parenting Skills



Mental Health



Substance Abuse

DHS has the opportunity to shift to utilizing evidence-based parenting interventions across all providers and target specialized groups



## Parenting Skills Interventions

### What's working well:

- DHS already requires FSRP to provide parenting skills services
- Some FSRP providers already use EBPs like Safe Care or PCIT

### Prevailing Challenges:

- Many providers are using different models making it difficult for DHS to know what is provided or track effectiveness
- Families are assigned randomly so there is no matching process

Almost half of all foster care entries in Iowa are children 0-5

### Considerations for model selection:

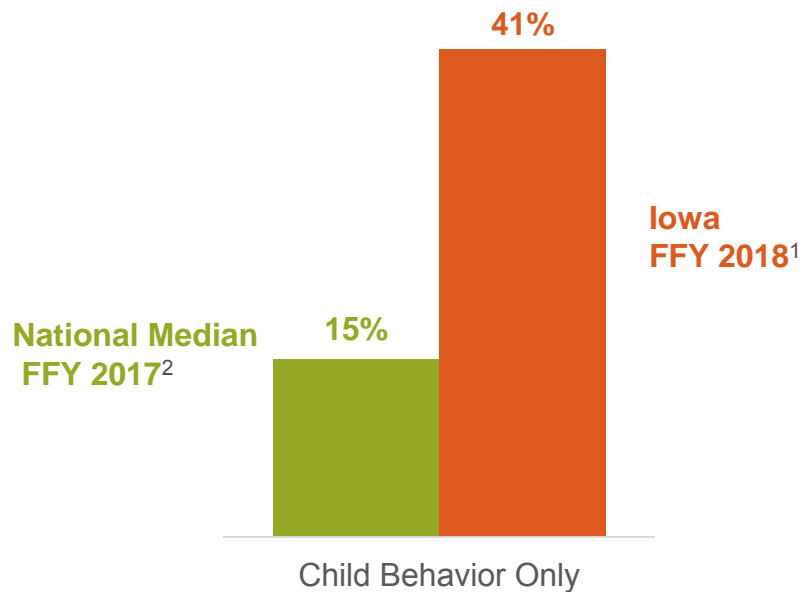
- What capacity exists in Iowa to scale up some EBPs already in use?
- What specialized populations could be targeted with tailored interventions?
- What models might be funded in-part through FFSPA in the future?

Iowa has the opportunity to develop a specialized approach to serving teens who are now entering foster care for child behavior reasons



## Mental Health Interventions

Approximately two-fifths of teens enter for only child behavior reasons, much higher than nationally



### Considerations for model selection:

- How can DHS utilize existing Teen focused EBP providers in Iowa?
- Could FFSPA help fund more of these services for DHS involved teens?
- How will teens be referred and engaged in these services to prevent foster care placement?

<sup>1</sup>Source: Merged Iowa AFCARS A/B files through 2018B

<sup>2</sup>Source: AFCARS 2017 Public Use File

## AECF identified common elements of programs proven effective at preventing teen out-of-home placements across youth-serving systems

### Common Elements of Prevention Programs for Teens

- Process is non-adversarial, there is no abuse/neglect finding, services are voluntary
- Intervention is intensive in nature (at least several contacts per week initially) but outlines a specified length of time (usually 3-4 mos.)
- Majority of services provided in the home and community with some form of 24/7 crisis support
- Focused on family engagement, particularly on empowering parents to manage and guide behavior while strengthening communication (cog-behavioral framework)
- Works with families to more effectively address their interactions with multiple systems (School, courts, mental health)
- Thinks about natural supports like extended family and community through a strengths-based lens
- Includes a structured set of principles/tools/curriculum, has quality assurance measures for fidelity, and small caseloads

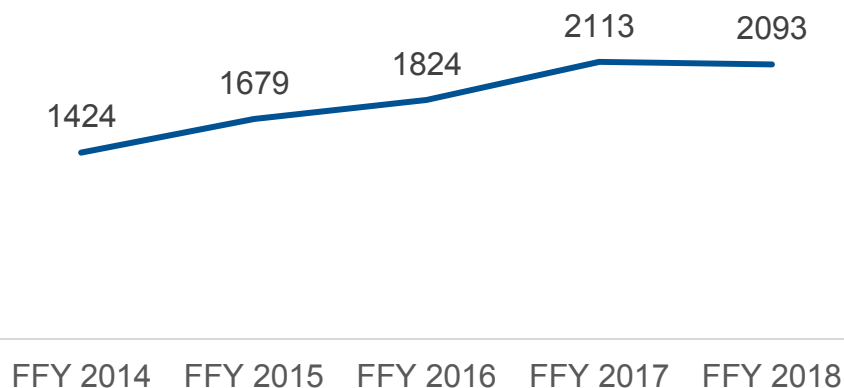


Both data and focus group feedback highlighted one of the most significant challenges was serving parents with substance abuse issues



## Substance Abuse

Number of Children Removed for Parental Substance Abuse



### Trends in feedback:

- There is a need to expand existing services (i.e. inpatient for parenting fathers)
- Inability to drug test is an issue
- Insurance/payment is preventing access
- Existing programs are full or too far away

### Considerations:

- DHS is currently collaborating with IDPH to map existing service gaps and strategize next steps
- FFSPA could potentially fund more services

## Iowa could build on existing partnerships to develop new approaches to access parental substance abuse treatment

### **Key Ingredients** for an effective system approach to addressing substance abuse treatment challenges:

- Development of standardized screening, assessment and communication protocols
- Community mapping and gap analysis of service array
- Cross-system training for substance use specialist and child welfare caseworkers
- Development of drug testing policies
- Enhancement of collaborative partnerships and blended funding models

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Meaningful accountability for both DHS and Providers is critical to successfully implementing any improvements and sustaining success

**What's working well:**

- There is already a defined process for communicating performance concerns
- There are some dedicated DHS contract management staff
- There is regular communication about performance and outcomes with providers

**Enhancement opportunities:**

- ❖ Establish more **clearly defined expectations for providers** and **align funding and incentives**
- ❖ Develop an **improved referral process** that matches families to specific service providers based on family need
- ❖ Implement ways to **measure the quality of services provided (fidelity)** and more **effective accountability mechanisms** when expectations aren't met

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Questions or Comments?