Preliminary Findings Progress Report

February 2023

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

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1.0 INTRODUCTION

The State of Iowa Health and Human Services (HHS) Preliminary Findings and Progress Report is the second deliverable for the Child Protective Assessment. This report—based on the initial review of data, policy, practice, and artifacts provided by the state, as well as discussions with staff and leadership—provides an initial evaluation of the operational areas requiring the most focus for the Child Protective Assessment currently underway at HHS. It is intended to establish a baseline and outline preliminary findings and proposed next steps for leadership guidance, approval, and expectations. As a result, this document will serve as a guide for the remaining deliverables.

We recognize that the analysis of preliminary findings is not exhaustive and may contain perceptions that are not consistent across the state or that may not be fully aligned with the initial data analysis. Therefore, the purpose of this report is to detail the most common observations based on widely held beliefs among individuals with lived experiences across HHS and offer guidance to the teams as to which areas they may want to focus their attention or further explore. Once those areas have been identified, the final report of findings and recommendations will provide strategies that can be leveraged to help bridge the gap between current performance and leadership expectations and, where applicable, utilize SMARTIE (strategic, measurable, actionable/ ambitious, realistic, time sensitive, inclusive, and equitable) goals to measure improvement.

To the extent that the comments or initial findings pass any judgment or infer a cause, it is merely subjective based on our experience, or the feedback provided by the staff and leadership guiding operations. The process mapping and analysis groups will take this information into account during their review of process and systems as part of their work to help identify gaps and recommendations. The proposed next steps are designed to highlight where there are opportunities to improve operations.

The four assessment areas included in this report, as outlined in the contract, are:

1. Workforce and Workload
2. Policy and Practice Review
3. Quality and Accountability
4. Technology and Data Integration

For the purpose of our analysis, we recommend separating workforce from workload, so that workforce covers elements such as people, staffing, organizational structure, vacancies, etc., while workload addresses processes, capacity, time studies, caseloads, etc. Additionally, we have added a section titled “Community Partners and Stakeholders” that will serve as a grouping for both internal and external customer and stakeholder voices.

2.0 METHODOLOGY AND APPROACH

To ensure children and families are benefiting from child welfare services, we must look at each aspect of the work. Is practice sound and being used to fidelity? Does policy align with practice? Do the processes align with policy and practice? Do workers have capacity to do the work? Does technology support the worker and family? Are services effective in lowering risk and improving safety? Are all systems functioning in a way that is accountable to the child and family's best interests?

To engage in this work, the Change and Innovation Agency (C!A) utilizes the seven-step methodology outlined in the Strategic Plan and Roadmap provided on November 30, 2022. Each step has a clear objective and, before execution, is confirmed with leadership via the deliverables and biweekly touchpoints so that it can be managed to completion. It is easy for projects to get caught up with extensive analysis that results in endless recommendations. We therefore use this methodology to remain focused on the goals and achieve them in a timely manner.

2.1 Documentation and Data Review

An initial data and document request was submitted to the state for each functional area (Intake, Assessment, Case Management, etc.) to be included in the assessment. The request was focused on work volume, time, decision paths, staffing, turnover and vacancies, and success factors. This data provides a baseline for current operations as well as contextual comparison to understand volume and the current performance levels of each of the systems of work. The preliminary findings serve as an opportunity to confirm or challenge the baseline data, assumptions, and interpretations. It also serves to ensure alignment between C!A and the state regarding the data for which the findings from the assessment will be interpreted. Additionally, establishing a baseline set of data serves as a starting point from which to measure success, if changes are implemented, and allows the C!A team the ability to have a lens through which we can better understand HHS when engaging in subsequent assessment activities across the state.

Identification of additional relevant data and documentation will be informed by focus group conversations.

2.2 Interviews With Leadership

The C!A and Health Management Associates (HMA) team met with department leadership as identified by the Service Business Team (SBT) to discuss current environment, perceived strengths and challenges, customer relationships, interpretation of any data anomalies, and generation of the desired assessment outcomes for their specific areas. The conversations were conducted in-person when possible and virtually when requested. The chart below serves as a record of the individuals interviewed. The insights from these conversations are captured in the subsequent sections of this report.

#	Organization Unit	Name/Email	Date	Time
1	Licensing/Kinship	Matt Majeski mmajesk@dhs.state.ia.us	December 8, 2022	8:00am
2	Case Management	Lori Frick lfrick@dhs.state.ia.us	December 8, 2022	10:00am
3	Training Development	Matt Haynes mhaynes@dhs.state.ia.us	December 8, 2022	10:00am

4	Court and Related Services	Kathy Thompson kathythompson@iowacourts.gov	December 8, 2022	12:00pm
5	Community Services	Tom Bouska tbouska@dhs.state.ia.us	December 8, 2022	1:00pm
6	Assessment	Jana Rhoads jrhoads@dhs.state.ia.us	December 8, 2022	2:00pm
7	Division Director	Janee Harvey jharvey1@dhs.state.ia.us	December 8, 2022	3:00pm
8	Intake	Lori Lipscomb llipsco1@dhs.state.ia.us	December 9, 2022 (virtual)	12:00pm
9	Case Management and HHS Perspective on Court/County Attorneys (CAs)	Dawn Turner dturner1@dhs.state.ia.us	December 20, 2022 (virtual)	11:00am
10	Director of Field Operations	Vern Armstrong larmstr@dhs.state.ia.us	December 27, 2022 (virtual)	10:30am

2.3 Staff Focus Groups

The C!A/HMA team traveled the state to meet with over 100 staff with lived experience who engage in HHS work daily. These in-office, functional area focus groups were designed to meet with representative samples of staff from a variety of office types and geographic areas. Facilitators gathered input on current operations and led discussions designed to uncover trending issues in capacity and practice quality and explore potential root causes of these issues. They also asked questions about future technology needs and the most desirable attributes and features of a new system.

Group Composition

Focus groups consisted of diverse staff within specific functional areas and included a mixture of newer and experienced individuals.

Assessment and Case Management

- Six to fifteen staff from visited offices and surrounding offices
- Four to six supervisors from visited offices and surrounding offices

Adoptions and Licensing/Kinship

- One meeting per service area as applicable
- Six to eight total workers and supervisors from that service area

Social Work Administrators (SWA)

- One meeting per service area as applicable

A chart outlining the focus group meetings can be found in the Appendix.

2.4 Process Mapping and Analysis

The C!A team uses a mapping tool that captures the functional areas needed to complete work, the activities and tasks that take place, and the work time needed to perform each task and complete the total transaction. A map is produced for each major area—and, at times, the significant variations within those areas. The primary purpose of the analysis is to determine workloads, staffing needs, and gaps between current and desired performance. C!A has

collaborated with the state to schedule the process mapping and analysis for February 7–9, 2023, from 9:00am to 4:00pm. The schedule is as follows:

- Day 1: Radical Process Improvement workshop (open invite)
- Days 2–3: System mapping (Intake, Assessment, Case Management, and Adoptions groups)

Group Composition

The system mapping groups will be broken out by functional areas and each group should be comprised of eight to ten staff and three to five supervisors who conduct and engage in the work of that segment daily. The group composition should be diverse and include a mixture of newer and experienced individuals.

2.5 Customer Focus Groups

The following is a list of organizational groups we have interviewed to inform the assessment up to this point. This list is not exhaustive and as we proceed, it may evolve. The evolution is based on meetings with participants and assessment findings, where we determined relevance and approach that best met the organizational needs. Additionally, the method of engagement is informed by the initial data and assessment findings and leadership interviews.

Organization	Point of Contact	Date	Time or Location
Social Work Administrators	Jason Geyer, jgeyer@dhs.state.ia.us Jason Kilby, jkilby@dhs.state.ia.us Andrea Hickman, ahickma@dhs.state.ia.us Tammi Winchester, twinche@dhs.state.ia.us Travis Heaton, theaton@dhs.state.ia.us Tracey White, twhite@dhs.state.ia.us Trisha Gowin, tgowing@dhs.state.ia.us Lynn Bell, lbell@dhs.state.ia.us Liam Healy, lhealy@dhs.state.ia.us Paige Casteel, pcastee@dhs.state.ia.us Valarie Lovaglia, vlovagl@dhs.state.ia.us	January 9–13, 2023	Onsite
Social Work Supervisors (Case Managers and Protective)	SWAs (Contacts above)	January 9–13, 2023	Onsite
Intake Supervisors	Lori Lipscomb, llipsco1@dhs.state.ia.us	January 11, 2023	8:00am
Intake Staff Group 1	Lori Lipscomb, llipsco1@dhs.state.ia.us	January 12, 2023	8:00am
Intake Staff Group 2	Lori Lipscomb, llipsco1@dhs.state.ia.us	January 13, 2023	10:00am
Intake SW4s	Lori Lipscomb, llipsco1@dhs.state.ia.us	January 11, 2023	9:00am
IT Project Management/Software Development	Matt Haynes, mhaynes@dhs.state.ia.us Tim Bartleman, tbartle@dhs.state.ia.us	January 12, 2023	11:00am
Quality Assurance	Susan Godwin, sgodwin@dhs.state.ia.us	January 12, 2023	1:00pm

Provider Association Leads (In-Home, Out-of-Home, and BH Services; Wraparound and Family Supports; TAY Services)	Kristie Oliver (Head of the Coalition) Child Partnership Committee (CWPC) Natalie Clapp, nclapp@families-first.net Mylene Wanatee, Mylene.wanatee@meskwaki-nsn.gov Ana Clymer, aclymer@dhs.state.ia.us Linda Detteman (ldettema@dhs.state.ia.us)	January 12, 2023	3:00pm
Behavioral Health, Intellectual/Developmental Disabilities	Marissa Eyanson, meyanso@dhs.state.ia.us DeAnn Decker, deann.decker@idph.iowa.gov Kathleen Jordan, kjordan@dhs.state.ia.us Theresa Armstrong, TArmstr1@dhs.state.ia.us	January 11, 2023	3:00pm
Youth/APPLA/Older Youth/ Activating Youth Engagement (AYE)/Achieving Maximum Potential (AMP)	Doug Wolfe, dwolfe@dhs.state.ia.us Transition Placement Specialist (TPS) staff	January 11, 2023	1:00pm
Practice Help Desk	Matt Haynes, mhaynes@dhs.state.ia.us	January 11, 2023	12:00pm
Medicaid	Liz Matney	January 12, 2023	9:00am

2.6 Policy and Practice Review

A collection and review of policy and practice documentation is in process. This review includes legislation, regulation, policy manuals, standard operating procedures, and any additional assessments or reports we have received. Identification of additional relevant material will be aided by focus group conversations. For additional information related to the policy and practice review tool, a snapshot of the policy and practice tool is located in the appendix..

2.7 Technical Capabilities Review

Throughout each step, the C!A/HMA team is collecting employee reviews of the current technology strengths and challenges, as well as amassing a list of initial desired features for a system replacement. This is in addition to the more thorough analysis that can be found in the Technology and Data Integration portion of this report.

3.0 WHAT WE HAVE LEARNED

3.1 Workforce

Leadership Perspectives

During interviews with state leadership, Service Area Managers (SAMs), and SWAs, there were four common themes regarding the workforce of HHS: 1) cohesiveness and positive projection among leadership, 2) strength in longevity of staff, 3) concerns with recruitment and retention of new staff, and 4) a growing disconnect between central office leadership and local offices.

The general positive outlook on the vision, mission, and direction of HHS is a foundation on which both the workforce, and children they serve, rely on. At each level of interview, staff spoke of their innate motivation to help ensure child safety. This intrinsic desire is evident in the extra hours staff are willing to put in, how they cope with the inherent stress of the work, and why they remain optimistic about the direction of the agency.

"We have a lot of staff with years of experience, I feel confident that we are making the right decisions" –Supervisor

Local offices are encouraged by the recent approvals for additional staffing allocations and initiatives coming from the director's office and SBT. They are, however, aware that additional allocations come with recruitment challenges and are not an instant fix to capacity issues. They also recognize that central leadership is working on their behalf to represent their issues to legislators and budget officials. However, growing workloads (14 percent more calls, 8 percent more allegations, and 6 percent increase in time in care) have local offices concerned that demand is, or has already, surpassed their ability to keep up.[i] Their optimism is challenged by the reality of the workload and many report feeling as if the current level of performance is beginning to diminish.

"People are leaving, it feels like we are walking on a tightrope and with all the work being thrown at us, it is hard to keep our balance." –SW2

In child welfare, each functional area (Intake, Assessment, Case Management, etc.) is the primary customer of the previous function. Assessment is the primary customer of Intake's reports. Case Management is the primary customer of Assessment when they use Assessment's findings. Additionally, Intake can be a customer of Assessment when there have been previous assessments completed as they review assessment history. Intake and Assessment can also be customers of Case Management as they review service history and whether cases are currently open or recently closed and why. SAMs and SWAs reported a positive and collaborative working relationships across functional areas as well as across service areas. Supervisors and staff in the local offices, when asked about their level of customer satisfaction, were less positive. Almost universally Assessment workers reported perceived inconsistencies in what constitutes a screen in versus a reject, categorization as a child abuse assessment versus a family assessment, and the response timeframes. Customer frustration stems from disagreement with the screening decisions, direction, and the inability for local offices to

"I can get two reports, in the same week, with the same allegations, and they will be different, the level of information will be very different too. That inconsistency makes my job harder." –SW3

challenge or alter the direction without the risk of missing deadlines. In other words, it is more timely to just do the work than to question another unit. While there was no outward animosity toward other units, there was a universal feeling that the silos created in each were built for self-protection and not necessarily for what is most effective and efficient for their customers, or for the families they collectively serve.

Overall, the positive and optimistic tone outweighed the challenges.

The second theme, longevity and retention, was highlighted by leadership specifically regarding staff who have been with the department for three or more years. In many local areas, tenured staff provide a level of stability regarding outcomes and increase supervisor confidence in decision-making. While longevity is not always a projector of quality outcomes, high turnover and low staff experience can almost always be a contributor to poor outcomes.

Annual Turnover by Functional Area
Intake: 18%
Assessment: 25%
Case Management: 33%

Intake has the lowest turnover at 18 percent, and having experienced people screening the allegations should positively impact the consistency and quality of reports.[ii] However, despite this experience, local Assessment staff continue to challenge some of the allegations accepted for assessment, the quality of information in the report, consistency in how policy is applied, and policies that limit Intake's ability to screen-out allegations that Assessment workers feel will clearly close without a finding. It is important to note that Intake and Assessment workers both acknowledged the difference between the required acceptance criteria of Intake (there is a child victim, a caretaker and an allegation that falls under an Iowa abuse category), and the required preponderance of evidence needed to support a finding in Assessment. Assessment workers stated that the dissonance is a result of perceived inconsistencies in screening results that are interpreted as individual worker decisions rather than alignment with policy.

While Assessment staff report 25 percent turnover overall, there is much variation depending on the location of the office.[iii] Offices in proximity to larger population centers (Polk, Ames, Pottawattamie) reported a higher level of turnover and recently hired Social Worker III (SW3) staff with no experience in child welfare, while more rural counties reported a much lower level of turnover. The rural teams did note that despite staff remaining in their SW3 jobs, newly vacant positions have been difficult to fill, with sparse interview lists and less experienced professionals applying. Many offices can exploit the experience of supervisors and assessors who have been with the department for extended periods of time. This likely accounts for the unusually high confidence from central leadership that workers routinely make the right safety decision.

Ongoing Case Management was reported as having the highest percent of annual turnover (+30 percent) and the highest number of staff with less than one year of experience (ninety-six).[iv] This attrition is compounded by the fact that Social Worker IIs (SW2s) are the lowest classification of social workers in the state. This turnover is likely a major contributing factor to the 6 percent increase in "time in care" as less experienced workers tend to keep cases open even when the family has shown progress and may be able to close.[v] Reunifications over the past two years have averaged almost two years to complete while workers reported knowing the direction of the case around the three-to-six-month mark.[vi]

"One theme we heard consistently while talking with staff and supervisors across the state is that we get involved because of risk to the child but we stay involved because of risk to the agency."

Turnover in child welfare is a national issue with twenty-seven states reporting percentages equal to or greater than Iowa, according to the Quality Improvement Center for Workforce Development.[1] A 2019 report published by the Annie E. Casey Foundation lists the emotional toll and stress of working with families experiencing trauma, job satisfaction, and lack of leadership as the primary contributors to turnover.[2] Local interviews suggested staff are leaving due to the stress caused by the work process, deadlines, and mounting workload, not the trauma or leadership.

The third theme is also a national issue: the ability to recruit and retain a qualified workforce. While longevity is a strength, the 18 to 34 percent turnover rate is causing challenges throughout the state and is particularly difficult for offices in the Northern and Des Moines Service Areas. These areas that reported 44 percent turnover in SW2 staff in 2022. It is important to note that the data shows a significant change in the stability of the Northern service area workforce with a 311% increase in the number of staff that vacated positions in 2022 compared to 2020.

Attrition rates for 2022

	Percentages					Volume			
2022	SW2	SW3	Supervisor	Total	2022	SW2	SW3	Supervisor	Total
WISA	22.73%	17.02%	5.26%	18.83%	WISA	20	8	1	29
NISA	44.26%	16.67%	20.00%	31.36%	NISA	27	7	3	37
EISA	39.39%	23.40%	0.00%	28.68%	EISA	26	11	0	37
CRSA	30.43%	27.08%	23.53%	28.36%	CRSA	21	13	4	38
DMSA	44.09%	21.82%	23.81%	34.32%	DMSA	41	12	5	58
Total	35.25%	19.49%	13.40%	26.68%	Total	135	54	13	202

[1] January 24, 2022, "Worker Turnover is a Persistent Child Welfare Challenge – So is Measuring It," Quality Improvement Center for Workforce Development, Worker Turnover is a Persistent Child Welfare Challenge - So is Measuring It | Quality Improvement Center for Workforce Development (qic-wd.org)

[2] "Top Causes of Staff Turnover at Child Welfare Agencies—and What to Do About It," Annie E. Casey Foundation, March 4, 2019, https://www.aecf.org/blog/top-causes-of-staff-turnover-at-child-welfare-agencies-and-what-to-do-about.

Percentage increases in the number of staff exiting by service area in 2022 when compared to 2020

Compared to 2020	SW2	SW3	Supervisor	Total
WISA	33.33%	0.00%	0.00%	20.83%
NISA	800.00%	16.67%	300.00%	311.11%
EISA	188.89%	57.14%	-100.00%	105.56%
CRSA	40.00%	30.00%	300.00%	46.15%
DMSA	105.00%	-14.29%	150.00%	61.11%
Total	117.74%	8.00%	116.67%	71.19%

When staff numbers are stretched too thin, the remaining workers are forced to take a higher workload and inherit a partially completed caseload, often requiring significant rework, and imposing new trauma on the children and families involved. This new work demand was often listed as a demotivating factor and job stressor.

With so many people leaving it just puts more pressure on those of us that stay and every case I get transferred, it is basically like starting from scratch –SW2

When fewer candidates are applying to job postings, the need to rely on, and retain, existing staff becomes vital. One area that likely has helped Iowa maintain the agency's solid performance is the amount of overtime offered and the willingness of the local staff to sacrifice their personal time to the workload. While there was discontent with who is eligible for overtime, the overall sentiment was that without overtime, the system would breakdown and there would be no way for the workforce to keep up with workload. For the last three years the SW2 and SW3 OT expenditures have hovered between $1.6 and $1.8 million.[vii] Des Moines and Western service areas consistently account for 40-50 percent of annual OT expenditures.[viii]

When new candidates are hired, there has been a recent trend in offering higher starting salaries within the salary range. This has resulted in some new workers being paid more than some existing employees. Whether this is accurate due to the demands to recruit new staff, or office gossip, the practice is a demotivating factor and local staff and supervisors voiced their protest.

The last theme is a growing disconnect between central office leadership and the local offices. Just as longevity does not cancel out the recruitment and retention challenges, local office support of leadership does not negate a growing disconnect about the work being done to meet the goals of the agency.

Service Area leaders regularly reported that deadlines were being met and they had a high degree of confidence in the quality of the major decision points at each functional area. Conversations in the service areas shared a slightly more tumultuous process with staff reporting assessments sitting on supervisors' desks for weeks awaiting supervisor review or waiting until the last possible moment to minimize the opportunity for supervisor feedback. The data also pointed to the fact that Case Management is experiencing growing delays resulting

"A house of cards, and the right combination of removals, new reports, or a few people leaving, and it could all fall down around us." –SW3

in extended case duration. Workers across the state report an enormous stress to try to keep up and meet deadlines, they admit that work sits for weeks in order to free up time to see new families and work new reports, and that many times the process that ensures quality decisions is being reserved for only the most complex cases. Supervisors are reporting less time to mentor and coach, while workers are feeling more pressure to make decisions that will be reviewed through documentation only. Feedback was unanimous in stating that paperwork and compliance related activities leave less time for staff and supervisors to work with families and give/receive coaching and mentoring.

The theme was clear: The closer you get to the daily work with families, the more the capacity issue plays out in the pressure staff are under.

Staff Perspectives

Intake

The Intake workforce has the lowest percentage of turnover and highest levels of experience and job classifications of the major functional areas.[ix] Workers reported that the transition to working remotely has been beneficial but has also created some challenges. Benefits include higher Intake worker satisfaction and being able to recruit for positions from experienced staff statewide. However, without the proximity to one another and supervisors, knowledge transfer and communication has suffered. The success of technologies such as "electronic chat" to replace proximity has proven inadequate in managing queues, shifting staff, and getting quick questions answered. This was reported by both workers and supervisors.

Staff report a high degree of confidence in their understanding and application of the policies that guide screening but admit that those policies still appear to result in a disproportionate number of one-hour response priorities being assigned. Recognizing the stress that this places on Assessment, they feel unable to adjust their conclusions while maintaining the integrity of the policies.

Assessment

The workforce in Assessment is motivated by their innate desire to help children and work with families. They remain committed to this charge, and all levels of supervisors and leadership reported confidence in their ability to assess families and make quality safety decisions.

Local offices reported the pay gap caused by eligible overtime employees is a major demotivating factor that contributes to low morale. Workers can make up to a reported $30,000 more than their supervisor due to the overtime rules. Supervisors report they, too, must work overtime to keep up, but they are not eligible for the overtime pay. This demotivates employees to look for promotions into supervising positions and has forced the agency to hire fewer experienced people to oversee more qualified workers who do not want to take a cut in overall pay. SW3 staff also consistently identified frustration at being classified at the same pay level (SW3) as Intake staff, despite their roles required in-office work, family visits, and being on-call throughout the year.

In the metro areas of Polk, Ames, and Pottawattamie Counties, turnover is a considerably larger issue than the other areas of the state.[x] Workers reported frustration at growing workloads, increased stress of carrying more reports and cases, and fear that struggling staffing levels may be the new normal.

"The families are the most vulnerable during the transition from Assessment to Case Management, and we do not have a good pulse on that." –SW2

Case Management

Case Management has the highest level of staff with less than one year of social work experience, equaling an average of ninety-five new workers per year.[xi] As a result of the 33 percent turnover, nearly 5,050 children will have at least one new caseworker prior to their permanency decision.[xii] This issue is exacerbated by the fact that SW2s are the lowest classification of social worker in the state. Workers reported the biggest challenge with the turnover, and the ensuing transfer of cases, is the lack of direction and the need to reevaluate and form a new plan each time a case is transferred. Typically, supervisors would fill the continuity role and ensure a family remains on track throughout a caseworker transfer, but many local offices reported that updates are often court driven and that local consults focus more on immediate problems and impending deadlines than family progress.

Adoptions

There was a clear disconnect between Adoption staff and Social Work Case Managers (SWCMS). SWCMs reported they feel responsible for all aspects of the case, from just after initial assessment to permanency, and that roles are added often. SWCMs felt that they did all the work to get the family through the child welfare system, and then handed the case off to Adoption ready for finalization. This sentiment was not shared by the Adoption team, who reported cases were often transferred without necessary documentation, including Social Security cards, medical records, and quality child studies. Adoption workers reported having to complete this work or refusing case transfer (which delays adoption completion) until these tasks are complete. Adoption staff also noted concurrent planning is not completed with earnest, and they have seen an increase in relatives requesting to be the permanent adoptive placement late in the case, necessitating an adoption selection.

"My husband was in the hospital, and I was sitting by his bedside writing reports because they were coming due."

Adoption workers and supervisors noted that the transfers from SWCMs are a point of frustration. One of the reasons is that workers report it being rare to receive a complete packet from SWCMs, and supervisors are not holding SWCMs accountable due to their workload. It was also stated that some barriers to a file being incomplete could be that medical records have not come in, birth certificates have not been requested, or birth certificates are requested from another state.

Licensing

Most HHS Licensing workers have several years of experience within various divisions of the agency. This experience comes in handy because these staff are responsible for not only licensing, but a variety of duties, such as daycare compliance checks, across the department.

Unfortunately, the workload forces staff to prioritize tasks and there are times when licensing foster homes is a lower priority. HHS Licensing workers function as a liaison to the contracted providers (Four Oaks and LSI) and conduct documentation reviews. Staff report typically completing around eighty to ninety initials, renewals, and relicenses per year, and the workload varies from month to month because renewals are due at different times.

In the area that Four Oaks serves, the Licensing supervisors have bimonthly meetings with Four Oaks supervisors and leadership. Case Managers are also able to attend these meetings and ask questions or present concerns. In some instances, staff feel lucky because they have great relationships with Four Oaks and partner well together. However, this sentiment was not consistent across the state. Staff report there is a high rate of provider turnover, which leads to challenges in getting to know foster families and building relationships. Additionally, staff feel that HHS is not receiving quality home studies or even basic professionalism at times from the contracted licensing providers.

Workforce Policy and Practice Observations

Workforce stability challenges exist in pockets across service areas and among certain roles. The SW2 job classification was noted as having the most acute turnover challenges. We heard this at all five service areas across the state. In most of the western counties visited, however, staff reported less turnover and workforce instability than was noted in eastern counties. Staff in the western counties also noted that they have strong office relationships and colleague and supervisory support; they were clearly committed to the work and seemed reasonably content. Because the workforce was relatively stable, staff interviewed also had greater state tenure and practice knowledge. This was not the expressed experience in eastern counties or in the Des Moines service area, where turnover is a significant issue and has tremendous impact on practice.

Across the state, several themes emerged as workforce pain points that impacted worker morale or their ability to do their jobs effectively and efficiently, including the following:

- **Workload Stress.** Staff reported the overwhelmingly largest stress they have to manage daily is the stress of their mounting workload. Staff reported three main areas of stress that they believe are the primary factors in staffing leaving the agency 1) feeling enormous pressure to meet deadlines 2) the volume of work the Case Management SW2s have to accomplish is more than can fit into a 40-hour work week 3) feeling a lack of support starting from initial training, mentoring and coaching, and managing current workload demands 4) a fear driven process that results in “dings from being late, dings from not having answers, dings for grammar issues, dings from reviews” - they constantly feel like they are under performance pressure.
- **Job Classification and Compensation.** Compensation was consistently noted as a problem. This has been heightened recently due to compensation rates of other departments within the alignment initiative. The current classification system for child welfare functions was a consistent pain point across the state. The state’s classification system, which rates Intake and Assessment workers (SW3s) at a higher job classification and resulting pay grade than ongoing Case Management workers (SW2s) was of significant concern in every meeting with the social work Case Management staff and even some meetings with Assessment staff and supervisors. Staff also described the changed perception and experiences of working for the state, noting that having a state

job was previously highly respected and competitive; a good place to retire from. In recent years, that has become less so, with some staff leaving the state and social work field to work in completely different industries, including retail and insurance (these two areas were specifically cited). Limited opportunities for pay increases and the impact of tenured staff reaching salary caps within their job classification were particular concerns that were raised. In addition to state wages, it was also reported that benefits have been scaled back, including increased costs to employees for health care. On a positive note, the continued availability of the state pension was listed as a benefit that helps retain staff.

- **Secondary Traumatic Stress.** Staff also mentioned the secondary stress and trauma they experience from an event, or fear of making a decision that could result in injury to a child. Limited resources are available to help the workforce manage the issues that result from the unique stress of working in the child welfare field. While a debrief may occur after a death, it does not focus on the trauma experienced by staff or address the fear of having a fatality on their watch. At times, staff are referred to the Employee Assistance Program, but it was noted that this resource is ineffective in addressing secondary stress and trauma. This was mentioned in the Northern service area only.

3.2 Workload, Processes, and Capacity

C!A's review of workload, processes, and capacity began with leadership insight interviews to gain a broad view of current operations as well as guidance regarding specific elements to look for in subsequent assessment engagements. Additionally, the review included interviews with more than 100 staff and supervisors in ten offices across all five service areas.

The following section serves as a summary of those engagements and highlights consistent themes.

	Topic	Observation
Functional Area	Leadership Insights	• Leadership communicated a positive outlook regarding the state's ability to maintain targets regarding timeliness and quality. • Leadership recognized significant variations in process across service areas used to achieve key performance indicators (KPIs). • Challenges were noted among service and functional areas resulting from operational silos. • Leadership perspective regarding frontline operations and processes used by supervisors and workers to keep up with the growing workload demand are not in alignment.
	Intake	• System latency and outages have significant impacts on the Intake unit and are compounded by the rapid turnaround time of reports. • The Intake supervisor review bottleneck represents one factor in the gap from call completion to assignment to Assessment. • The different lenses used by Intake and Assessment result in confusion in understanding screening decisions.
	Assessment	• There is clear dedication to the mission of keeping children safe and producing quality/professional work at all levels. • Capacity issues are resulting in significant frustration, exhaustion, attrition, and, ultimately, declines in quality of work. • The supervisor bottleneck is resulting in significant delays in the completion of assessments, challenges in using best practices, and a lack of coaching and mentoring.
	Case Management	• Significant capacity issues were reported to be the main driver in the 32 percent attrition rate among SW2s in 2021 and 35 in 2022.

		• Challenges exist with handoffs both handoffs received from Assessment and handoffs going to Adoptions, resulting in tension, loss of quality, and delays in access to services and finalization of permanency. • Relationship with courts and contracted providers were consistently noted as areas of concern with regard to the best interest of children and families.
	Adoption/ Kinship	• Staff reported significant delays in achieving permanency resulting from a lack of permanent placement options specifically for older youth and children identified with high needs. • A lack of, or delay in, concurrent planning is causing significant delays in identifying and accessing permanent placement options. • A lack of transparency within the first sixty days of a case specifically regarding permanency options results in missed opportunities and delays in permanency.
	Licensing	• Staff outlined a very lengthy and duplicative licensing process with a multiple approval bottleneck. • Staff reported significant variations in relationships, quality, and effectiveness among service providers. • A lack of available placement options is resulting in an over reliance on shelter beds.

Leadership Perspectives

Interviews with state and service area leadership were positive, optimistic about the future, and honest about current operations. It was clear that senior leadership has invested a considerable amount of intentional effort to form a cohesive team. While a wide range of operational differences were acknowledged across service areas, the open running dialogue at the leadership level is a positive sign. During interviews with state and service area leadership, there were four common themes regarding workload, processes, and capacity of statewide operations in HHS. The first theme was a positive outlook by leadership regarding the state's ability to maintain timeliness and quality targets. The second theme was a recognition of the significant variations in processes across service areas utilized to achieve those targets. Leadership shared a clear desire to standardize operations, acknowledging that variations should be a result of a specific family need rather than individual supervisor interpretation of processes and policies. The third theme was operational silos among service areas and functional areas. The fourth theme was a disconnect between leadership beliefs regarding front line operations across service areas and local processes used to keep up with the growing workload demand. This section offers additional details regarding each of these themes.

During interviews with leadership, there was a consistent ring of hope regarding the future outlook of operations in the state of Iowa. The level of alignment that the SBT has been able to garner is evident in leadership's belief that positive changes are not only possible but inevitable. That same level of optimism has not yet reached every level of the organization. Supervisors and staff reported feeling like they were not being listened to or represented in conversations regarding processes that impact them daily. Staff and supervisors highlighted specific breakdowns in the communication chain, including ineffective processes that have been put in place to structure constructive dialogue, such as the monthly Assessment/Intake Supervisor meeting.

"Despite multiple efforts over the course of many years requesting support, guidance, training, ideas to improve process with my supervisor and leadership, it is clear that help is not coming. They just want to talk to us but not listen to us—add to our plate but never take anything off."

The variation in processes and outcomes across service areas was a concern raised by leadership. While some level of variation will always exist because the state serves a diverse population,

those variations should be driven by specific family needs rather than individual's interpretation of processes and policies. One driving reason for the variation is the significant autonomy reported at the supervisor level. While supervisors need the flexibility to make complex decisions based on the expertise and the information available, a resulting side effect has been radical process and practice variations even within a service area in the same region. Staff reported significant portions of their work that were designed to make the job of their supervisor easier, but which took time away from staff being able to complete their core job functions.

The third theme was operational silos among service areas and functional areas. The amount of variation between service providers and contractors across the state was highlighted by leadership and reported to be an issue in all five service areas. Each service area was also reported to vary in organization, structure, and outcomes. While some best practices have been identified and the Quality Improvement (QI) team has worked with the service areas to standardize when possible, many times state leadership is unaware of these projects/variations due to a lack of transparency and communication. Additionally, transfers between functional areas was highlighted as a point of loss of quality and continuity in the case life cycle as well as a point of tension.

The fourth theme was a disconnect between leadership beliefs regarding front line operations across service areas and local processes used to keep up with the growing workload demand. While each level had a high degree of confidence in the quality of the decisions being made, there was a noted difference in the confidence of the processes leading to those decisions. Leadership was confident that the work was being done by deadline, and that the local offices are adequately managing the workflow as well as the workload. The data suggests that leadership can remain fairly confident that assessments are being completed timely, although there are areas where the data would suggest capacity is currently limiting worker's abilities to complete through assessments and engage with preventative services. The capacity challenge suggest that alternative options may need to be explored as to how assessment engages with large portion of their workload. For example, when 70% of the child protective assessments are not substantiated, it should begin a conversation regarding how to analyze that workload to efficiently identify and address clearly safe cases and free up capacity for assessors to better support families that need preventative services[xiii] As the assessment focus was localized during visits to local offices, themes of workload stress, juggling priorities, and fear permeated the conversations. This suggests that while the decisions may still be of a high quality, the path to get to a decision is more chaotic and pressure filled than leadership may realize and the data shows.

Staff Perspectives

Intake

During interviews with Intake staff, SW4s, and supervisors, there were three common themes regarding workload, processes, and unit capacity: 1) the impact of system latency and outages, 2) issues arising from the different lenses used by Intake and Assessment 3) the supervisor bottleneck in the report approval and reject process. The following section provides additional details regarding each of these themes.

Overall, staff, SW4s, and supervisors shared a positive outlook regarding the current technology at their disposal. However, a consistent theme raised by each group was the significant impact latency and system outages have on their work. Because of this, many workers have processes outside of the system to mitigate the loss of information while others request recordings of calls to recreate lost work in the event of a system outage. This leads to rework and delays reports getting to the local offices.

Staff in the Intake unit are among the most tenured in the state. Most of those interviewed reported previously working in Assessment or Case Management prior to coming to work at Intake. However, the staff interviewed unanimously agreed that the challenge they first experienced occurred when changing lenses from "what can be founded" to "what does policy say must be accepted for assessment" One worker stated frequently feeling "cringy about screening something in because I know from my experience in Assessment that there is no way this would ever be founded." Intake workers and supervisors frequently referred to the policy requirements for screening decisions and acknowledged the intentional difference between the Intake lens and that of Assessment.

While supervisor-to-staff ratios in Intake were reported to be just under 1:5, all Intake groups interviewed reported issues that stem from a supervisor bottleneck in approval and rejection of reports. This bottleneck results in delays from the end of the call to assignment to Assessment. This delay can be a result of many factors due to the volume of intakes a supervisor must review, the timing of the call, and other competing priorities such as trainings and meetings. Intake supervisors are responsible for reviewing 42,556 accepted intakes of child abuse and neglect per year and consulting 17,498 rejected intakes[xiv]. A recent change that allows SW4s to approve and reject intakes has provided some much-needed support; however, that comes at the cost of pulling SW4s off their assigned responsibilities and is frequently unplanned.

Assessment

During interviews with SW3 staff and Assessment supervisors across the state, three common themes regarding the workload, processes, and capacity of the Assessment unit arose. The first was a clear dedication to the mission of keeping children safe and producing quality, professional work at all levels. While this level of commitment is admirable, it also revealed the underlying second theme: capacity issues, frustration, and exhaustion in managing the workload. These capacity issues are in constant tension with the desire to meet expectations, produce quality work, and meet the needs of children and families. All units described a third theme as well: the bottleneck created by supervisors in moving workflow through review and approval after work is complete. The following section details these themes gathered during focus group interviews.

Assessment staff in Iowa are assigned approximately 43,000 family assessments and child abuse assessments from Intake annually.[xv] Of those, 36,000 were opened as new reports, which are further categorized into 29,000 child abuse assessments, 7,000 family assessments, and approximately 7,000 are new allegations that come in on current open assessments and are linked to existing reports.[xvi] Though staff and supervisors generally share understanding of the policy for acceptance of an allegation, there is dissatisfaction in the quality of information and decision-making on screened in reports. Assessment staff and supervisors noted inconsistency in the

determination of family assessments versus child abuse assessments, citing similar allegations may receive different distinctions depending on which Intake staff and supervisors make the final decision. Staff noted similar inconsistency in the quality of information provided in the report. It was frequently stated in focus groups that some intakes are received with sufficient information to begin work immediately and others require a review of internal data systems to add missing demographic information, phone numbers, addresses, and correct family participants. This may be the result of a lack of information provided by the reporter or even the result of system down time preventing the automated look ups that populate much of this information.

During interviews, staff highlighted clear capacity issues within Assessment, including a lack of time to complete the safety model to full fidelity and all required documentation. This was especially clear when assignments reach twenty or more cases per month, during peak times or staffing shortages. Staff and supervisors noted a feeling of immense pressure to complete assessments timely and shared that there are only a small number of assessments that miss the deadline. It was commonly reported that assessments "never" go overdue, however, this commitment was reported to come at a cost to the quality of work and work-life balance. Staff reported prioritizing initial contact with victim children and families while completing tasks such as contacting noncustodial parents and interviewing collateral contacts as secondary activities. Staff stated that when deadlines are pressing, they often make the easiest collateral contact, make limited attempts to speak with noncustodial parents, and quickly document the minimal amount of information. This was also confirmed by supervisors who reported spending significant amounts of time editing reports for spelling and grammar and closing assessments that may have benefited from additional investigative information.

"I was being asked to take on two full-time positions and have 40 hours in the work week to complete duties as assigned."

It is important to note that staff did not report the majority of pressure coming from the ten-day family assessment deadline or the twenty-day child abuse assessment deadline, but rather capacity issues in managing the workload regarding the number of reports, the volume of documentation, and the challenge of finding the cadence to follow up on tasks that were not completed during the initial assessment. Focus groups across the state shared that most safety determinations are made in the first three to five days of an assessment. Additionally, supervisors reported agreeing with staff safety determinations 95 percent of the time, indicating quality decisions are made in the timeframe allotted. When asked why assessments wait until the tenth or twentieth day for closure, staff reported prioritizing child contact over documentation and commonly setting aside safe assessments after family contact until the due date, when they are forced to complete compliance activities and documentation.

"Having to remind a supervisor to complete a very simple task, so that our job can get done, occurs often."

To begin to analyze work time and flow among cases being assessed, we asked workers to identify how many assessments they found to be "clearly safe" during the initial contacts. As an example, a clearly safe case would be one where an allegation was made,

"I haven't spoken to my supervisor in two months."

e.g., unsanitary living conditions, and when responding the home is found to be clean, adequately furnished, and safe. Staff believed up to 60 percent of their total volume of assessments fell into this category but noted despite the clarity of the decision the same amount of documentation is required in the system, causing these assessments to linger for the full timeframe instead of being documented and closed immediately. Additionally, staff and supervisors around the state reported that when assessments are turned into supervisors early for approval, the assessments are batched until the due date because of the number of reports supervisors are asked to read daily. This disparity between when a safety decision is made and the time it takes to close an assessment indicates a capacity and workflow issue, not necessarily an issue with the timeframe allotted to complete a family or child abuse assessment. While a variety of reasons were offered for this supervisor delay, the most common revolved around urgent matters such as disruptions, safety issues, and full schedules that are constantly being shuffled around that result in completed reports being pushed to the back burner until deadline.

"I close assessments that I think should have more in-depth conversations with collaterals, because it is the twentieth day and I don't think the conversation will change the decision."

Another important element discussed in focus groups was access to supervision, consultation, coaching, and mentoring. Across the state, staff and supervisors reported a strong desire to have more time for regular supervision, coaching, and mentoring. While the style of supervision varied, many staff and supervisors reported only having time to staff "as necessary." Some supervisors and staff stated that they have access to supervision more regularly, and routinely engaging in the immediate "safety check," however, even in those circumstances supervisors reported rarely, if ever, going with staff to complete assessments and almost no time for proactive professional coaching and mentoring. Supervisors reported the reason behind the lack of coaching and mentoring was the volume of reports that must be approved timely, noting up to 50 percent of their work hours are spent reading, reviewing, editing, and approving family assessments and child abuse assessments.

"For seasoned workers, sometimes the first time I review a case is when I am reading it for closure."

Despite these challenges significant strength was found in assessment teams, including their longevity and dedication to children and families. Staff members and supervisors often brought questions and conversation back to "what is best for the families we serve" and noted time and again that they chose their role as a SW3 to help the greater community. Staff reported a strong belief in doing what is best for families and despite frustration with aspects of the job, and many were hopeful for the future and the state's ability to support their roles and ultimately the well-being of those they serve.

"We work really hard to keep families out of the court system, because when they are in they are stuck."

Case Management

Case Management social workers and their supervisors were interviewed to determine what themes were present regarding workload, capacity, and processes within the Case Management unit. The largest themes identified were those related to capacity to manage the workload, a bottleneck in work related to handoffs between Assessment to Case Management and Case

Management to Adoption, as well as inconsistent control of the case related to the courts and contracted providers.

During interviews, staff discussed the amount of work that is required to be done on each case that is assigned to them. In 2021, each SW2 had an average caseload of twenty-five children, although staff reported that caseloads vary greatly across the state and are sometimes measured by case and other times by the number of children depending on whether the case is voluntary or involuntary.[xvii] For each child, the SW2 is required to complete one visit with the child, each parent, and placement if the child is in an out-of-home placement. These visits are in addition to completing court reports, case plans, and entering all information into the JARVIS and Family and Children Services System (FACS). Staff report a desire to work more with the families; however, due to staffing shortages among the SW2s, the number of cases and the geographical area being covered has increased. In some parts of the state, a child visit can require a two- to three-hour drive. Children in out-of-home care are also required to have visitation with parents and, due to perceived limitations of the current contract, SW2s are responsible for covering visitations that contracted providers are unable or unwilling to facilitate. The two- to three-hour drive now must be done to transport children both ways in addition to supervising needed visits.

SW2 staff experienced a 57 percent increase in turnover from 2019 to 2021, which was attributed to several factors, including capacity issues and the ability to promote to SW3 positions.[xviii] While promotional opportunities are generally seen as a positive, promotions out of Case Management SW2 positions take away experienced staff who are knowledgeable about systems and processes and leaving few behind who are able to mentor incoming staff. Supervisors who are generally responsible for coaching and mentoring new workers are also stretched beyond their capacity, and while regular monthly meetings were reported, staff said they feel unsupported and disconnected from leadership. Supervisors in some areas oversee the life of the case and dedicate a substantial amount of time to Assessment staff and spend limited time with SW2s. Supervisors with dedicated Assessment and Case Management units report having inadequate ability to support staff due to the geographical size of the service area. With the increase in workload, decrease in staff, and limited experience of workers, staff have limited availability to complete needed documentation, which typically does not get entered into the system until the monthly contact report is going to be pulled by supervisors or the information is needed for a court report. SW2 staff are not allotted any overtime to complete their workload, leading to friction between the SW3s and SW2s.

"We are putting a Band-Aid on families when we safety plan."

This friction between units can also be felt in the transition from Assessment to Case Management. A transition checklist has been developed but is dependent on multiple reviews for the official transition to happen in JARVIS, and the checklist can get lost in the process, sometimes sitting in unread emails. When an SW3 has completed the checklist and sent it on, they report that those cases are pushed to the backburner to focus on incoming allegations of child abuse. SW2s report not seeing families because the case hasn't officially transitioned, resulting in missed timeframes for contact and not ensuring the ongoing safety of children. It was noted that the case teams in some areas of the state managed this transition

"Our system makes our families dependent on HHS."

with less conflict and more willingness to negotiate case transfer duties; however, the theme of the transition being a stressful time period internally for staff and externally for families was found statewide. When the case is transitioned, SW2s reported disagreeing with case type about 20 percent of the time, feeling that voluntary cases were opened with the threat of court or a child on a safety plan who should have been removed. SW2s reported removing children once transitioned into the Case Management unit, which impacts the relationship with the family. The delay in court involvement also has an impact on the length of time the agency is involved with a family. Every area of the state reported that although they know the direction the case is heading within the first three to six months, they do not move forward until the twelve-month permanency hearing. If courts are not involved until a case is fully transitioned to Case Management, the permanency hearing may not take place until one or two months after involvement with the family began.

The push for children to enter the system in a voluntary status can be linked to the level of control it is perceived courts possess over cases once involved. HHS does have the ability to make service recommendations to the court through their court reports and case plans, but in many areas of the state courts are setting the direction and pace of cases. Case plans developed by SW2s were reported to be duplicative and unhelpful to families, and most court systems require SW2s to complete a document of the court's choosing to provide the status of the case. These other documents and court reports do not set conditions to return home, resulting in inconsistent messaging to the family about what they need to do to get their children back and get out of the system. The services that are ordered by the court require HHS to work with contracted providers to deliver supervised visitation and home visits. SW2s reported limited assistance with services from these contracted providers and felt that the contractors are looking at the minimum required to comply with the contract and maximize profit while the department is thinking about families first and providing what they perceive the family needs to succeed. This discrepancy can lead to tense court hearings where SW2s have to answer for services not offered by the contracted agency. SW2s report delays in permanency due to missed service delivery. With the courts and HHS basing progression toward permanency on the court's schedule of three-month review hearings, limited service delivery can prolong the life of a case by months.

"This is the worst place I have been in in 22 years with all of the streamlined changes there have been. It must be me."

Adoptions

During interviews with Adoption staff and supervisors across the state, there were three common themes regarding workload, processes, and capacity of the unit. The first theme was the lack of permanent placements resulting from a lengthy and duplicative licensing process, including the approval bottleneck. The second theme is the lack of, and delay in, concurrent planning. The third theme was regarding the lack of transparency regarding permanency options early in the case. The following section provides additional details regarding each of these themes.

After the first few office visits, a clear theme developed regarding the lack of permanent placement options resulting in challenges to finalizing adoptions in a timely manner. It was evident from workers across the state that the goal for children in foster care is to safely reunite with birth families. Adoption workers strive to complete the adoption process as close to the

finalization of Termination of Parental Rights (TPR) as possible. However, this can become challenging for workers due to the lack of permanent placement options. This is specifically challenging for older youth and children who are exhibiting higher levels of care. Adoption workers reported that there are teenagers on their caseload who will never be adopted because there are no foster/adoptive families willing to or able to care for them long-term. As a result, there are older youth living in residential facilities solely due to a lack of a permanent placement option.

The second theme was lack of, and delay in, concurrent planning. If the child is in their selected permanent placement home, the family is licensed, and there is no appeal, adoption can occur timely. However, if all those conditions are not met, significant delays can result. Adoption staff acknowledge that Case Management workers have a high caseload and as a result these issues are not typically identified timely and the cases that are sent are incomplete. Case Management workers are not getting the supervision they need, so when things are not getting done by the time termination occurs, it's up to the Adoption worker to clean up.

SW2s and supervisors reported that concurrent planning is happening late if it is happening at all. SW2s reported they generally know the direction of the family somewhere between three to six months, but the Adoption workers typically do not get involved until after the first year, or even later. The state's practice is to have concurrent planning begin sixty days after removal from the home. SW2s reported this is not consistently happening during that time period. The purpose of this meeting is to gather important information like birth certificates and Social Security numbers; to ask about what relative notices have been sent and which relatives are potential placements; determine whether siblings are placed together; and address paternity testing, court issues, and ensure the family truly understands why HHS is involved and why the child(ren) was removed. This meeting is typically the last formal staffing around concurrent planning that occurs until after the one-year mark. Several supervisors acknowledged that they could do better with concurrent planning but that they simply do not have the capacity to dedicate the additional resources that would be required.

At TPR, the challenge with aligning Case Management and Adoptions continues. Staff reported a new transfer process was only put into place at the start of the year and as a result, feedback is still early. This process is now statewide and replaces the service area–specific processes that were used previously. SW2s have a checklist of things that need to be completed to transfer the case to Adoption. SW2s reported that the checklist is large and that the new process doubled the amount of work that needs to be done. The SW2s reported spending significant amounts of time completing the checklist; however, Adoption stated that the checklist is only fully completed about 35 percent of the time. Adoption staff feel like the "cleanup crew."

Official transfers are supposed to be completed within forty-five days of receiving the TPR order from the courts. There is significant variation in when courts issue orders with some being same day and others taking up to a year. While waiting for the TPR order, adoption processes are not being completed because the transfer has not occurred. With the new process, there is a meeting within twenty days of TPR filing to help with completion of outstanding tasks for adoption, but there is no adjustment to the official transfer timeline. Staff expressed frustration with delays in scheduling transfer meetings due to the supervisor bottleneck.

The third theme is the lack of transparency regarding permanency early in the case. Delays in concurrent planning also result in a lack of clarity and transparency in developing alternative permanency plans. Adoption workers reported that parent locate, genograms, and ecomaps are seldom exhaustive due to the capacity issues of SW2s. Workers believe this could be because of the delay in family engagement during the first sixty days of a case, SW2s not being comfortable or familiar with concurrent planning questions, and many workers simply giving "a packet to the family instead of doing an interview with them."

According to staff, a mother told the SW2 that the child's grandmother was deceased, and this information was relayed to the Adoption worker. The Adoption worker discovered that not only was the grandmother alive, but she was also interested in being the permanent placement for the child.

Licensing/Kinship

During interviews with Licensing/Kinship staff and supervisors across the state, there were three common themes regarding the workload, processes, and capacity of the unit: 1) issues resulting from a lengthy and duplicative licensing process, including an approval bottleneck, 2) inconsistent processes and relationships with providers, and 3) challenges with the availability of placement options. The following section offers detail regarding each of these themes.

Staff and supervisors shared an overview of the lengthy and duplicative licensing process that begins with an inquiry or application for licensure. The contracted providers then complete initial fingerprinting, preservice training, and home studies for families. HHS workers then receive a paper licensing packet to review for each family to decide whether the family is approved or denied. The contracted providers will typically batch the initial license packets, and HHS receives these at varied times each month. If HHS identifies concerns with approving a family, the contracted provider must meet with the family again to re-do the home study, which can delay the licensing process for several months. Once the HHS worker completes the review, it is then sent to the Licensing supervisor to review. After the supervisor review, the packet is sent to the SWA to sign. Once the SWA's review is complete, the licensing packet is returned to the HHS Licensing worker to enter the data into FACS, and the family is then issued a license. If a family is licensed for adoption in addition to foster care, the information must be entered into the computer system again in a separate screen for the adoption approval. Staff reported it takes six to nine months for a family to obtain a foster care license. Licensing staff do not typically have contact with foster families unless there is a concern with a licensing packet, a complaint, or a new hotline report involving a currently licensed home.

Regarding general licensures as well as relative or kinship care, staff and supervisors reported inconsistencies both within service areas and across the state. When licensing child-specific families for relative or kinship care, all requirements are the same as the foster and adoption licensing. However, it is possible to waive the training requirements via SWA approval. Some offices are less inclined to waive training because the Licensing supervisor believes the National Training and Development Curriculum (NTDC) is well done. Also, there are portions of the NTDC curriculum that can be changed to address relative and kinship issues more specifically. Staff reported that an average training class consists of at least half child-specific or relative/kinship families and half nonrelative families.

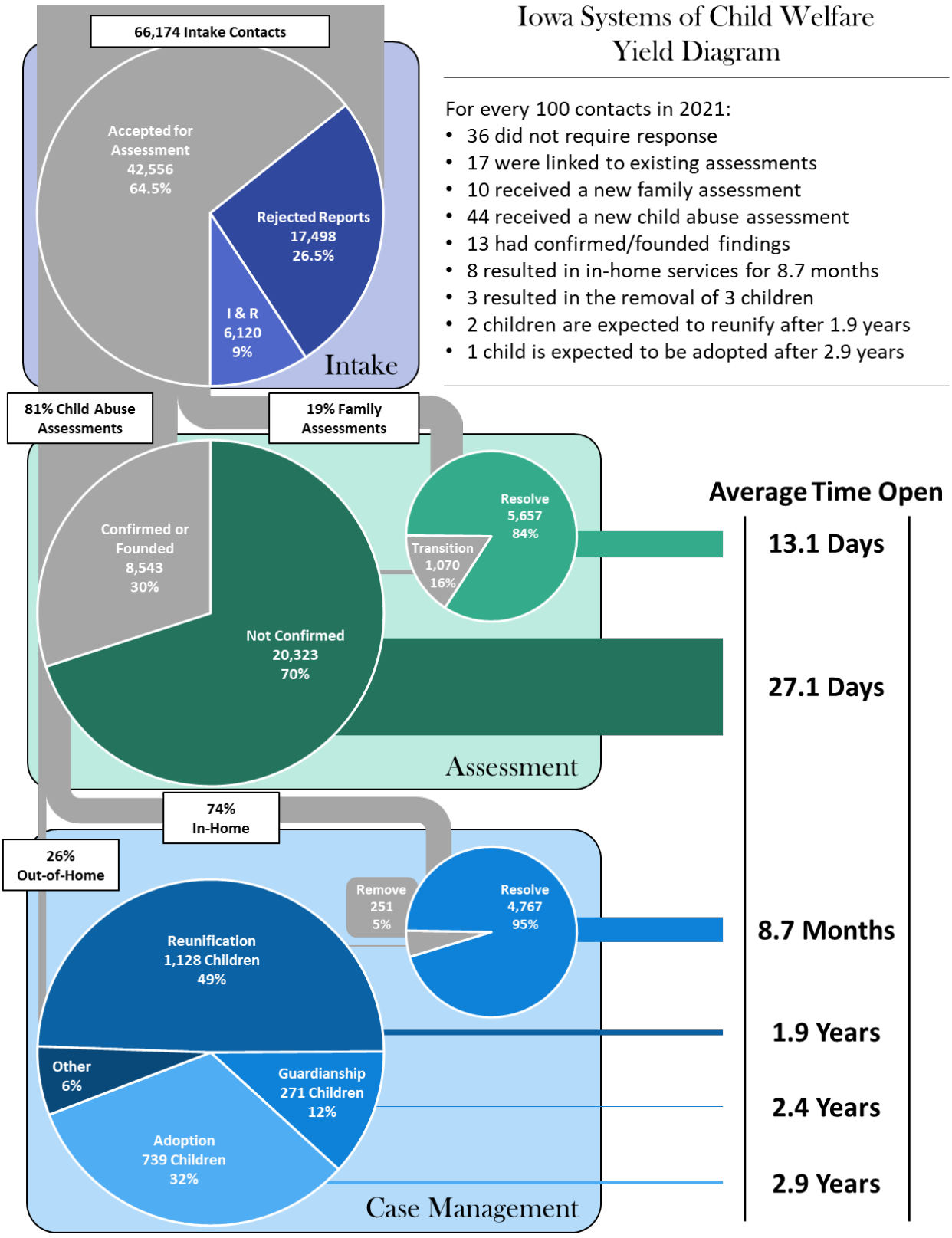
HHS received a kinship navigator grant, so when a child is placed with relatives or suitable others, HHS makes a referral to a kinship navigator. There are kinship navigators within HHS (two per service area) who are assigned to a relative placement for four months, during which time they help connect the relative family to services and to the contracted provider for licensing. However, the kinship navigators are a new program that is not running efficiently. Assessment workers are placing most removed children in relative or kinship care and finding that no one gets out to the home to assist the family in a timely manner. Kinship families are eligible for six months of caretaker financial assistance, set at $10 per day, and are encouraged to become licensed. The kinship financial assistance is limited to 6 months if the family is still not licensed they may apply for FIP (Iowa's TANF cash assistance) however no other concrete support is provided if this family is receiving these funds.

The lack of availability of licensed placements was a significant and constant concern among supervisors and staff across the state. While placement in foster care is an absolute last resort, staff reported "not expecting good results" when they must contact the contracted provider to secure foster placement. Staff expressed a lack of overall foster home capacity, a lack of local placement options, and they expect to spend hours or days in the office with a child waiting for a foster home. When foster placement cannot be located, staff typically end up relying on shelter care for placement or at times will return the child home. Assessment workers who have relationships with foster families contact the foster homes directly and then provide the placement information to the contracted provider. Assessment workers expect to be disciplined and for the contracted provider to be upset for contacting foster families directly, but understand it is the only way for them to successfully secure placement. Staff reported that around ten years ago, when licensing was done within the state, workers knew the names of families, how many beds they had, and their strengths and weaknesses. Currently, HHS Licensing staff do not know the foster families nor have relationships with them, so they cannot assist with true placement matching. There is a spreadsheet of all licensed foster homes that is kept by hand by pulling information from FACS, but FACS does not allow access to print a list of available homes. It was later mentioned that this information is available in Carematch, a web-based bed tracking system that shows bed capacity in shelter, QRTP, SAL and foster homes, and is available to HHS staff.

Staff estimate that Iowa is losing 25 percent of their foster homes each year, primarily due to adoption and divorce. More foster families leave for these reasons rather than HHS revoking or encouraging families to self-remove. Staff reported that recruitment is in the provider's contract, but staff do not believe recruitment is occurring. There are also not enough foster parents to take children with high needs and difficult behaviors, and there are not mental health services to support certain behaviors. If a foster family provides a ten-day notice, HHS attempts to complete a stability staffing that includes foster parents, the Case Management worker, a caseworker from the contracted provider, and an HHS Licensing worker or supervisor, if possible. However, SW2s state that the stability staffing does not typically occur, and several seasoned SW2s were unaware this was a requirement. The impacts of a disruption are significant on both the child and the foster family and this alignment is a crucial preventative step.

Initial Insights from Data Reviews

To better understand the key metrics of HHS, we worked with data specialists to develop a chart that represents the flow of work through the existing system. C!A submitted a data request to the state to establish a baseline data. The data below, and throughout this report, was provided by the state from JARVIS, NCANDS, AFCARS, FACS, ROM, Lumen/Cisco, JARVIS, DHS Website, Care Match, Workday, FTE reports, HR data, and other sources as available. All the data provided in this report has been vetted by the state for accuracy and will serve as the baseline for the assessment. This chart provides a common view of the workload that helps the team compare across systems. It also provides the base values used to determine capacity opportunities for both work time and elapsed time.



Iowa Systems of Child Welfare Yield Diagram

For every 100 contacts in 2021:

- 36 did not require response
- 17 were linked to existing assessments
- 10 received a new family assessment
- 44 received a new child abuse assessment
- 13 had confirmed/founded findings
- 8 resulted in in-home services for 8.7 months
- 3 resulted in the removal of 3 children
- 2 children are expected to reunify after 1.9 years
- 1 child is expected to be adopted after 2.9 years

**Data used to develop this diagram was provided by the state and is located in the Appendix of this report.*

Key Observations

Intake

1. Report volume is increasing, and 2021 data shows an 9.6 percent increase over the 2018/2019 average[xix]
2. 57 percent of all reports of neglect and abuse of children are from mandated reporters.[xx]
3. 64 to 70 percent of child abuse report calls result in an accept decision and are assigned for assessment. Information and Referral (I&R) calls equal 7.9 percent of calls to intake.[xxi]
4. Between 2018 and 2021, the state experienced a 3 percent growth in intake contacts, and an 8 percent growth in contacts resulting in a new assessment.[xxii]
5. Of the 42,556 intakes accepted for assessment, 35,593 are opened as new reports, while 6,963 will be new allegations reported on an open assessment and linked to those existing reports. Of the accepted reports, 8,543 will have at least one substantiated finding.[xxiii]

Assessment

1. The substantiation rate on reports opened in assessment has hovered around 30 to 33 percent over the past 4 years.[xxiv]
2. The average number of days to safety decision and closure is 24.5.[xxv] In comparison with other states, we often see safety decisions average approximately ten to thirty days past the policy deadline, or closer to forty-five to ninety days. The best practices we have seen averaged twelve to fifteen days.
3. At any given time, the state has about 7.5 percent of total work open in assessment, which is less than one month's volume. This is well below what we have seen in other states prior to business process redesign (BPR).[xxvi]
4. At any given time, only 2 percent of cases are in backlog/late.[xxvii] This is well below what we have seen in other states prior to BPR.
5. The number of out-of-home cases opened in a calendar year has decreased 31 percent.[xxviii]
6. The total number of open out-of-home cases has decreased by 27 percent.[xxix] This is almost double the national average that other states have experienced during COVID.[3]

Case Management

1. The average number of days in foster care increased by 6 percent over the past 4 years.[xxx]
2. On average, a child spends 30.8 months in foster care, out-of-home case closure occurs at 22 months, and in-home cases are closed at 8.8 months.[xxxi]
3. There is approximately a ten-month difference between TPR and adoption finalization.[xxxii]
4. Children reunifying are spending almost two years in care. (23.7 months)[xxxiii]
5. Adoptions are taking almost 3 years to complete (34.9 months)[xxxiv]

[3] There was an average 14 percent national reduction in the number of children in care during the first year of the COVID-19 pandemic (https://www.acf.hhs.gov/cb/report/trends-foster-care-adoption).

3.3 Policy and Practice Review and Observations

The policy and practice review began with the evaluation of polices, documents, and other related artifacts to determine whether current policy and practice support an integrated, equitable practice model that helps achieve permanency. Additionally, the review included an assessment of the accessibility of services for families and sufficiency of worker training to ensure access to the tools necessary to successfully fulfill job duties. To date, more than 175 policies, documents, and artifacts have been reviewed and cataloged, including policy documents, reports, submissions to the US Administration for Children and Families, former assessment, and relevant internal documents.

Based on initial meetings with leadership and following the policy and document review, site visit interviews were used to validate policy, evaluate consistency in practice, and understand priorities, such as Family First Prevention Services Act (FFPSA), court system relationships, equity, and relationships with key partners like contracted providers, foster families, kinship caregivers, etc. Site visits focused on the implementation of policy, the impact on practice, and how it is carried out in the field from the perspective of the local state supervisors and staff. In sum, we interviewed more than 100 staff across all five service areas and all functional and staffing levels to validate, expand on, and address findings from the policy and practice review.

As expected, there are differences across supervisors, but more surprising are the significant differences between service areas and across counties within a service area. Although there is awareness that issues and needs may vary from area to area, and that what works in O'Brien County may work differently in Polk County, these differences have tremendous impact on the implementation of policy and its impact on practice and outcomes. At a high level, this manifests itself in more consistency, stability, and general happiness in some portions of the state. However, there is significant frustration and turnover in the eastern side of the state, and a high percentage of new, inexperienced staff and significantly different practices in certain service areas including Des Moines. In general, policy and practice observations and findings are summarized in the table below and detailed further in the sections that follow. Where practice findings were present in only one or a few areas of the state, we have made a note.

Staff with more experience reported enjoying the autonomy of their work and interact with supervisors as needed, generally at the end of an assessment through a documentation review

	Topic	Observation
Functional Area	Intake	• Intake policy is comprehensive and represents a strength for the organization; however, the tension coming from Assessment highlights the differences in interpretations of policy that may result in inconsistencies in the type and pathway of cases being screened in. • There is a great deal of dissonance between Intake and Assessment related to function, role clarity, policy, and practice. • Race/ethnicity or other differences are not identified or recognized in Intake. • Intake policy and practice results in screening in 70 percent of reports (only 30 percent are founded) resulting in unnecessary intrusions and potential trauma for up to 70% of families interacting with the agency.
	Assessment	• A perceived lack of consistency in how cases are assigned results in staff confusion. • There is a lack of consistent, formal agreement for how Assessment and Case Management staff work together.

	Topic	Observation
		• Staff report using safety plans to remove children into kinship placements without court intervention. • Inconsistent and differing policy and practice interpretations result in conflict between Assessment and Case Management.
	Case Management	• Service areas varied widely in their understanding, communication, and implementation of the practice model. • SW2s indicate safety plans require immediate update following case transfer to remain effective.
	Licensing	• Staff reported effective vendor relationships in some service areas, yet this varied significantly across the state. • Staff reported improved placement stability when they are able to leverage prior relationships/knowledge about families to assist with arranging placement.
	Adoption	• Staff reported licensed homes are not representative of the child population in need of placement. • The state reported having no current initiatives related to special populations, including children of color, older children, or sibling groups. • Incomplete case files from staff who held the case previously consistently result in significant delays in finalizing adoptions.
System Level	Communication	• Inconsistency in how and when policy changes are communicated and why changes are necessary results in inconsistent deployment of policy and practice changes. • There is tension in communication between functional areas. This tension was amplified significantly when supervisory units were specialized.
	Equity	• The system lacks clarity and a unified vision regarding the purpose for understanding bias/disproportionality in practice. • Department-wide communication regarding current equity initiatives is leaving gaps resulting in inconsistency in awareness of the equity work underway or whether staff received any training in the topic. • It was reported that trainings on racial equity and disproportionality are no longer permitted due to recent legislative actions.
	Supervision	• There is wide variation in the frequency and type of supervision resulting in varied access to support and consultation from supervisors. • Best practices related to supervision are viewed as guidelines and supervisors openly admitted to inconsistent practices and not meeting minimal requirements.
	Case Assignments and Transfers	• Staff from each stage of the life cycle of a case reflected on receiving incomplete information or incomplete work from previous workers, resulting in a decline in quality and efficiency. • A lack of clarity regarding roles and responsibilities during the case transfer process creates gaps in services when nobody is seeing the family.
	FFPSA	• Inconsistent application and understanding of FFPSA across the state with staff and key stakeholders, including Guardian ad Litem (GALs), attorneys, and judges resulting in varied interpretations of FFPSA and outcomes for children and families. • The lack of availability of FFPSA qualified services (evidence-based services) throughout each of the service areas creates challenges. • The level of need a family must present to qualify for access to prevention services in Iowa was described as a barrier.
	Service Array	• In some areas across the state, there are extreme service gaps for mental health services for youth and adults—both with and without child welfare involvement. • Inconsistent availability of services across the state results in workers "scrambling to fill the gap with whatever service is available." • Significant delays were reported with regard to accessing services, resulting in delays with service delivery.
	Training	• Some staff indicated that training, mentoring, and shadowing were inadequate before they were assigned a full caseload. • Supervisors indicated not having adequate time or training needed to effectively coach and mentor.
	Staffing	• It was reported that ineffective communication with human resources has resulted in difficulties in filling current vacancies.

Topic	Observation
[redacted]	• Turnover was reported as a challenge in certain areas, including the Northern and Des Moines service area. • While it may be more difficult to fill vacant positions in the western service area, the workforce is described as very stable, and this offers tremendous benefits to the state. • The difference in classification with Intake and Assessment was consistently identified as an area of concern.
Secondary Trauma	• Staff in the Northern service area mentioned a lack of resources available to assist with dealing with secondary stress/ trauma.
IT Systems	• Staff expressed general dissatisfaction with the use of legacy systems with regard to locating information and reliability that creates unnecessary complexity and duplication.
Service Contracts	• Significant challenges were identified with several contracted partners, the current contract with HHS providers was highlighted as especially problematic.
Courts/County Attorneys	• The experience and relationship with courts and county attorneys varies by jurisdiction. • Challenges were noted regarding who the county attorney represents and the impact that has on alignment with the department. • When disagreements are identified with county attorneys, significant confusion and misalignment results.

Functional Area Observation Summary

Responding to child abuse and neglect involves protecting children from harm and supporting families to reduce the risk of future harm to children. When a family comes to the attention of child welfare services, various assessments of risk, safety, child and family functioning, and trauma occur during the initial interactions with an Intake worker. Deciding whether to move a case forward for investigation, assessment, or service referral is one of the most important roles of a child protection agency. The following sections detail the observations from policy review and practice implementation across the functional areas of Intake, Assessment, Case Management, Licensing, and Adoption.

Intake

Policy. The policy framework for Intake appears to be robust, comprehensive, and reflective of a responsiveness to current environmental, policy, and practice imperatives impacting Iowa's child welfare system. The Intake policy framework reflects a focus on structured decision-making, and a policy driven independence from assessment outcomes. While this framework is designed for good practice and consistency, local assessment workers often question the screening decision. There are consistent practices outlined within the Intake team to monitor workflow, volume, quality of Intake, and provision of staff support. In addition, there are risk mitigation strategies built into the Intake acceptance and review practices such as: supervisory review, consultation with SW4s, and monthly Intake Advisory Council meetings with Intake and Assessment supervisors. In addition, Quality Assurance (QA) mechanisms are in place to review accepted and rejected referrals and Information and Referral calls.

Practice. Interviews in the field, however, revealed significant dissonance from non-Intake staff on the numbers and types of cases that are being screened in. Non-Intake staff identified concerns regarding a lack of consistency across Intake along with an undue number of reports that end up with an unsubstantiated or ruled out finding. Intake historically accepts just under 70% percent of reports, while the founding rate at Assessment hovers just above 30 percent. Assessment staff almost universally complain about the quantity of accepted reports from Intake that should not have been accepted. Additionally, the inconsistency in the screening decision and

the level of information provided in the Intake report were consistent themes. Assessment staff articulated that this is a result of:

- Screening in cases as a pathway to receive in-home services
- The appearance that Intake staff have gone beyond the scope of the report and caller's content and have generated additional reports and/or appear to be looking for other issues or factors to warrant screening in a call.
- Personal biases and judgments of Intake workers and supervisors influence Intake decisions as opposed to policy guidelines.
- Not having the same long-term buy-in on the case as Assessment makes Intake workers less rigorous/discerning in the cases they screen in.

Assessment indicated a strong desire to communicate with Intake over what they perceive as case overreach. It was noted that at times Intake workers add "victim" children to the case record who were not identified by the reporter, miss key information, provide reports that should not have been accepted, and receive new intakes on the same case. Intake staff did not perceive an overreach or FFPSA misalignment. Rather, they believe their work is thorough and they are experienced, understand their job, and routinely apply QA/QI practices to ensure that the accepted or rejected referrals are appropriate and in alignment with policy requirements.

Presently, there are limited venues for staff from across the system to collaborate, deepen understanding of roles, and work collectively to build protocols that may help mitigate this dissonance. Interestingly, Intake staff who had previously worked in other parts of the system acknowledged that they, too, had misconceptions about the parameters and policies under which Intake screens in or screens out cases. It was only after working in Intake that these staff realized the differing criteria applied to substantiate abuse or neglect. There is a monthly meeting between Intake and Assessment supervisors, however, SW2s and SW3s are not a part of this meeting.

Assessment

Assessments in child welfare are designed to support sound decision-making on child safety, permanency, and well-being for children and families, but must reflect a balance between protecting children and preserving the rights of parents and family members.

Policy. In Iowa, reports made to the child abuse and neglect hotline and screened in for action have two pathways: child abuse assessment and family assessment. Child abuse assessment policy is consistent with best practice, Iowa law, and HHS policies. This includes:

- Evaluating the safety of the child named in the report and any other children in the same home as the parents or other person responsible for their care.
- Taking necessary steps to increase the safety of the child named in the report and any other children in the same home.
- Identifying appropriate services or supports for the family.

When evaluating child safety and the potential need for formal child welfare involvement, the HHS assessment policy includes the primary factors SW3s must consider, including:

- The risk of harm to any of the children,
- Underlying conditions and contributing factors that may affect the risk of harm,
- Factors related to any of the children's vulnerability, and
- The family's protective capacities.

Practice. Iowa has clearly articulated timeframes and rationale for initiating assessments for both child abuse and neglect assessments and family assessments, however, meeting those timelines was noted as a challenge, particularly as it relates to the one-hour response timelines (it was explained that conversations are underway that could eliminate that one-hour requirement). There were two noted contributors to delays in response: assignment delays and travel times. Delays in assignment were mostly attributed to assignment from Intake to the field. Travel times in Iowa's rural service areas presented a notable barrier across the state.

According to staff, timeframes for completing the assessment are almost always met across service areas, with Polk County being the one outlier, likely due to the higher volume of cases and staff turnover. Staff noted that not meeting timelines was not an option, but the pressure associated with meeting the timelines resulted in documentation that was not always high quality or limited additional contacts that could have been made if more capacity was available. Despite these noted concerns, staff reported that additional time during the assessment period would not substantively impact the quality of the work done in assessing child safety and arriving at a sound decision.

Case Management

Policy. SW2s appeared confident that Iowa's policies keep kids safe when reports are made; however, practice application is incredibly inconsistent across service areas. More specifically:

- SW2s indicated a recent change requiring workers to visit all siblings that creates additional work and is not directly related to safety.
- The family risk assessment appears to cause confusion and requires additional documentation with less of a flexible timeline.
- The policy of "gross failure to meet emotional needs" is incredibly difficult for staff to interpret.
- Confusion exists related to TPR timelines/criteria, and staff reflected that TPR decisions are sometimes driven by the court and county attorneys rather than based on recommendations from HHS.
- There appears to be confusion between the approach for voluntary and involuntary in-home services.
- The practice model does not offer clear guidance/hope for when/how to return children in placement to the family home.

Practice. There was inconsistency across the state among supervisors and workers in valuing and prioritizing family-centered practice. Some service areas reported being unanimously onboard with family-centered practice and appeared to go to great lengths to keep children in families. Staff also noted systemic factors that impacted their orientation toward keeping kids with families, including placement shortages.

SW3s in all counties visited reported that a significant share of their cases were for reports that did not appear to meet the legal standard for assignment to Assessment. It was the perception of SW3s across service areas that additional factors were considered when assigning reports to Assessment, including extra research done by the Intake worker, resulting in additional and/ or unnecessary reports screened in for assessment. An additional identified pain point was the assignment of reports under the category "gross failure to meet emotional needs." This category is perceived as being interpreted too broadly, resulting in assessments that often involve parental discipline (e.g., parent takes away child's cell phone) that does not constitute child abuse or neglect. Despite concerns that families are sometimes needlessly assessed, there was little expressed concern that cases were assigned a lower level of assessment than the family circumstances suggested.

Licensing/Adoption

Policy. Policies related to licensing and adoption procedures appear current and aligned with practice model expectations. Monitoring ongoing foster parent expectations, training requirements, and recruitment activities are managed by a contracted partner, but licensing decisions, appeals, and approvals of home studies are managed by HHS staff. Recent policy additions, including access to kinship funds and kinship navigator services, are well aligned with the practice model.

Practice. Timely access to suitable kinship and foster placement appears to be a barrier for some workers. In addition, having the contracted partner conduct foster parent recruitment and home studies has been met with mixed reception. Although staff indicated there are positive benefits, there was general agreement that the lack of relationships with families is a barrier when placement is needed. In the past, workers could contact families for a placement based on knowledge and relationships and were able to get a placement.

Additional observations related to Licensing and Adoption include:

- Recruitment of families is not intentional and does not match the diversity of children.
- Additional recruitment is needed for kids with special needs, teens, and sibling groups.
- Kinship funds are only available for 180 days. Although access to the new kinship placement funds was perceived as progress within the system, staff indicated the payment is too limited and cannot be accessed quickly enough for those who may rely on this payment to accept a kinship placement. In addition to the payment, kinship families need more resources to help stabilize placements during the first sixty days.
- Licensing practice between HHS and contracted partner is complex and results in delays.
- There is no real step-down program into permanent placement for children in residential facilities.
- There is a lack of permanent options for older youth, resulting in an overreliance on shelter beds.
- The addition of the adoption checklist, while comprehensive, is perceived as a barrier in timely case transfers.

- The ability for SWAs to waive curriculum requirements for kin based on life experiences and the opportunity for the contractor to provide kinship navigator services for four months was reported as working well.
- Some concerns were raised that staff often get cases where the previous worker did not request or get the birth certificate, send relative notices, delays in court hearings, attorney preferences, and access to medical records resulting in delays in licensing and permanency.

System Observation Summary

Communication

In large, decentralized, complex organizations communication is always a challenge. Administrative and legislative coordination with the field was reported as not working as well as it should. There is inconsistency in how and when policy changes are communicated. Supervisors and staff repeatedly made negative comments about the central office in Des Moines and "wonder what they were thinking" when creating changes. Often, staff do not understand the "why" behind the change even if they understand the "what." Staff provided many examples of instances where they did not understand the impact of a decision, such as the code change for sibling groups, risk reassessments that are duplicative, restructuring the provider contracts regarding visitations, and the Intake policy that now accepts almost everything.

Equity

HHS has invested in approaches to address the needs of populations disproportionately impacted by the child welfare system, including establishing equity teams, a Cultural Equity Alliance, training focused on cultural humility, and equity-related contractor performance metrics. Based on these investments and stakeholder interviews with HHS leadership, it is clear that equity is a priority at the highest levels of the organization. However, equity is not consistently a priority or prominent consideration for supervisors and workers across the state. With few exceptions, when asked about whether and to what extent inequities were showing up in Iowa, workers identified poverty as the primary driver and not race or ethnicity. Staff who identified disproportionality as an issue noted it in the context of reporters, particularly school officials. There were also comments made about the need to "educate" immigrant families on "how we do things in America," suggesting a lack of cultural humility, at minimum. Workers and supervisors were consistently unable to articulate where and to what extent disparities or disproportionality exist in the state.

Staff were not consistently aware of equity work underway or whether staff received any training in the topic. One of the identified challenges to doing more work in this space is the limitation imposed by the law banning mandatory diversity training for state employees. It was confirmed that recent Iowa legislation did in fact limit the agency's ability to mandate equity training however, there was significant confusion around the state with workers and supervisors believing this legislation banned all DEI training completely. As a result of this law new worker training on cultural humility and disproportionality and disparities is now optional training. Undoubtedly, this law has had a chilling effect and makes it more difficult to determine how to explicitly address equity issues across the child welfare continuum. Staff noted that several central office

attempts at equity commissions or review teams were dismissed. Our interviews also revealed the following:

- One staff person noted that each county should have an equity alliance established; however, we heard only one mention of this statewide expectation or practice.
- One staff person also mentioned a voluntary case review practice designed to discuss racial equity in the context of specific family scenarios and case practice, but reported this is rarely done. However, by inviting staff to bring cases forward, the state is introducing selection bias.
- The Equity Team at HHS was mentioned, but few details were known by workers and supervisors across the state with regards to the focus and priorities of that team.
- Structures that are currently in place such as the Cultural Equity Alliance, African American Case Review Committee, and ICWA Unit underutilized and/or are not available statewide.
- Varying responses and opinions to the need for equity initiatives across the state

Supervision

Supervision support is widely variable across the state, with some staff feeling like they receive adequate and supportive supervision and others relying more on their peers. The inconsistencies in supervision may also be impacting the quality of assessments and case management provided to families. Individual one-on-one supervision was described as occurring anywhere from weekly to every other month, with some supervisors ensuring they staff every single case and others relying on workers to identify cases to staff. For "Life of the Case" supervisors, there appears to be greater difficulty balancing the different needs, timelines, and sense of urgency of SW2s and SW3s, resulting in inconsistent practices in formal supervision staff meetings. "Life of the Case" supervisors consistently reported providing "as needed" supervision for SW2s and more regularly scheduled supervision for SW3s. Conversely, specialized units reported higher levels of dissonance between SW2s and SW3s due to the operational/organizational silos that create an "us versus them" perception.

The use of peer mentors as an additional training and support vehicle for new workers was noted by workers during our site visits. The deployment of the mentorship program across service areas appears inconsistent. In some service areas, the program was not well understood and was perceived as only available to select staff from certain functional areas, rather than an option to utilize peer mentors in areas with the greatest need. Staff who serve as mentors articulated the value to new workers, but also described the additional burden it places on the mentor's workload, effectively increasing their caseload. Staff also noted that they are "voluntold" when they become mentors and receive no additional compensation for serving in this capacity.

Case Assignment and Transfers

At a high level, the case assignment practice is perceived as a mystery across the state. Staff get single cases or a significant quantity of cases at irregular intervals that are relatively unknown to them until they are emailed, texted, or called by their supervisor. In addition, there is a reported delay of up to two hours, while intakes are waiting to be reviewed by supervisors, in receiving reports from Intake that often makes meeting timeframes near impossible. Once cases transfer, there are no formally communicated internal protocols for how SW2s and SW3s work together.

Staff from each stage of the life cycle of a case complain about incomplete information or incomplete work from previous workers (Assessment complains about Intake and the lack of information and incorrect information, while SW2s complain about incomplete work and how that impacts their workload). The system appears to be almost entirely driven by timelines versus quality and complete work. The case transfer practices from Assessment to Case Management often result in a gap in services to and visits with families. It is important to note that in some service areas, staff indicated intentional delays to avoid the policy timeline from kicking in. In and around Polk County, there is finger pointing and miscommunication about visits and role confusion related to who does what within case transfers. The case transfer checklist is perceived as duplicative, time intensive, and generally unhelpful. In addition, the system appears to lack a consistent practice related to concurrent planning resulting in unnecessary delays in permanency.

FFPSA

Across service areas, staff and supervisors indicated a high-level understanding of FFPSA; however, implementation of FFPSA core principles varies across service area as well as by stakeholder (GALs, district attorneys, judges, and others) in terms of the interpretation of dangers versus risk. Staff explained that in some areas, FFPSA prompted the use of a four-question pilot for court cases, but this practice does not appear consistent and seems subject to judge preference. It is important to note that in some service areas, FFPSA was indicated as a primary factor used in determining the need for placement.

Service Array

During the assessment phase, SW3s and supervisors acknowledged the priority of engaging families in services, especially for assessments that would likely not be founded, but where family needs were identified. Significant challenges were identified in the array of available community-based services. In many counties across the state, there are limited community-based services to address the underlying poverty-related needs of families. In addition, there are gaps for mental health services for youth and adults—both with and without child welfare involvement. These gaps significantly limit the ability of SW3s to connect families to needed services early on and potentially mitigate their need for formal involvement and case oversight. Other concerns identified include:

- Extended stays in shelters and hospitals are an issue with limited access to Qualified Residential Treatment Programs (QRTPs).
- Family preservation funds are a big positive, but they are too limited and not flexible enough according to staff and supervisors.
- Lack of access to behavioral health services for youth weigh down the child welfare system.

Service Contracts

There was a consistent theme about the challenges presented by contracted FCS providers, including:

- A lack of timeliness on the part of the providers in assigning workers to families
- State staff having to go out and complete visits when FCS staff had reached their cap.
- Workers who were not qualified to provide a high-quality service to families.

- Staff turnover among the providers.
- Provider staff not meeting with families in a timely manner.
- Provider staff inability or unwillingness to work with families to develop and implement specific goals to address family needs.

"This contract is so poor it is giving Families First a bad name."

The current contract does not appear to be fulfilling requirements nor meeting the needs of families especially when it comes to a solution-based caseload. Despite updates in contract language, prescribing specific tasks and timelines, best practices are not routinely being achieved. The tension between contractual requirements, profit margins, and authentic and needed practice was noted by staff and supervisors consistently across the state. The provider routinely does not complete visits, leading to extra work for HHS staff. SW2s are held accountable in court and at times are being ordered to do visits because of "lack of reasonable efforts." It also appears that the contract terms are not flexible enough to accommodate the varying needs of families. Given the size of current caseloads, this is an additional pressure point in the system. A great deal of frustration was expressed by staff and supervisors related to this contract.

"Service providers are very effective at telling us what they won't do."

Courts/County Attorneys

The relationship with the courts and state staff varies greatly across areas resulting in places where Attorney General (AG) may be asked to assist. In some areas, there appears to be confusion related to FFPSA and its use in making case-related decisions, resulting in permanency delays. Specifically, in one jurisdiction, the county attorneys have access to intakes and utilize this to drive the case instead of relying on the practice model. Two areas that continue to be a source of tension include changes made to language in the safety plans and changes made to chapter 232. Significant turnover among judges (reported at 60 percent) and SW2s (35 percent) are also resulting in additional challenges with court and state alignment.

3.4 Quality and Accountability

Although some structure and standard practice exists as it relates to quality and accountability, the implementation of these practices appears to be inconsistent across the state and generally attributed to supervisor and SWA preference/practice. For example, in some areas, supervisors review cases for best practices and training opportunities whereas in other areas, workers were unclear whether supervisors were reviewing case plans prior to signature, creating risk with the fidelity of the practice model. Some areas appear to utilize the QA/QI team to assist with the creation of reports and performance management, but this practice also appeared to be inconsistent across service areas.

Training

Staff shared they are/were not given adequate time to train, shadow, and be mentored before getting a caseload. Staff indicated some new workers resign due to being overwhelmed by their caseload and lack of training. In many service areas, new SWCMs are training new SWCMs. Across the state, supervisors do not typically go out on cases with new staff, rarely join them in court, and typically do not have enough staff to allow for shadowing and appropriate, tiered caseload growth. Supervisors also reported having very little time to dedicate to coaching and mentoring staff. Staff reported that many supervisors prefer to interact through documentation

rather than conversation and several staff noted they had only communicated with their supervisor via email for weeks or months at a time.

3.5 Technology and Data Intergration

During interviews with staff and supervisors across the state, there were five common outcomes identified regarding CCWIS (Comprehensive Child Welfare Information System) technology and data needs. The following section provides details about each of these themes.

1. **A successful CCWIS needs to integrate information between teams, programs, and systems.**

   JARVIS is generally perceived as an effective system that is easy to navigate and user friendly. However, staff must access several additional systems to effectively do their jobs and, in some instances, staff were unaware of all of the systems they could or should use in performance of their particular child welfare role. In addition, users indicated that for many cases, the agency is aware of additional information about the families being served but that they do not have access or know how to obtain the information, and that the opportunity to improve in this area may be most apparent for families being served by multiple programs.

   Specific features requested under this category include:

   - Granting necessary access to all systems at once with a single request
   - Providing easy access to related information, such as linked individuals or cases
   - Prefilling forms and fields with known data from other systems
   - Integrating the JARVIS and FACS systems
   - Reporting to leadership for families served by multiple programs

2. **A successful CCWIS needs to streamline data entry.**

   The most common feedback received in user interviews was a request to minimize or automate repetitive and seemingly unnecessary tasks. Additionally, users stated that their equipment does not have internet capabilities that enable them to effectively use the equipment in the field and that they struggle with integrating laptops into family engagement activities, identifying tablets as potentially more practical for field work.

   Specific features requested under this category include:

   - Eliminating duplicate data entry
   - Easily splitting reports or copying shared information between separate records
   - Quickly finding and linking family member information
   - Developing specific apps targeted to common processes, such as drug testing
   - Using mapping technology to confirm county assignments
   - Creating collapsible sections for extensive data entry forms
   - Providing mobile and remote hardware and access

3. **A successful CCWIS needs to manage documents effectively.**

Users reported that processes for storing, managing, and extracting documents are cumbersome and ineffective. This has resulted in incredibly large case files where the right document cannot be found, or large amounts of worker time being spent navigating through multiple screens to gather needed information. Workers desire a documentation strategy that optimizes the use and availability of content in vast libraries of documents to reduce data entry and improve decision-making.

Specific features requested under this category include:

- Easily finding documents related to contextual system activities
- Improving document search capabilities
- Implementing paperless case files
- Developing a repository for master form template storage
- Generating documents automatically using stored system information

4. **A successful CCWIS needs to inform end-user decisions.**
Users reported that some information recorded in the current system is not updated in a timely manner resulting in a lack of trust and usability. As a result, supervisors and staff report keeping their own spreadsheets for tracking activities and data metrics used to inform leaders and team decisions. The agency reported regularly utilizing SharePoint and other tools to bridge the gap in documentation collection.

   Specific features requested under this category include:

   - Providing metrics in real-time
   - Providing information at appropriate times that support the flow of work
   - Eliminating external lists or hand-counting, such as lists of available foster homes
   - Implementing timely and meaningful notifications, such as new criminal activity

5. **A successful CCWIS needs to operate reliably.**
Almost all teams expressed frustration with the frequency of planned and unplanned system downtime. Workers also indicated that they regularly use methods external to their CCWIS system to record or manage information relevant to their processes in an effort to mitigate gaps in system functionality. Some JARVIS users indicated that they would be happy with the capabilities of their existing system, if those capabilities could only be relied on to work when needed. Specific features requested under this category include:

   - Reducing system downtime
   - Providing system backups or other mitigation during downtime
   - Eliminating loss of data due to error processing or inactivity
   - Preventing updates from drastically changing procedures
   - Fixing reported issues quickly

While these five outcomes were identified by interviewed staff and supervisors as technology needs, it is critical to analyze the impact of process, policy, and community prior to committing

to any improvements as part of a CCWIS project. Many of the items described may need to be evaluated for potential efficiencies and simplifications prior to technology implementation to ensure complexity is minimized, all solutions are considered, and business needs are met. In most cases, we typically find that some issues can be resolved without technology modifications.

3.6 Community Partners and Stakeholders

The work of child welfare does not occur in isolation. Rather, it requires a system of internal partners and key community stakeholders working in collaboration to ensure child safety and family well-being. Engaging key stakeholders in the assessment of the child welfare system will allow for a robust evaluation of the ecosystem in Iowa, including the implementation of policy and the impact on the practice model. To date, focus groups and interviews with the following stakeholders have occurred. A summary of their system observation and perspective is highlighted in this section.

Behavioral Health (BH) and Disability Services (IDD) Division

Partners working within the BH and IDD system indicated a lack of standard operating procedures between the divisions. Although, leaders across divisions connect to problem solve and address critical incidents, there is perception that child welfare does not recognize disability or put services in place to keep families intact. Late or delayed diagnosis and identification frequently interfere with eligibility for waiver services. Additionally, workers are often not familiar with Managed Care Organizations (MCOs), resulting in a barrier to access.

Medicaid Partners

Partners working in this area of the system indicated significant improvement in recent years but noted barriers that still exist with extracting timely and relevant data due to the age of the system. The extraction of foster care data is complex and includes fourteen sets of data across fourteen regions. As a result, it was noted that the interactions are typically very reactive in nature even though there is a shared desire to develop a more connected proactive approach with child welfare even for children without an active removal. This could result in an increased ability to address parent mental health issues to support reunification efforts. A lack of opportunity to recognize unmet services that could be identified by Medicaid history and diagnoses was highlighted as potential factor in delaying family stability. Interviewees recommended that the following questions be addressed:

a. Who is on Medicaid?
    i. They are receiving services. (OK)
    ii. They are not receiving services.
        1. Any sign that they should be? (take action)
        2. No sign that they should be. (OK)
b. Who is not on Medicaid? Should they be?
    i. Yes (take action)
    ii. No (OK)

HHS Quality Improvement Team

The goal of this team is to find best practices and build fidelity within practice. SBT drives priorities, but service area leadership identifies areas of focus. Team members are located in the

service area they support and are available to share information, best practices, and create reports as requested. Team members use service area performance and performance improvement plans (PIP) to track performance. Members of the quality team indicated that although they participate in the equity alliance, equity measures are not currently built into the system.

The team noted that there were several barriers to optimizing the benefits that could come from the QI team, specifically, cultural barriers in pockets of each service area, turnover among staff and supervisors, time to dedicate to QI initiatives, and the availability of targeted data. The team also highlighted specific areas for improvement, including more consistency across service areas and increased focus on the development and documentation of best practices.

Transition Placement Specialists (TPS)

The role of TPS is to partner with the caseworker on federal IVE cases for youth in foster care aged fourteen and older. Responsibilities include facilitating team meetings for youth in transition, supporting workers to make referrals, partnering with MCOs and Integrated Health Home (IHH) providers and making referrals to adult placement providers. TPS staff monitor metrics and train to keep cases moving through the development of quality case plans. Additionally, TPS staff are an additional resource for high needs cases and build relationships with key resource agencies within the community. The team also works with Case Management SW2s to assist with or review the following:

- Life skills assessments
- Youth planning meetings
- Case permanency plans
- Staffing Independent Living (IL)cases
- Educating workers regarding transition resources
- Facilitating youth in transition meetings
- Transition committee reviews
- Providing proof of foster care for youth for FAFSA (Free Application for Federal Student Aid)

The team noted the discrepancy between their current job description as SW2s and the services they are providing to Case Management SW2s, and indicated that the role they play more closely aligns with SW4 roles and responsibilities. This team also reported challenges with the current caseloads and the capacity to complete the necessary work at the appropriate point in time in the life of a case. The team reported that they are typically brought in to help address situations that may have been prevented with earlier engagement. Staff noted that this is often a result of Case Management SW2s being behind on work that should have been completed earlier in the life cycle of the case. Specifically, the team identified gaps in services and progress for children with intellectual disabilities.

HHS Service and CWIS Help Desks

The Service Help Desk team members adjust their approach depending on the new practice guidelines being pushed out to the field. The Service Training team members indicated that they host lunch and learns to assist with policy interpretation, create videos and webinars, and host refreshers as needed. Each Service Help Desk team member receives between five to fifteen

calls per day and varying numbers of email requests for assistance. Some requests for assistance are able to be quickly addressed, many are significantly more complex and take hours or days to complete. Service Help Desk team members indicate an aligned and trusting relationship with policy. CWIS Help Desk team members utilize specific subject matter experts (SMEs) for system improvements to ensure changes are responsive (the SBT approves all system changes). Service and CWIS Help Desk team members work from a prioritization matrix, and therefore complete the work with the highest risk to impact practice first. The tech modernization team is nimble and responsive. The Service Help Desk team members reported being underutilized by some service areas, indicating there is inconsistency in the application of policy and practice across the state.

Child Welfare Partnership Committee (CWPC)

The primary focus of this committee is to bring together system partners, including tribal, state university, providers, and other relevant agencies to work on addressing system issues. This committee hosts discussions related to practice and policy issues, such as implementation of FFPSA, solution-based casework, and other system challenges like the lack of residential placement options, disproportionality, and difficulty accessing or lack of community resources. Current discussions have focused on the workforce challenges and their impact on the system, role confusion between agencies and contracted partners, contract incentives, and emphasis on kinship placement. Recent changes in contracts allowing agencies to receive compensation even for open beds was reported to have assisted in aligning financial goals with agency goals. The over reliance on, and extended stays in, shelter beds continue to be a challenge and an area for significant improvement.

The areas that the CWPC noted the greatest opportunity for improvement were development of preventative resources/supports, placement options, reunification resources and support like step downs from higher levels of care, and the overreliance on the 102 shelter beds across the state. The CWPC also noted challenges in sharing information about potential policy challenges, IT firewalls, and silos across the state that may result in delays in identification of specific needs. Additionally, the CWPC noted issues with incentives offered by the state, specifically pointing to the challenge of meeting an 80 percent success rate on children returning to home if 30 percent of their children have APPLA as a primary permanency goal.

Court Partners

Relationships between the courts and the department were reported to vary considerably by jurisdiction, but most service areas seem to have amicable working relationships. However, two areas that continue to be a source of tension between the courts and the state were mentioned: 1) changes made to language in the safety plans and 2) changes made to chapter 232. The perception is that the language changes to the safety plan communicate that when the parties are in agreement, they can ignore the direction of the court. It was noted that while this may not be the intention of the language change, it has resulted in tension between the court and the agency. Changes made to chapter 232 were seen as being completed in isolation without involvement from the Court Advisory Committee or the Multiple Disciplinary Advisory Committee. Additionally, turnover rates of judges and SW2 staff (Judges reported at 60 percent, SW2s at 35 percent), result in notable challenges with court and state alignment.

Additional focus groups and interviews with community stakeholders identified in the table that follows will occur over the coming months to gather input, identify opportunities for improvement, and further shape recommendations.

Stakeholder/Community Group	
Juvenile Justice	Indian Child Welfare Act (ICWA) Attorney
CAs/Assistant CAs/Assistant AGs (where appropriate)/ Multiple Disciplinary Advisory Committee	African American Case Consultation Team
Parent Attorneys (Association/Group)	Bureau of Refugee Services
GALs/CASA (Court Appointed Special Advocate)	Family First (family-centered service provider)
Law Enforcement	Medical Examiner
Parent Partners	Foster Care Review Board Members
Cultural Equity Alliance Team Members	Ombudsman
Tribal Nations	Health Equity Coordinator
HHS Legislative Liaison	Local Public Health Agencies (LPHA)
Native American Unit Team Members	

4.0 NEXT STEPS

The C!A/HMA teams will work with leadership to ensure the information in this report is both accurate and serves as the foundation for the final stages of a successful assessment. For any areas where there is disagreement or concerns, further research may be conducted, and appropriate edits incorporated. Alignment at this phase of the assessment is vital to establishing and narrowing the lens through which the final stages of the assessment will be conducted and interpreted.

Once alignment has been achieved, C!A/HMA will continue their discussions with leadership and stakeholders. Customer interviews will continue to help finalize feedback from all previously identified agency customers and shareholders. The process mapping and analysis activities for each major area will be conducted in early February, and the summary results and visuals will be provided in Deliverable 3 (Initial Report of Findings and Recommendations), which will be presented on April 8.

Once final reviews of data, documentation, policies, and procedures have been completed, C!A/HMA will conduct their goal setting and final recommendations to be included in Deliverable 4 (Final Report of Findings and Recommendations), which will be presented on August 28.

5.0 APPENDIX

The following table contains details pertaining to the focus groups conducted as part of the assessment.

January 9: Dickinson (Dickinson County)			January 9: Ottumwa (Wapello County)	
Time	**Group**		**Time**	**Group**
8:30–10:00	Assessment Staff		**8:30–10:00**	Assessment Staff
10:00–11:30	Case Management Staff		**10:00–12:00**	Supervisors (all supervise both)
11:30–12:30	Supervisors (all supervise both)		**1:00–2:30**	Case Management Staff
Location	1802 Hill Ave., #2401 Spirit Lake, IA 51360		Location	120 E Main, Suite 100 Ottumwa, IA 52501 Conference Room 3
Contact	Tom Jorgensen 712-330-2471		Contact	Sara Baker 641-895-2043
January 9: Sioux City (Woodbury County)				
3:30–4:30	Adoption staff and Supervisor			
Location	822 Douglas ST Sioux, City, Iowa 51101			
Contact	Contact: Cathy Gray 712-223-0188			
January 10: Sioux City (Woodbury County)			**January 10: Davenport (Scott County)**	
Time	**Group**		**Time**	**Group**
8:30–10:00	Assessment Staff		**8:30–10:00**	Assessment Staff
10:00–11:30	Case Management Staff		**10:00–12:00**	Case Management and Assessment Supervisors
11:30–12:30	Supervisors (all supervise both)		**1:00–2:00**	Adoptions or Licensing/Kinship
			2:00–3:30	Case Management Staff
			3:30–4:30	SWA (Lynn Bell and Liam Healy)
Location	822 Douglas St. Sioux City, IA 51101		Location	600 W. 4th St. Davenport, IA 52801 1st Floor Boardroom
Contact	Nicole Sims 712-899-2413		Contact	Lynn Bell 563-349-1851
January 11: Ames (Story County)			**January 11: Cedar Rapids (Linn County)**	
Time	**Group**		**Time**	**Group**
8:30–10:00	Assessment Staff		**8:30–9:30**	Adoption
10:00–11:00	Assessment Supervisors		**9:30–10:30**	Licensing/Kinship
11:00–12:30	Case Management Staff		**10:30–12:00**	Assessment Staff
12:30–1:30	Lunch		**12:00–12:30**	Brown Bag Lunch
1:30–2:30	Case Management Supervisors		**12:30–2:00**	Case Management Staff
			2:00–3:30	Supervisors (all supervise both)
			3:30–4:30	SWA (Valarie Lovglia and Paige Casteel)
Location	126 S Kellogg Ames, IA 50010 2nd Floor Conference Room		Location	1240 26th Ave. Court SW Cedar Rapids, IA 52501 Conference Room 2B

Contact	Sarah Hinman 515-268-2274 Sarah McCloud 515-268-2269		Contact	Kristen Smith 319-892-6865 319-389-1728
January 12: Des Moines (Polk County)			**January 12: Fayette (Fayette County)**	
Time	**Group**		**Time**	**Group**
8:30–10:00	Assessment Staff		**8:30–10:00**	Assessment Staff
10:00–11:00	Assessment Supervisors		**10:00–11:00**	Assessment Supervisors
11:00–12:00	Adoptions or Licensing/Kinship		**11:00–12:30**	Case Management Staff
12:00–1:00	Lunch		**12:30–1:30**	Lunch
1:00–2:30	Case Management Staff		**1:30–2:30**	Case Management Supervisors
2:30–3:30	Case Management Supervisors		**2:30–3:30**	SWA (Jason Kilby and Andrea Hickman)
3:30–4:30	SWA (Trisha Gown)			
Location	2309 Euclid Ave. Des Moines, IA 50310 Conference Room 3		Location	129 S Vine St. West Union, IA 52175
Contact	Mindy Norwood 515-326-4492		Contact	Audrey Rubner 563-422-5634
January 13: Pottawattamie County			**January 13: (Cerro Gordo County)**	
Time	**Group**		**Time**	**Group**
8:30–10:00	Assessment Staff		**8:30–10:00**	Assessment Staff
10:00–11:30	Case Management Staff		**10:00–11:00**	Assessment Supervisors
11:30–12:30	Supervisors (all supervise both)		**11:00–12:00**	Case Management Supervisors
12:30–1:00	Brown Bag Lunch With Supervisors			Brown Bag Lunch With Supervisors
1:00–2:00	Licensing/Kinship		**12:00–1:00**	Adoptions or Licensing/Kinship
2:00–3:00	SWA (Travis Heaton and Tammi Winchester)		**1:00–2:30**	Case Management Staff
Location	417 E. Kanesville Blvd. Council Bluffs, IA 51503 Conference Room: Lunch Room/Multipurpose Room		Location	525 9th St. SE Mason City, IA 50401
Contact	Noimilo Dube 712-718-3627		Contact	Cheryl Goetzinger 641-421-1253

The following snapshot demonstrates the information contained in the policy and practice review tool. The policy and practice review tool in its entirety will be shared as a component as part of the final report.

Report/ Document Type / Data Range 2018-2020	Source	Reasonable Polices to Support (practice, training, access, equity, permanency) Y/ N/ NA	System or evidence in place to support compliance Y/ N/NA	System or evidence in place to support CQI Y/N/ NA	Evidence of engaging voices of families with lived experience Y/N/NA	Evidence to suggest collaboration or cross sector integration in place to support families Y/N/ NA	Changes proposed to P&P Y/ N/ NA	Type of Change Proposed Policy/ Practice	Legislative Change Required Y/ N	Fiscal Impact Y/N
Assessments/ Reports										
CFSR Kickoff 2021 Recording	cfsr-review	Y	Y	Y	Y	Y	Y	(10/21)	N	N
Casey Report	https://iaprod.sharepoint.com/sites/CIA-ClientCollaboration/ChildWelfare/IowaChildWelfare/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FCIA%2DClientCollaboration%2FChildWelfare%2FIowaChildWelfare%2FShared%20Documents%2FArtifacts%2FCW%20Assessments%20Report%2Epdf&parent=%2Fsites%2FCIA%2DClientCollaboration%2FChildWelfare%2FIowaChildWelfare%2FShared%20Documents%2FArtifacts	N	N	N	N	Y	N	Both	Y	Y
HHS Alignment Report	https://dhs.iowa.gov/sites/default/files/HHS_Alignment_Transition_Plan_2022_FINAL.pdf?09302021902	Y	Y	Y	Y	Y	Y	Integrate PH and HS	N/A	N/A
Mandatory Reporter Training and Certification Workgroup Report	https://dhs.iowa.gov/sites/default/files/Legislative_Report-Mandatory_Reporter_Training_and_Certification_Workgroup.pdf?07172019153	Y	Found in CAPTA report	found in CAPTA Repo	Public comment - Yes	Yes	N	N/A	Already done	
Child and Family Services Plan (300 pgs.)	https://dhs.iowa.gov/reports/child-and-family-services-plan	Y	Y	Y	Y	Y	N/A	N/A	N	N
Foster and Adoptive Parent Diligent Recruitment Plan 2020-2024	https://dhs.iowa.gov/sites/default/files/Diligent_Recruitment_Plan.pdf?11282020221828	Y	Y	Y	Y	Y	Y	Practice	N	N
Child Abuse Prevention and Treatment Act (CAPTA) Report	https://dhs.iowa.gov/sites/default/files/CAPTA_Rpt_FINAL.pdf?11302021825	Y	Y	Y	N	Y	N/A	N/A	N/A	N/A
Targeted Child Welfare Review	https://dhs.iowa.gov/sites/default/files/DHS_CW_Review_Final_Report_12.22.17.pdf?02282021648									
Prevention Services Plan	https://dhs.iowa.gov/sites/default/files/FFY_2020-2024_IV-E_Prevention_Services_Plan.pdf?11202021749	Y	Y	Y	Y	Y	N	N/A	Practice, policy and	Y

Data Source End Notes

Client Data Request (CIA) (1).xlsx

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[i] Lumen/Cisco- Total # of contacts to the intake unit
Adam's report/ JARVIS- Total # of contacts that became a new assessment/investigation
AFCARS- Average days in Foster Care

[ii] HR data- Intake annual turnover

[iii] HR data/Vern's Report- Assessment annual turnover

[iv] HR data/Vern's Report- Case Management annual turnover
FTE report- Total # of Case Management Staff less than 1 yr.

[v] AFCARS- Average days in Foster Care

[vi] Average Days to Closure- Reunification: Years (Average)

[vii] OT and Cost

[viii] OT and Cost

[ix] HR data- Intake annual turnover

[x] Turnover

[xi] FTE report- Total # of Case Management Staff less than 1 yr

[xii] HR data/ Vern's Report- Case Management annual turnover
FACS- Total number of children opened in Case Management

[xiii] DHS Website- CW data report- Total # that resulted in finding of "not confirmed" / Total # of Assessments closed (2021: 8,543 / 28,866)

[xiv] Adam's report/ JARVIS- Total # of contacts that became a new assessment/investigation report;
Adam's report/ JARVIS- Total # of contacts that did not become a new assessment/investigation report

[xv] Adam's report/ JARVIS- Total # of contacts that became a new assessment/investigation report

[xvi] DHS Website- CW data report- Total # of reports opened in Assessment
Total # of Child Abuse Assessments
Total # of Family Assessments.
Clarified the difference between Total # of contacts that became a new assessment investigation report and Total # of reports opened in Assessment in data feedback sessions as linked reports

[xvii] VERN SW2- Current Average Caseload per worker

[xviii] HR data/Vern's Report- Case Management annual turnover

[xix] Adam's report /JARVIS- 2021 Total # of contacts that became a new assessment/investigation report + Total # of contacts that did not become a new assessment/investigation report / Average Totals for 2018 and 2019 (60,054 / Average of 51,330 and 58,228)
Note: I&R contacts are not considered in this calculation because historical I&R counts were not provided

[xx] JARVIS- Total # of contacts made by mandated reporters / Total # of contacts to the intake unit (37,682 / 66,174)

[xxi] Adams report/ JARVIS- Total # of contacts that became a new assessment/investigation report / Total # of contacts to the intake unit (42,556 / 66,174)

[xxii] Adam's Report/ JARVIS- Total # of contacts that became a new assessment/investigation + Total # of contacts that did not become a new assessment/investigation
Adam's Report/ JARVIS- Total # of contacts that became a new assessment/investigation

[xxiii] Adam's report/JARVIS- Total # of contacts that became a new assessment/investigation
NCANDS- Total # of closed reports with at least one substantiated findings
Adam's report/ JARVIS- Total # of contacts that became a new assessment/investigation minus
DHS Website- CW data report- Total # of reports opened in Assessment (42,556 – 35,593)

[xxiv] NCANDS- Total # of closed reports with at least one substantiated finding / Total # of Assessments closed (2021: 8,543 / 28,866; 2020: 7,935 / 23,701; 2019: 8,514 / 26,461; 2018: 8,743 / 28,071)

[xxv] NCANDS- Average days to report closure

[xxvi] ROM- Current number of open assessment as of today / Total # of reports opened in Assessment (2,691 / 35,593)

[xxvii] ROM- Current number of open assessments overdue / past deadline / Current number of open assessment as of today (50, 2,691)

[xxviii] AFCARS- FC Entries- Total # of Out-Of-Home children opened (2,285 / 3,301)

[xxix] FACS- Total # of Out-of-Home children (7,956 / 10,920)

[xxx] AFCARS- Average days in Foster Care (924 / 869)

[xxxi] AFCARS- Average days in Foster Care
FACS- Average days open for Out-of-Home cases
FACS- Average days open for In-Home cases

[xxxii] Data Request- Average number of months from Removal to TPR
Avg Days by Closure- Adoption

[xxxiii] Avg Days by Closure- Reunification

[xxxiv] Avg Days by Closure- Adoption