

Iowa Department of Human Services  
Child and Family Services Review (CFSR) Round 3  
Program Improvement Plan – Progress Report

January 2022 – June 2022



*Department of*  
**HUMAN SERVICES**

Iowa Department of Human Services  
Child and Family Services Review (CFSR) Round 3  
Program Improvement Plan Progress Report

State/Territory: Iowa

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# Iowa Department of Human Services Child and Family Services Review (CFSR) Round 3 Program Improvement Plan Progress Report

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**Part 1: Goals, Strategies, and Key Activities**

**Goal 1: Keep Children Safe at Home with Their Families Whenever Possible**

*Targeted Outcome or Systemic Factor: Safety 1 and Safety 2*

**Strategy 1.1:** Ensure child safety during each stage of the case and improve safety and risk assessment and management

**Strategy 1.2:** Increase face to face contact with child victim(s) within the assigned timeframes and, if delays must occur, Supervisors and CPWs collaborate to implement actions to assure the child's safety at home until the face-to-face contact occurs.

**Strategy 1.3:** Implement the Safe 4 Home Initiative (4 questions) statewide

**Strategy 1.1: Ensure child safety during each stage of the case and improve safety and risk assessment and management**

Key Activity	Target Completion Date	Status	Progress Notes	CB Comments
1. Review policy and practice to identify any gaps or challenges related to assuring our safety plans are not coercive and provide parents with their legal	May 2020	<input checked="" type="checkbox"/> <b>Completed 05/2020</b> <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>Progress Report 7/2020-12/2020:</b> Iowa's safety plan was revised, and language added to reflect legal protections available to parents. <b>(See Attachment A – 1a Safety Plan)</b>	CB agrees completed on 2/18/2021.
2. Contract with National Council on Crime and Delinquency (NCCD) to assist Iowa in developing a new and validated structured decision-making tool	April 2020	<input checked="" type="checkbox"/> <b>Completed 04/2020</b> <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>Progress Report 7/2020-12/2020:</b> Iowa contracted with NCCD in April 2020 to assist with the development of a new SDM Safety Assessment and Safety Plan for Iowa.	CB agrees completed on 2/18/2021.

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<p>3. Begin work with the NCCD regarding development of a new safety assessment tool and safety plan that will be validated for Iowa.</p>	<p>November 2020</p>	<p><input checked="" type="checkbox"/> Completed 07/2020  <input type="checkbox"/> On/ahead of schedule  <input type="checkbox"/> Behind schedule  <input type="checkbox"/> NA</p>	<p><b>Progress Report 7/2020-12/2020:</b> Iowa been collaborating with NCCD to develop new safety assessment and safety plan tools. The collaborative team spent time reviewing the SDM system, its goals, objectives, and characteristics then began work on a draft assessment. The group also drafted a corresponding manual which includes cultural considerations in SDM, a glossary of terms, and examples used in SDM, as well as SDM policies and procedures. In the short-term, modifications were made to Iowa’s current Safety Plan to distinguish it from an Action Plan; the revisions include prompts for specific information to include within the documents to distinguish mitigation of a dangerous situation from communication of “next steps” and responsibilities to move the case forward.  <b>(See Attachment A – 1b SDM Safety Assessment Draft)</b></p>	<p>CB agrees completed on 2/18/2021.</p>
<p>4. Define supervisor role in implementing and monitoring worker use of the safety assessment and safety plan, including supervisory attention to key safety decision points. The supervisor holds a supportive and leading role to allow for mentoring as well as compliance with policy and provides the opportunity for non-traditional safety decision-making.</p>	<p><del>January 2021</del>  Extended to 4/21 per federal approval</p>	<p><input checked="" type="checkbox"/> Completed 4/2021  <input type="checkbox"/> On/ahead of schedule  <input type="checkbox"/> Behind schedule  <input type="checkbox"/> NA</p>	<p><b>Progress Report 1/2021-6/2021:</b> In April 2021 definitions of roles and guidance regarding supervisor involvement in assuring quality safety assessments and safety plans were finalized. This work consisted of an evaluation of existing policy and practice, including strengths and gaps; utilizing information from the on-site review, case review data, and current practices across service areas, the team identified ways practice could be strengthened. Key decision points were reviewed, and the group determined these remain appropriate. It was noted that there isn’t a way currently for field staff to easily track and monitor safety plans that are in place; a recommendation was made to add this functionality to JARVIS or to develop a tracking methodology; the approach for this is in discussion. Field and Policy perspectives were integrated and resulted in development of the Field Guide. This guide outlines both the supervisory role as well as specific guidance regarding social worker responsibilities; it addresses both key activity #4 and key activity #7. These roles work in concert and the group felt the guidance reflects this in a holistic approach. The guide also reinforces the goal to keep children safe at home with their families, whenever possible. While the safety assessment tool has not been finalized, the process between the worker and the supervisor has been defined. At the point of training on the safety assessment tool, all of this information will be incorporated. <b>This key activity is complete.</b>  <b>See attached documents for details on Safety 1.1 work products.</b>  <b>Progress Report 7/2020-12/2020:</b> A workgroup of representatives from various roles across the state who work directly with the safety assessment and safety plan tools, as well as representatives from Training and Policy, has been chartered. This group is responsible for operationalizing supervisory practice around use and quality of the safety assessment and safety plan in order to optimize the consistent and effective use of the tools; the supervisor’s role will reinforce the key decision points and benchmarks for implementation.  Initial work by this group recognized the need for supervisors to not only provide support to their workers but also to have a peer forum in which to discuss complex issues, receive support, and reinforce consistency across the state. Detailed recommendations for providing oversight and support to their workers and participation in peer support at the supervisor level are in process in order to establish standardized processes that will embed the supervisory support role in practice.</p>	<p>CB approves renegotiation request on 3/23/2021 via formal letter regarding key decision points and other considerations regarding assessing safety throughout the life of the case as well as discussion.</p> <p>CB agrees completed on 8/18/2021.</p>

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<p>5. Test draft structured decision-making tool (workers, supervisors, judges, parents, etc.)</p>	<p>December 2020</p>	<p><input checked="" type="checkbox"/> Completed 12/2020  <input type="checkbox"/> On/ahead of schedule  <input type="checkbox"/> Behind schedule  <input type="checkbox"/> NA</p>	<p><b>Progress Report 7/2020-12/2020:</b> Testing of the structured decision-making tool was completed in December 2020; additional data and feedback is being collected in January and February 2021. Testing involved 62 people statewide, including representatives primarily from Field, but also from Training and Policy. NCCD provided approximately 15 vignettes; half of the testers used Iowa’s current safety assessment and half used the new draft SDM safety assessment. All data was gathered for analysis and use in the following key activities. <b>This key activity is complete.</b></p>	<p>CB agrees completed on 2/18/2021.</p>
<p>6. Collect feedback from users/stakeholders, adjust as needed</p>	<p><del>February 2021</del> Extended to 6/21 per federal approval</p>	<p><input checked="" type="checkbox"/> Completed 6/2021  <input type="checkbox"/> On/ahead of schedule  <input type="checkbox"/> Behind schedule  <input type="checkbox"/> NA</p>	<p><b>Progress Report 1/2021-6/2021:</b> Iowa completed user testing on the SDM Safety Assessment in December 2020 and collected feedback in January and February 2021. Consultation with NCCD/Evident Change indicated they would be implementing an additional testing/feedback cycle which required Iowa to revise the timeframes regarding full implementation of the Safety Assessment; this resulted in an extension request and approval for this key activity to June 2021. Collection of feedback was extended to assure frontline users had ample opportunity to test the tool and provide comments. They were asked about things such as consistency of results between the new SDM Safety Assessment and the current tool, ease of use, flow, etc. The vast majority of responses were favorable: the format and structure of the tool were found to be user-friendly and consistent with their work, and results were in line with the current assessment. Final adjustments were made to the assessment based on feedback, including some verbiage and alignment within the Guidance Manual. The assessment specifications have been completed and provided to Iowa’s IT department to incorporate into the JARVIS system. <b>This key activity is complete.</b></p> <p><b>Progress Report 7/2020-12/2020:</b> Testing of the structured decision-making tool has just been completed; receiving and utilizing feedback is the next step in this process.</p>	<p>CB approves renegotiation request on 3/23/2021 via formal letter.</p> <p>CB agrees completed on 8/18/2021.</p>
<p>7. Clearly outline staff practice expectations for safety assessment and safety plans and for consistent use of danger vs. risk in practice, in communication, and in decision making and incorporate into training.</p>	<p><del>February 2021</del> Extended to 7/21 per federal approval</p>	<p><input checked="" type="checkbox"/> Completed 4/2021  <input type="checkbox"/> On/ahead of schedule  <input type="checkbox"/> Behind schedule  <input type="checkbox"/> NA</p>	<p><b>Progress Report 1/1/21 – 6/30/21:</b> The workgroup developed key resource documents regarding practice expectations for safety assessment and safety plans. Although the SDM Safety Assessment tool hadn’t been finalized, the group was able to identify practice elements around general safety assessment, communication between Supervisors and Social Workers, timeframes for safety plans and recommendations for a methodology to monitor these, and more. Policy content was reviewed, and clarifications made, as needed. The policy information was incorporated into a Field Guide outlining specific practice expectations regarding Supervisor and Social Worker consultation, monitoring, and follow up at both the initial assessment of safety as well as subsequent assessments of safety. The Guide also outlines how safety discussions can be incorporated in practice: individual supervision and discussion of cases; the use of group supervision with teams to gain insight from peers, promote discussion of danger versus risk to aid in consistency of application, and highlight good practice examples; the use of Child Safety Conferences for a team approach to problem-solving; and reinforcing critical thinking throughout the life of the case in every consultation. These resource documents and expectations were integrated into training that was delivered in May 2021. This training is mandatory for all child welfare staff and is also</p>	<p>CB approves renegotiation request on 3/23/2021 via formal letter.</p> <p>CB agrees completed on 8/18/2021.</p>

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			<p>incorporated into new worker training. <b>This key activity is complete.</b></p> <p><b>Progress Report 7/2020-12/2020:</b> The workgroup discussed in key activity #4 will continue to meet to address practice guidance for social workers on how to most effectively implement the ongoing use of the safety assessment and safety plan. Much of the information regarding the supervisory role in assuring quality with safety assessments and safety plans has direct impact on the practice expectations for staff as well. Utilizing the same group that is defining the supervisor's role in assuring quality safety assessment and safety plans will provide important continuity between supervisor and social worker roles.</p>	
8. Draft new administrative rules for publication	<p><del>February 2021</del> Extended to 7/21 per federal approval</p>	<p><input checked="" type="checkbox"/> Completed 4/2021  <input type="checkbox"/> On/ahead of schedule  <input type="checkbox"/> Behind schedule  <input type="checkbox"/> NA</p>	<p><b>Progress Report 1/2021-6/2021:</b> A Policy representative was part of the work group focusing on safety assessments and safety plans. As development progressed, there was ongoing assessment of what, if any, impact decisions would have on Administrative Rules. While policy manuals were revised for ease of use and to provide clarity or greater guidance, the team determined administrative rules did not require modification. <b>This key activity is complete.</b></p> <p><b>Progress Report 7/2020-12/2020:</b> The need for new administrative rules will be identified through the assigned work groups: one working with NCCD; the other defining practice expectations and supervisory role in assuring quality. Policy representatives are participating members in each of these focus areas; this provides a needed resource regarding current expectations, and also results in a seamless transition when new rules need to be written or revisions made to existing policy and practice documents.</p>	<p>CB approves renegotiation request on 3/23/2021 via formal letter.</p> <p>CB agrees completed on 8/18/2021.</p>
9. Develop concrete safety plan examples that include a variety of different safety threats (such as domestic violence, mental health, substance abuse, and physical abuse) in collaboration with FCS contractors, DV advocates, substance abuse and mental health partners etc. and incorporate into training.	<p><del>February 2021</del> Extended to 4/21 per federal approval</p>	<p><input checked="" type="checkbox"/> Completed 4/2021  <input type="checkbox"/> On/ahead of schedule  <input type="checkbox"/> Behind schedule  <input type="checkbox"/> NA</p>	<p><b>Progress Report 1/2021-6/2021:</b> Safety plan examples were completed in April. Common issues resulting in safety plans were highlighted in these examples, including domestic violence, mental health, substance abuse, and physical abuse; some plans focus on only one threat; however, two examples address more complex situations where multiple threats are present. These examples were initially drafted within the workgroup; one purpose of these examples was to demonstrate how the safety plan form itself would be used as a tool to outline an active intervention. The contents of the plans were vetted with stakeholders and contractors associated with the services for identification of gaps and feedback; while there were some suggestions regarding the form, feedback on the content of the safety plans was positive. The examples have been incorporated into training. <b>This key activity is complete.</b></p>	<p>CB approves renegotiation request on 3/23/2021 via formal letter.</p> <p>CB agrees completed on 8/18/2021.</p>



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<p>10. Develop SDM training (both initial and refresher) that outlines elements such as:</p> <ul style="list-style-type: none"> <li>• Clear definition of “danger” vs “risk”</li> <li>• Application of danger vs. risk in completion of ongoing assessment</li> <li>• Including families in completing the safety assessment and developing the safety plan as needed</li> <li>• Writing a quality safety plan – required elements</li> <li>• Effective monitoring of safety plans</li> <li>• Which household to focus the assessment on.</li> <li>• Self-examination of how a worker’s values and experiences influence their safety decision making</li> </ul>	<p>March 2024 Extended to 11/21 per federal approval</p>	<p><input checked="" type="checkbox"/> Completed 11/2021  <input type="checkbox"/> On/ahead of schedule  <input type="checkbox"/> Behind schedule  <input type="checkbox"/> NA</p>	<p><b>Update 2/28/2022:</b> The pilot for the SDM Safety Planning training referred to in Slide 7 (attached) is scheduled for 2/28/22; the first offering of the course is scheduled for 3/18/22. In the training previously provided, the impact of a person’s individual values and experiences on decision-making are incorporated throughout. When discussing critical thinking, Trainers facilitate discussion about this and ask participants about everyday decisions they make that are potentially impacted by biases; this is explored specifically when in breakout rooms to cover each of the Danger indicators. This conversation is also incorporated in terms of impact when working with a family to develop a plan.</p> <p><b>Progress Report 7/2021-12/2021:</b> Following the additional round of testing on the Safety Assessment a final document was delivered. This has been incorporated into the IT case management system as a step toward being able to fully encompass its functionality through training. As stated below, training on the areas specified in this key activity were completed in large part prior to training provided in May 2021. With the finalization of the Safety Assessment tool, its role in assessment of danger versus risk and mitigating those areas has been incorporated into the training. <b>See attached Safety Assessment training. This key activity is complete.</b></p> <p><b>Progress Report 1/2021-6/2021:</b> Training on quality safety plans was scheduled and completed in May 2021. This included a refresher of information originally communicated in Spring of 2020 regarding definitions of danger vs risk and the new Safety Plan examples to generate additional discussion. In addition, the information reinforced the importance of family involvement in developing the plans, how to monitor, and write quality safety plans – both use of the form and focus on active interventions. The safety workgroup has clearly defined the Supervisor’s role in consultation, monitoring, and follow up with Social Workers. This key activity as it relates to safety plans is complete, however remains active regarding the SDM Safety Assessment implementation. As noted previously, an additional round of user testing was recommended, which has now been completed, for the safety assessment; this resulted in a delay in implementation and an extension of the target date for completion of this key activity. In July 2021, a meeting will be held with NCCD/Evident Change and Iowa to discuss training of Iowa’s trainers on the new tool; projected timeframe for this training to occur is September 2021. Following that, Iowa’s trainers will begin development of the state-specific training for all Social Workers; this is projected to occur in November/December 2021. Due to the close connection between safety assessments and safety plans, training will also revisit the key elements of safety plans so this is presented as a comprehensive package. This project is on track with the renegotiated timeline.</p>	<p>CB approves renegotiation request on 3/23/2021 via formal letter.</p> <p>CB agrees completed on 2/15/2022.</p>
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<p>11. Train DHS staff (and child welfare partners, such as the legal community, service providers, and JCS) using existing structures, such as CIP trainings, quarterly DHS-service provider meetings, and quarterly DHS-JCS meetings on the new practice expectations and tools, rooted in evidence-based resources, including how they inform decision making, initial and ongoing safety assessment, removal and writing actionable plans consistent with safety expectations.</p>	<p>May 2021 Extended to 12/21 per federal approval</p>	<p><input checked="" type="checkbox"/> Completed 12/2021  <input type="checkbox"/> On/ahead of schedule  <input type="checkbox"/> Behind schedule  <input type="checkbox"/> NA</p>	<p><b>Update 2/28/22:</b> The LMS is able to track which DHS staff have viewed the on-demand training, but this training is not available to additional stakeholders such as the legal community. When the in-person training was first offered, seats were reserved for legal and community providers to attend so they could benefit from the train the trainer model DHS was implementing. The flexibility of this approach allowed for these groups to revise and establish training focused on the elements most essential to the work they do.  <b>Progress Report 7/2021-12/2021:</b> Training on the Safety Assessment was completed in December 2021 with all staff; it is also available on video for “on demand” viewing. DHS utilized a “train the trainer” approach and reserved four seats for Coalition representatives and also for Court/Juvenile Justice representatives. Because partners are involved at different levels with the safety assessment, this approach allows for revision of the training to target the information essential for each partner, making the training more relevant. The “on demand” video can be shared if someone misses the training for trainers or if someone is looking for a refresher. Judicial partners and Coalition representatives were involved in the development of the safety assessment; this approach to training closes the loop of their involvement and allows them the same flexibility DHS has to continue training within their domains as needed. <b>This key activity is complete.</b>  <b>Progress Report 1/2021-6/2021:</b> Once the Safety Assessment is finalized, a comprehensive training including all elements of safety assessment and safety planning will be developed for use by DHS staff as well as the legal community, contractors, etc. This is on track with the renegotiated timeframe.</p>	<p>CB approves renegotiation request on 3/23/2021 via formal letter.   CB agrees completed on 2/15/2022.</p>
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<p>12. Create an evaluation plan that will incorporate the CFSR case review data and NCCD data and will include the manner in which gaps will be addressed and necessary practice changes will be implemented.</p>	<p><del>June 2021</del> Extended to 11/21 per federal approval</p>	<p><input checked="" type="checkbox"/> Completed 11/2021  <input type="checkbox"/> On/ahead of schedule  <input type="checkbox"/> Behind schedule  <input type="checkbox"/> NA</p>	<p><b>Update 2/28/22:</b> Quarterly, the CFSR review team provides detailed data to each service area regarding their performance on the reviews as well as the statewide overview of performance. This information incorporates trends identified across the cases based on the review narratives. When SWAs discuss progress, gaps, barriers, this trend information is incorporated as a natural part of the discussion. An SBT representative attends every SWA meeting; the ongoing process that is in place regarding any SWA recommendation is for that representative to serve as the liaison and raise the issue with SBT to determine action needed.</p> <p><b>Progress Report 7/2021-12/2021:</b> A field guide for social worker/supervisor interaction as relates to safety plans and safety assessments was completed in draft form in November and has since been distributed to all staff. This information was reviewed and discussed at an all-supervisor CIDS as well. This guide includes definition of responsibilities of both social worker and supervisor. Safety and risk discussions are built into regular supervision meetings with specific areas of focus; an example of this is specified timeframes for routine monitoring and discussion of safety plans and assuring they are effective or revised as needed. The processes outlined in this guide will also assist with ongoing safety and risk assessment for families through routine and structured discussions. This guide incorporates previous guidance that resulted from safety assessment and timely face to face workgroups; it builds these essential discussions into existing processes for consistent focus. The evaluation plan consists of each</p>	<p>CB approves renegotiation request on 3/23/2021 via formal letter.</p> <p>CB agrees completed on 3/14/2022.</p>
<p>13. Quarterly, review the prior quarter's data:</p> <ul style="list-style-type: none"> <li>• CFSR case review</li> <li>• Founded substantiation while case is open (children safe during in-home services, maltreatment rate during in-home services) (ROM)</li> <li>• Re-entry (ROM)</li> </ul>	<p><del>July 2021</del> Extended to 12/21 per federal approval QI Unit to provide to SBT</p>	<p><input checked="" type="checkbox"/> Completed 12/2021  <input type="checkbox"/> On/ahead of schedule  <input type="checkbox"/> Behind schedule  <input type="checkbox"/> NA</p>	<p><b>Progress Report 7/2021-12/2021:</b> CFSR data regarding items 2 and 3 have been specifically reviewed quarterly since the beginning of the PIP; performance has not shown consistent improvement however as evident in this strategy, full implementation did not occur until December 2021. The case reviews take a retrospective look at performance which delays seeing progress; due to the timing of implementation Iowa would not expect a significant change in practice to be seen yet through this methodology. Baseline for abuse reports during in-home services that are substantiated for calendar year 2021 was 38.2%; re-entry to foster care for that same period was 8.4%. This monitoring has been incorporated into an ongoing process with reporting to SBT, PIP Oversight team, as well as service area monitoring of results. Any identified revisions needed will go through the established process. <b>This key activity is complete.</b></p>	<p>CB approves renegotiation request on 3/23/2021 via formal letter.</p> <p>CB agrees completed on 2/15/2022.</p>

Strategy 1.2: Increase face to face initial contact with child victim(s) within the assigned timeframes and, if delays must occur, Supervisors and CPWs collaborate to assure the child's safety until the face-to-face contact occurs.

Key Activity	Target Completion Date	Status	Progress Notes	CB Comments
<p>1. Develop one-page field guides for reference that clearly outlines policy</p>	<p><del>February 2021</del> Extended to 4/21 per federal</p>	<p><input checked="" type="checkbox"/> Completed: 4/2021  <input type="checkbox"/> On/ahead of schedule</p>	<p><b>Progress Report 1/2021-6/2021:</b> This Field Guide has been completed, which addresses this key activity and also key activity #3; this includes the protocol for Supervisor/Social Worker consultation and responsibilities regarding attempts to observe a child within the assigned timeframe, as well as actions if</p>	<p>CB approves renegotiation request on</p>

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<p>and practice expectations as well as system inputs required. The field guides will include:</p> <ul style="list-style-type: none"> <li>• Reinforce that timeframes may be delayed but they are never waived</li> <li>• The definition of concerted efforts</li> <li>• How to establish a child's safety when not able to see child within timeframes</li> <li>• Guidelines for acceptable reasons to delay assigned timeframes</li> <li>• How and where to document delays and reasons for the delay</li> </ul>	approval	<input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p>a delay is needed. While this did not turn out to be "one page", the information is easily read and demonstrates case flow from an accepted Intake through observation of child victims. <b>This key activity is complete. See attached documents for details on Safety 1.2 work products.</b></p> <p><b>Progress Report 7/2020-12/2020:</b> These field guides will be developed consistent with information developed in key activity #2 below. Participants of this work group will develop/serve as resources for the development of the one-page field guides.</p>	<p>3/23/2021 via formal letter.</p> <p>CB agrees completed on 8/18/2021.</p>
<p>2. Revise policy to specify the documentation required when a delay in seeing a child victim is approved. This will include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Barriers encountered to meeting the timeframe</li> <li>• Steps taken to establish the child's safety</li> <li>• The revised timeframe in which to see the child</li> </ul>	<p><del>December 2020</del> Extended to 2/21</p>	<input checked="" type="checkbox"/> Completed 2/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Update 9/3/2021:</b> The policy clarifications have been approved and added to the Manual. In addition to the policy refinement, this group recommended revisions to Administrative Rule to address language of "risk" that has also been noted by our federal partners to contradict with our policy manual and practice. The reality is that children are always at risk, even in the best of care and circumstances. Therefore, the allowance of a delay in timeframes when reasonable efforts have been made or the child is determined to be safe, rather than when there is no risk to a child, is most appropriate and aligns with best practice standards. The rule change process is underway; the paperwork to submit is being compiled, then will be sent to the Division Administrator for review and approval.</p> <p><b>Progress Report 1/2021-6/2021:</b> The safety-related workgroup spent considerable time discussing the current use of delays, common reasons for delays, actions taken to assure safety, etc. Established policy was reviewed during discussions and while there was consistency overall, the group chose to clarify information regarding things such as establishing a new timeframe to see the child, frequency of consultation between Supervisor and Social Worker, what does "assuring safety" look like, etc. Revisions</p>	<p>CB approved to extend the due date of this key activity via formal letter on 11/23/2020.</p> <p>CB agrees completed on 8/18/2021.</p>

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			<p>primarily consisted of format changes to separately address each timeframe option to increase clarity, outlining the key information within each. These revisions are now going through the approval process. Administrative rule revisions are proposed to address language of “risk” as this is not consistent with our policy manual and practice. The reality is that children are always at risk, even in the best of care and circumstances. Therefore, the allowance of a delay in timeframes when reasonable efforts have been made or the child is determined to be safe, rather than when there is no risk to a child is most appropriate and aligns with best practice standards.</p> <p>See narratives in key activities #1 and #3 for information regarding documentation and determining barriers. These guidance documents were completed in coordination with policy expectations. <b>See attached documents for details on Safety 1.2 work products. This key activity is complete.</b></p> <p><b>Progress Report 7/2020-12/2020:</b> Information developed in Strategy 1.1 will inform the work within Strategy 1.2; specifically, the supervisor’s role regarding guidance to the worker, reasonable efforts to see the child within the assigned timeframe, how to address barriers, and what it means to establish the child’s safety. As criteria are developed for consistent supervisory guidance and oversight, this will inform standard practice definitions of key activity #2. In addition, this work group made up of diverse representatives from across DHS is chartered to address issues of timeliness of seeing children. Supervisory support and guidance to aid in critical thinking is integral to decisions around reasonable efforts to see children and assuring safety if a child cannot be seen within the assigned timeframe. The product of this work group will be woven throughout strategies 1.1 and 1.2.</p> <p>Policy and Training representatives are part of this workgroup and will use information generated in that setting to address any policy revisions or administrative rule changes needed and align information in the one-page guides with group recommendations.</p>	
<p>3. Supervisory responsibilities in consultation and guidance:</p> <ul style="list-style-type: none"> <li>• Reinforce Department philosophy and expectations that children are seen timely whenever possible.</li> <li>• Assure all reasonable efforts have been made to see the child within</li> </ul>	February 2021	<input checked="" type="checkbox"/> Completed 2/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Progress Report 1/2021-6/2021:</b> The field guide discussed previously outlines supervisory responsibilities regarding assuring initial timeframes to see a child victim are met whenever possible; this also addresses protocol for approval of delay in timeframe. The team noted the approval of delay process is inconsistent across the state, resulting in robust discussion regarding what it should entail and a consistent approach. The workgroup addressed the case flow from Intake through completion of the face-to-face visit, including supervisory consultation regarding efforts made, problem-solving additional options, questions that should be asked, and timeframes for asking them; the Field Guide clearly demonstrates that only after exhausting the options to meet the initial assigned timeframe will delays in timeframe be considered. The team identified gaps in practice/policy and needed clarifications; for example, the revised timeframe to see a child following a supervisor-approved delay was not clear or widely understood and were clarified in the manual. <b>This key activity is complete.</b></p>	CB agrees completed on 8/18/2021.

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<p>the assigned timeframe.</p> <ul style="list-style-type: none"> <li>• Problem-solve additional strategies that could result in seeing the child timely.</li> <li>• Assure child safety in those cases where a delay is approved.</li> <li>• Establish a revised timeline to see the child in situations where a delay is approved.</li> </ul> <p>Assure accurate documentation in the Child Protection/Family Assessment Reports</p>			<p><b>Progress Report 7/2020-12/2020:</b> The workgroup referenced in Strategy 1.1 is also chartered to address this key activity in their work. Assuring safety when seeing children – whether within assigned timeframes or with an approved delay – is inherent within the use of the safety assessment and decision-point guidelines. In addition, Policy and Training representatives are part of this workgroup and will use information generated in that setting to address any policy revisions or Administrative Rule changes needed and align training information with the one-page guides.</p> <p>As a related activity, Iowa has implemented the use of “impending danger” terminology to more clearly define a foreseeable state of danger in which family behaviors, attitudes, motives, emotions, or the child’s physical environment poses a threat of maltreatment needing immediate mitigation. NCCD provided training to all staff which, along with the changed terminology, will be beneficial as the revised safety assessment is implemented.</p>	
<p>4. Develop a clear and detailed implementation plan that outlines such things as:</p> <ul style="list-style-type: none"> <li>• Communication about the guide with staff and stakeholders</li> <li>• Training on the guide, which will include allowing CPWs to use the field guide to practice establishing safety when they are not able to see a child, and to also practice determining acceptable reasons for delays in seeing a child in an environment that allows</li> </ul>	<p><del>February 2021</del> Extended to 4/21 per federal approval</p>	<p><input checked="" type="checkbox"/> Completed 4/2021</p> <p><input type="checkbox"/> On/ahead of schedule</p> <p><input type="checkbox"/> Behind schedule</p> <p><input type="checkbox"/> NA</p>	<p><b>Progress Report 1/2021-6/2021:</b> A communication plan was developed, and implementation is currently in process. Training has been developed and was completed in May 2021. This training incorporates such areas as: reasonable efforts; use of delays as the exception to the rule; approved reasons for a delay; process to follow with supervisor; expectations for follow up. Training effectiveness will be monitored through pre and posttests. Tracking of timeliness is monitored closely by supervisors monthly; they have advocated for the change in reporting of approved delays and are aware of the upcoming changes. Quarterly updates on progress will also be shared at bi-monthly supervisory CIDS and service area meetings. The PIP Oversight Team has established timeliness as one of their critical areas to monitor through ROM and CFSR case reviews; in addition, they will be looking at possible impacts to the prevention of entry of children to foster care, use of safety plans, and risk/safety assessment and management. This team will seek feedback as needed from others and will make decisions regarding effectiveness and need for strategy revisions. <b>This key activity is complete.</b></p>	<p>CB approves renegotiation request on 3/23/2021 via formal letter.</p> <p>CB agrees completed on 8/18/2021.</p>

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<p>them to obtain feedback.</p> <ul style="list-style-type: none"> <li>• Additional training for supervisors will include details on how they can support and guide their workers through case specific consultation regarding attempts to make contact, additional strategies to attempt, rationale of a delay, safety considerations, etc.</li> <li>• Assessment of training effectiveness and staff competency</li> <li>• Monthly method to measure if supervisor and staff practice has been impacted</li> <li>• When and how to revisit the guidance if improvement is not seen</li> <li>• How to incorporate into new worker training Statewide rollout plan, including any pilot sites</li> <li>• Evaluation and monitoring plan</li> <li>• Definition of success</li> <li>• Communication plan to share outcomes data with staff and stakeholders</li> </ul>				

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<p>5. Explore any desired JARVIS changes and submit service request if applicable. Also consider what data reports will reflect the system change and be used to accurately monitor performance.</p> <ul style="list-style-type: none"> <li>*Approval of the SR and then priority of that work will have to be determined according to available resources and weighed against competing projects.</li> </ul>	February 2021	<input checked="" type="checkbox"/> Completed 2/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Progress Report 1/2021-6/2021:</b> Final recommendations of this workgroup included a revision to how an approved delay would be defined and recorded in JARVIS. A delay will be considered “approved” when the protocol for requesting the delay has been followed in its entirety – for example, not only does the Supervisor give initial approval prior to the timeframe expiring, but the Social Worker also makes the attempts to see the child within the revised timeframe. Within JARVIS, the Supervisor will indicate “approved delay” using this same definition; if the protocol is not followed, the supervisor will indicate the delay was not carried out as approved. The ROM report has been changed to use the word “delay” rather than “waive” regarding timeframe changes. The report also will calculate “met” as being those contacts completed within the initial assigned timeframe AND those with supervisor-approved delays; with the revised guidance on documentation of approved delay, data should be more representative of the comprehensive process. All three categories (“met”, “met with approved delay” and “not met”) will also be independently reported in order to further monitor the balance between meeting initial timeframes and the frequency with which delays are being used. <b>This key activity is complete.</b></p> <p><b>Update 3/2021:</b> Specifically addressing the timeliness of face-to-face visits, there has been a general lack of understanding of the report itself – i.e., how Iowa was counting supervisor-approved face to face initial visits and a clear goal to increase the frequency with which child victims are seen within the initial assigned timeframe. Decisions will be made about these issues and will require broad communication but are not anticipated to require a JARVIS system change. This work group will be making recommendations regarding this report, as well additional JARVIS recs that promote monitoring of timeliness of a new allegation coming from Intake to the SA assigning supervisor, to the assigned CPW; this would assist in identifying/tracking any barriers that may lead to delays in assignment thereby limiting time available for the CPW to complete the initial visit within the assigned timeframe. The specifics of reporting are still being determined; more information will be included in the next progress report.</p> <p><b>Progress Report 7/2020-12/2020:</b> Work group members identified that JARVIS does not currently track Safety Plan reviews and due dates; this will be one of the recommendations coming forth. In addition, recommendation has been made to revise some of the labels attached to data fields regarding seeing the child timely in order to better represent the content.</p> <p>A draft evaluation of the timeliness in seeing alleged child victims report has been completed. Specific recommendations are in process, but preliminarily include changing the timeframe regarding when reports are generated to allow adequate time for data entry; Department clarification of the purpose and appropriate use of supervisor-approved delays of timeframe; training to all staff so these are clearly communicated; and clear information disseminated regarding content of the report.</p> <p>The majority of recommendations regarding JARVIS and this report are clarifications of what the report is intended to show and communication of that information to report users. There is an opportunity to focus</p>	<p>CB requests additional information on this key activity on 2/18/2021.</p> <p>CB agrees completed on 4/12/2021 and 8/18/2021.</p>



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			on decreasing the use of delays by emphasizing this in data that is already being reported; this is a messaging issue rather than a data issue.	
6. Implement field guide in accordance with the implementation plan	<del>March 2021</del> Extended to 6/21 per federal approval	<input checked="" type="checkbox"/> <b>Completed 6/2021</b> <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>Progress Report 1/2021-6/2021:</b> The Field Guide, policy revisions, and guidance on the use of delays was incorporated into training which was delivered in May 2021; protocol was implemented as of 6/1/21. <b>This key activity is complete.</b>	CB approves renegotiation request on 3/23/2021 via formal letter.  CB agrees completed on 8/18/2021.

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<p>7. Review monthly ROM data and CFSR case review report submitted to the CB in order to monitor effectiveness of change theory/strategy, identify trends, and make adjustments as needed to ensure positive change.</p>	<p>March 2021 Extended to 6/21 and ongoing per federal approval</p>	<p><input checked="" type="checkbox"/> Completed 6/2021  <input type="checkbox"/> On/ahead of schedule  <input type="checkbox"/> Behind schedule  <input type="checkbox"/> NA</p>	<p><b>Progress Report 1/2021- 6/2021:</b> CFSR case review data indicate the timeliness of initial visits with child victims has shown steady increase over the past 3 reporting periods; preliminary results for the 7/1/2020-6/30/2021 rolling 12-month reporting period indicate the item 1 PIP measure has been met. To better understand the drivers of this performance change, quarterly data was analyzed and found the total number of applicable cases and the total number of contacts that did not meet the assigned timeframe have remained relatively constant; however, there has been a consistent increase in the reason for delay in seeing the child victim being beyond the control of the agency.</p> <table border="1" data-bbox="916 435 1588 586"> <thead> <tr> <th>Qtr Read</th> <th>Total # App Cases</th> <th>Total # Delays in F2F Contact</th> <th># Beyond Agency Control</th> <th>Overall Performance</th> </tr> </thead> <tbody> <tr> <td>April-June 2021</td> <td>12</td> <td>4</td> <td>3</td> <td>91.7%</td> </tr> <tr> <td>Jan-March 2021</td> <td>13</td> <td>5</td> <td>3</td> <td>84.6%</td> </tr> <tr> <td>Oct-Dec 2020</td> <td>12</td> <td>4</td> <td>1</td> <td>75.0%</td> </tr> </tbody> </table> <p>This improvement reflects efforts that have been made since the on-site review to define when a delay is appropriate; the additional structured guidance that has been implemented is expected to reinforce this upward trend. The ROM report is in its final testing phase and data will be available by 8/1/21 to use for additional review of this performance time period. Monitoring will be ongoing. <b>This key activity is complete.</b></p>	Qtr Read	Total # App Cases	Total # Delays in F2F Contact	# Beyond Agency Control	Overall Performance	April-June 2021	12	4	3	91.7%	Jan-March 2021	13	5	3	84.6%	Oct-Dec 2020	12	4	1	75.0%	<p>CB approves renegotiation request on 3/23/2021 via formal letter.</p> <p>CB agrees completed on 8/18/2021.</p>
Qtr Read	Total # App Cases	Total # Delays in F2F Contact	# Beyond Agency Control	Overall Performance																				
April-June 2021	12	4	3	91.7%																				
Jan-March 2021	13	5	3	84.6%																				
Oct-Dec 2020	12	4	1	75.0%																				
<p>8. Communicate any challenges to Oversight so that needed adjustments can be made in accordance with the evaluation plan</p>	<p>April 2021 and ongoing as needed Extended to 6/21 and ongoing as needed per federal approval</p>	<p><input checked="" type="checkbox"/> Completed 6/2021  <input type="checkbox"/> On/ahead of schedule  <input type="checkbox"/> Behind schedule  <input type="checkbox"/> NA</p>	<p><b>Progress Report 1/2021-6/2021:</b> The PIP Oversight team has defined the case review data and the ROM data as essential reports to monitor performance regarding timeliness. At this time, there are no unaddressed barriers; monitoring of this performance has been incorporated into the PIP Oversight Team’s ongoing standard operating procedure. <b>This key activity is complete.</b></p>	<p>CB approves renegotiation request on 3/23/2021 via formal letter.</p> <p>CB agrees completed on 8/18/2021.</p>																				

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**Strategy 1.3: Implement the Safe 4 Home Initiative (4 questions) statewide**

Key Activity	Target Completion Date	Status	Progress Notes	CB Comments
<p>1. Introduce the Safe 4 Home Initiative to Judges in their September 2020 training. Training will include:</p> <ul style="list-style-type: none"> <li>• Pilot information presented by a participating judge</li> <li>• Connecting the name of the initiative to the initial questions</li> <li>• Overview of the pilot</li> <li>• Goal of the 4 questions</li> <li>• Data from the pilot (7 judges) <ul style="list-style-type: none"> <li>○ Items and data monitored include: # of removal requested, # denied, # approved, of the removals approved - a description of the reason the removal was necessary</li> </ul> </li> </ul>	<p>September 2020</p>	<p><input checked="" type="checkbox"/> Completed 09/2020</p> <p><input type="checkbox"/> On/ahead of schedule</p> <p><input type="checkbox"/> Behind schedule</p> <p><input type="checkbox"/> NA</p>	<p><b>Progress Report 7/2020-12/2020:</b> The Safe 4 Home initiative was introduced at the FFPSA statewide kick-off summit in September 2020. Information was shared on how and why the four questions were developed along with the counties included in the pilot project and the data collected. Judges involved in the pilot expressed support in spreading this practice statewide.</p> <p><b>(See Attachment A - 1c, FFPSA Summit Agenda and 1d Judicial District Action Plans)</b></p>	<p>CB agrees completed on 2/18/2021.</p>

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Key Activity	Target Completion Date	Status	Progress Notes	CB Comments
<p>2. Create an implementation plan that will include</p> <ul style="list-style-type: none"> <li>• Outcome targets</li> <li>• Data collection process</li> <li>• Monitoring and evaluation process</li> <li>• Training and ongoing support (Judges and SWs)</li> </ul>	October 2020	<input checked="" type="checkbox"/> Completed 10/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Update 3/2021:</b> Please see the attached implementation plan for details.</p> <p><b>Progress Report 7/2020-12/2020:</b> A multidisciplinary team from each judicial district attended the summit and they were required to develop an action plan. Each of the teams identified the Safe 4 Home questions as an action plan item to prevent the unnecessary removal of children from their home. DHS is tracking the number of children removed from their homes and it is available on the FFPSA dashboard. In addition, some judges have reported the requests they do receive for removal include more robust information on steps taken to prevent removal.</p> <p>One aspect that contributes to the effectiveness of this strategy also makes it challenging to measure: DHS workers are using the 4 questions as a guide to prevent unnecessary removals; it is unknown how many fewer requests for removal the courts may be receiving due to this practice. Monitoring methods will include results of the surveys to judges discussed in key activity #3, combined with DHS reporting of children removed from the home to measure effectiveness and identify training/support needs. While it may not be possible to draw a direct correlation, this family-centered practice makes sense as foundational questions for teams to consider.</p>	<p>CB requests additional information on this key activity on 2/18/2021.</p> <p>CB agrees completed on 4/12/2021, and also requests that updates be provided regarding the implementation of this initiative on an ongoing basis.</p>
<p>3. Implement Safe 4 Home statewide</p>	November 2020 and ongoing	<input checked="" type="checkbox"/> Completed 11/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Progress Report 7/2021-12/2021:</b> CIP continues to raise awareness and to support the implementation of this strategy. Some examples of raising awareness are the Chief Justice included the 4 questions to prevent removal in her State of the Judiciary speech on 1/12/22. It has also been included in the 2021 Judicial Branch Annual Report. Janee Harvey and Judge Owens were interviewed for an article in a Portland, Oregon publication.</p> <p><b>Progress Report 1/2021-6/2021:</b> This initiative continues to be embedded in standard practice. During the last six months, DHS supervisors have implemented routine discussions with workers where they utilize the 4 questions to generate case-specific discussions. Asking and answering these four questions has become a foundation of practice.</p> <p><b>Update 3/2021:</b> Following implementation of this initiative a survey was distributed to judges involved in child welfare cases across all of Iowa's judicial districts. Of the 37 judges responding, 91.9% were aware of the 4 questions. The survey results indicate the majority of judges responding use the 4 questions regularly (62.16%) and another 24.32% of respondents use them sporadically. Additional information regarding this survey can be found in the attachment "Results 4 Question Survey".</p> <p><b>Progress Report 7/2020-12/2020:</b> Following the September 2020 summit, judges indicated they were going to implement use of the 4 questions in their courtrooms. In an attempt to confirm statewide implementation Iowa is developing a simple survey that will be sent to judges. Questions will focus on their awareness and use of the 4 questions; what they have experienced when utilizing them; and information specific to outcomes when they have received requests for removal. This will be a recurring survey related to assessment of implementation and feedback on the effectiveness from the judge's perspective.</p>	<p>CB requests additional information on this key activity on 2/18/2021.</p> <p>CB agrees completed on 4/12/2021, and also requests additional updates/discussion about the progress of this initiative on an ongoing basis.</p>

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			Of note, a judge from Iowa's Court of Appeals and also the co-chair of the Children's Justice Advisory Committee featured Safe 4 Home in an article on FFPSA implementation efforts for the monthly publication of the Iowa State Bar Association. Iowa continues to identify opportunities to raise awareness of the 4 questions and the need to make sure all possible steps have been taken before a child is removed from the home. Iowa will continue to monitor the implementation and use of Safe 4 Home across the state.	

**Goal 2: Improve Time to Permanency and Time to Safe Reunification**

*Targeted Outcome or Systemic Factor: Permanency 1 and Permanency 2; Statewide Information System (item 19)*

**Strategy 2.1:** Develop resources, strategies, and training to address issues related to identifying, locating, and engaging all fathers

**Strategy 2.2:** Increase timely successful permanency through improved quality legal representation

**Strategy 2.3:** DHS workers enter information regarding a child's initial placement or change in placement within 3 business days of the placement/placement change.

**Strategy 2.1: Develop resources, strategies, and training to address issues related to identifying, locating, and engaging all fathers**

Key Activities	Target Completion Date	Status	Progress Notes	CB Comments
1. Explore and expand access to options to locate non-resident parents, including Department protocols for use, such as: <ul style="list-style-type: none"> <li>• Board of Vital Records (birth certificate info)</li> <li>• Social media</li> <li>• Other</li> </ul>	November 2020	<input checked="" type="checkbox"/> Completed 11/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Progress Report 7/2020-12/2020:</b> Iowa currently has a contract with Criminal and Juvenile Justice Planning (CJJP) to complete searches for non-resident parents (NRPs) through 2021. Although this resource has been in place it has been under-utilized; efforts to highlight its benefits are ongoing and will also be incorporated into training/guidance materials being developed.</p> <p>Social media platforms are recognized as being a valuable source of information and structured use of Facebook throughout the state is in the approval process. SWAs have been tasked by SBT to identify key staff who would be given access to Facebook; SWAs will also develop standard protocol for appropriate usage. Discussions continue internally regarding use of additional social media platforms and balancing the benefits with IT security logistics and risk.</p> <p><b>(See Attachment B – 2a Father Finding Project Review)</b></p>	CB agrees completed on 2/18/2021.

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<p>2. Develop desk aid of resources for locating non-resident parents:</p> <ul style="list-style-type: none"> <li>• DOT</li> <li>• Departmental records</li> <li>• Federal Parent Locator</li> <li>• Any new resources identified</li> </ul>	January 2021	<input checked="" type="checkbox"/> <b>Completed 1/2021</b> <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Progress Report 1/2021-6/2021:</b> The document “Resources for Locating Non-Resident Fathers” has been developed. This outlines collaterals to contact for information as well as systems and web searches to utilize. While some of this information has been communicated previously, the format of this document includes direct links to the resources when available, as well as a tracking component to document the date the task was completed. This is something that could be added to a case file to aid in monitoring efforts as well as communication with Supervisors and future Social Workers who may be assigned to the case to promote continuity. Use of Facebook on a limited basis is still moving forward; the Social Work Administrators (SWAs) are finalizing the protocol and will send to SBT for approval in the next quarter. At that point, it will be added as a resource to the desk aid. <b>This key activity is complete. Please see attached documents for details on Strategy 2.1 work products.</b></p> <p><b>Progress Report 7/2020-12/2020:</b> Field representatives are engaged in development of resources and training regarding NRPs. These desk aids will include user guidance for existing resources, including increased emphasis on CJJP, as well as incorporating social media options as available.</p>	CB agrees completed on 8/18/2021.
<p>3. Establish clear practice expectations around timeframes for workers to meet/talk with fathers, repeat attempts to locate and concrete documentation expectations.</p>	January 2021	<input checked="" type="checkbox"/> <b>Completed 1/2021</b> <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Progress Report 1/2021-6/2021:</b> Guidance has been compiled in a matrix which identifies engagement status categories, practice expectations associated with the status, and documentation required. The practice expectations include specific ongoing actions for the worker to make in order to improve the engagement status. The information was incorporated into training on the importance of engaging with fathers which also presents father stories of their experiences with the child welfare system; this training seeks to provide information to impact both technical and adaptive change. As part of this project, the workgroup recommended adding a checkbox for each of the status categories to the case narrative in JARVIS to monitor progress. This recommendation was accepted and is in the development process. The implementation plan includes utilizing this data as the baseline performance. <b>This key activity is complete.</b></p> <p><b>Progress Report 7/2020-12/2020:</b> A work group has been chartered and is establishing minimum practice standards for attempts to locate and engage fathers, utilizing the resources in the key activity above, as well as where/how to document efforts. Establishing practice around engaging fathers will tie in closely with key activities below, especially concerning the impact statements and recorded interviews from fathers regarding their experience with the Department. Concrete expectations provide structure, but Iowa recognizes that the underlying belief and understanding of the importance of a father’s involvement is essential as the driving force. These areas will be presented together in the training targeted for May 2021 in order to comprehensively cover both the technical and adaptive skills required to successfully implement and sustain this change.</p>	CB agrees completed on 8/18/2021.

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<p>4. Develop training for new and ongoing workers that addresses:</p> <ul style="list-style-type: none"> <li>• Expectations for identification, location, and engagement of non-resident parents throughout the LOC</li> <li>• Practice expectations about methods in which to engage fathers</li> <li>• Resources to utilize</li> <li>• Confidentiality considerations</li> <li>• Impact statements from fathers</li> </ul>	April 2021	<input checked="" type="checkbox"/> Completed 4/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Progress Report 1/2021-6/2021:</b> Training was developed to incorporate the materials developed by this workgroup. It was provided starting in June 2021 and will be completed by the end of July 2021. This has also been incorporated into new and ongoing worker training. <b>This key activity is complete.</b></p> <p><b>Progress Report 7/2020-12/2020:</b> Information to include in the training is currently in the development stage through efforts in previous key activities.</p>	CB agrees completed on 8/18/2021.
<p>5. In collaboration with a small group of fathers, develop impact statements/ stories that illustrate their experience with the Department and resulting outcome.</p>	<p>September 2020 Extended to 12/2020</p>	<input checked="" type="checkbox"/> Completed 12/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Progress Report 7/2020-12/2020:</b> Parent Partner Advisory group was engaged in July 2020 to coordinate development of father's impact statements. Between July and November, the group worked on outlining information and presentation of key points. The target date on this key activity was extended to December 2020 so as to allow the Parent Partner group time to finalize their submissions. Participants in this project included:</p> <ul style="list-style-type: none"> <li>• Dads who have graduated or who are currently participating in the Caring Dads curriculum.</li> <li>• Dads who were incarcerated during their child welfare case.</li> <li>• Male Parent Partners with lived experience</li> </ul> <p>Each participant was asked to share a summary of their experience with the child welfare system, including:</p> <ul style="list-style-type: none"> <li>• What DHS did well</li> <li>• Barriers experienced</li> </ul>	<p>CB approved to extend the due date of this key activity via formal letter on 11/23/2020.</p> <p>CB agrees completed on 2/18/2021.</p>

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Key Activities	Target Completion Date	Status	Progress Notes	CB Comments
			<ul style="list-style-type: none"> <li>• What and how DHS could do differently</li> <li>• Benefits and impact of their involvement in the case to their child(ren)</li> </ul> <p>They then developed impact statements/stories that illustrate their experience with DHS and resulting outcomes.</p> <p>Several common themes arose including communication; celebration of success rather than focus on what was not successful; equal response to issues as fathers felt they were treated with more restrictions than mothers for the same type of issues; need for workers to acknowledge bias and actively involve dads in case planning. These themes are documented through the impact stories and inform strategies as Iowa moves forward to engage consistently with fathers.</p> <p>These written impact stories -- voices of those who have experienced the child welfare system -- are now complete and will be integrated into the training to be developed under key activity #6. Iowa has also decided to enhance the impact by recording interviews of fathers telling their stories and incorporating these into training as well. This key activity is complete.</p> <p><b>(See Attachment B – 2b Meeting notes from the focus group with fathers)</b></p>	
<p>6. Incorporate fathers and their statements/stories into new and ongoing worker training in order to:</p> <ul style="list-style-type: none"> <li>• Share the father experience with DHS</li> <li>• Identify any barriers experienced</li> <li>• Identify what and how DHS could do differently and what we did well</li> <li>• Emphasize the benefits of a father's involvement</li> <li>• Identify the importance and</li> </ul>	April 2021	<input checked="" type="checkbox"/> Completed 4/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Progress Report 1/2021-6/2021:</b> Father experiences have been incorporated into the training. These impact statements are a new element to the training to broaden the understanding of the value of the father/child relationship and to see the child welfare system through the eyes of a father. Training is scheduled for June and July 2021. <b>This key activity is complete.</b></p> <p><b>Progress Report 7/2020-12/2020:</b> Information needed for this key activity has been developed in key activity #5. The training development is in process.</p>	CB agrees completed on 8/18/2021.



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impact of father's involvement <ul style="list-style-type: none"> <li>• Impact beliefs, values, thoughts, and actions regarding the engagement of fathers throughout the agency</li> </ul>				
7. Task the Child Welfare Partner Committee (CWPC) with determining how to embed the father stories into their various existing meetings/trainings for the legal community and contractors so the legal and judicial partners have training to reinforce the importance of engaging fathers.	May 2021	<input checked="" type="checkbox"/> Completed 5/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>Progress Report 1/2021-6/2021:</b> The father impact statements/stories and training on the importance of the involvement of fathers have been shared with the CWPC; their members noted the Child Support Recovery Unit has additional materials regarding fathers and want to review the content of this as well. Following that they will determine the most effective way to share the information broadly with additional stakeholders. The training materials as a whole have been shared with the Child Welfare Provider Training Academy (CWPTA); the training is posted to their Learning Management System (LMS) and is currently being offered to contractors. <b>This key activity is complete.</b>	CB agrees completed on 8/18/2021.
8. Develop a training and implementation plan, including expectation for supervisory monitoring of staff practice change, an evaluation plan, which will include data collection, reporting, adaptation of the initiative and	April 2021	<input checked="" type="checkbox"/> Completed 4/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>Progress Report 1/2021-6/2021:</b> An implementation and training plan was developed for this strategy. It outlines IT changes requested in order to provide for monitoring as well as utilization of the pre and post training tests associated with the father engagement training. Data from the IT enhancements are targeted to be shared statewide in July; in August it is anticipated that each Social Worker will have reviewed the status of their non-resident parents with their supervisor and updated the file. This information will then be used as baseline performance and will become part of the routine monthly consultation between Supervisors and Social Workers. Statewide implementation will continue for 3 months, then the Family Engagement team will seek feedback regarding implementation issues and review data to determine if strategies need to be adjusted. <b>This key activity is complete.</b>	CB agrees completed on 8/18/2021.

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communication of data to agency staff and stakeholders.				
9. Develop and implement a training evaluation that utilizes pre-test and post-test	May 2021	<input checked="" type="checkbox"/> Completed 5/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>Progress Report 1/2021-6/2021:</b> The pre-test and post-test have been implemented for this training as scheduled. Participants take the tests through the LMS, then the data is compiled. The training was started in June 2021 and the pre-test is required prior to registration for the training; this is on track to finish by the end of July 2021. Currently, completion of the post-test is being monitored as Participants attend the training. Following completion, the results will be compiled and analyzed to determine the success of the training or any areas that may need revised. <b>This key activity is complete.</b>	CB agrees completed on 8/18/2021.
10. Outline and communicate expectations for Supervisor consultation on and monitoring of the clearly defined worker practice expectations.	April 2021	<input checked="" type="checkbox"/> Completed 4/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>Progress Report 1/2021-6/2021:</b> Narrative for key activity #8 above includes information regarding key activity #10. <b>This key activity is complete.</b>	CB agrees completed on 8/18/2021.
11. Provide training	July 2021	<input checked="" type="checkbox"/> Completed 7/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>Progress Report 7/2021-12/2021:</b> Training sessions were completed in July 2021. <b>This key activity is complete.</b> <b>Progress Report 1/2021-6/2021:</b> Training sessions were scheduled in June and continue into July 2021. These mandatory sessions are on track to be completed by the end of July 2021.	CB agrees completed on 2/15/2022.
12. Develop proactive tracking and monitoring tools focusing on parent and worker visits broken out by gender	July 2020	<input checked="" type="checkbox"/> Completed 07/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>Update 3/2021:</b> The report includes the following fields: service area, type of case, supervisor, worker, child ID, child DOB, child name, mother name, father name, and last visit completed with each. This allows field staff to coordinate visits by family, if desired, and provides a comprehensive list of required parental visits and allows for independent tracking of those visits as completed.  <b>Progress Report 7/2020-12/2020:</b> A parent/worker visits report broken out by gender has been developed and is in use. As of September 2020, July data was shared with service areas in designated	CB requests additional information on 2/18/2021.  CB agrees completed on 4/12/2021, and requests further discussion on the

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			centralized locations; data is shared monthly. Additional user-friendly tracking and monitoring tools will be developed, if needed, based on feedback from stakeholders.	proactive component of the report.
13. Monitor data (State Visit Report) quarterly and share data with agency staff and stakeholders.	July 2021 and ongoing	<input checked="" type="checkbox"/> Completed 6/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>Progress Report 1/2021-6/2021:</b> Visits between the worker and parents is a key measure for Iowa that is reviewed monthly by Supervisors and Social Workers. In contrast to the tracking and monitoring tools discussed in key activity #12 above, the data in this report reflect a retrospective view of actual performance allowing for identification of trends and analysis to impact practice decisions. This is a measure the PIP Oversight team has identified as well for ongoing monitoring of Iowa's performance. <b>This key activity is complete.</b>	CB agrees completed on 8/18/2021.
14. Monitor pre and post-test data in order to monitor progress and identify ways in which to strengthen the curriculum to reinforce the importance of engaging fathers.	July 2021 and ongoing	<input checked="" type="checkbox"/> Completed 7/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>Update 2/28/22:</b> Post-test completion by participants was significantly lower than what was seen in the pre-test. While the post-test was intended to be mandatory, there was a system issue that resulted in approximately 200+ participants being unable to access the exam; this has been resolved for future classes offered. When all operates as intended, performance can be broken down to the individual completing the exam to determine if additional follow up is needed, although an 80% threshold is required. <b>Progress Report 7/2021-12/2021:</b> Posttest administration was completed in July 2021. See the attached document for this strategy for details on pre and post differences. In summary, participants demonstrated improvement on 6 of the 8 questions; there was decreased performance in only one item and the decrease was not significant (1%). At this time no changes have been identified as needed. Monitoring of pre and post testing will continue ongoing. <b>This key activity is complete.</b> <b>Progress Report 1/2021-6/2021:</b> The training was started in June 2021 and the pre-test required prior to registration for the training; this is on track to finish by the end of July 2021. Currently, completion of the post-test is being monitored as Participants attend the training. Following completion, the results will be compiled and analyzed to determine the success of the training or any areas that may need revised.	CB agrees completed on 3/14/2022.

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Strategy 2.2: Increase timely successful permanency through improved quality legal representation

Key Activity	Target Completion Date	Status	Progress Notes	CB Comments
1. Determine requirements needed to draw down title IV-E funding.	April 2020	<input checked="" type="checkbox"/> Completed 02/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>Update 3/2021:</b> Iowa reviewed the federal requirements regarding drawing down IV-E admin for legal representation for children and parents as it came out from the Children’s Bureau, i.e., emails from Children’s Bureau program staff and Listservs. The information is now in the federal Child Welfare Policy Manual, 8.1B TITLE IV-E, Administrative Functions/Costs, Allowable Costs - Foster Care Maintenance Payments Program, Q&A for #30 and #31. We also connected with our program specialist, Amy Hance, with questions we had regarding implementation. The actual agreement was a collaborative effort between State Court Public Defender staff and DHS staff.	CB agrees completed on 2/18/2021.
2. Develop required processes/documents to draw down title IV-E funding, such as the cost allocation plan and the DHS MOU with SPD.	June 2020	<input checked="" type="checkbox"/> Completed 03/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>(See Attachment B – 2c Memorandum of Understanding)</b>	CB agrees completed on 2/18/2021.
3. Work with the Quality Legal Representation Task Force to plan for Redbook Training with NACC State Coordinator.	July 2020 Extended to 12/2020	<input checked="" type="checkbox"/> Completed 12/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>Progress Report 7/2020-12/2020:</b> Iowa and NACC representatives have been collaborating on plans associated with the implementation of Red Book Training. See key activity #4 below for additional information.	CB approved to extend the due date of this key activity via formal letter on 11/23/2020.  CB agrees completed on 2/18/2021.
4. Develop a training plan for regional Redbook training for attorneys and judges, including highlighting the importance of permanency and time to permanence.	<del>October 2020</del> Extended to January 2021	<input checked="" type="checkbox"/> Completed 12/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>Progress Report 7/2020-12/2020:</b> Initial conversations between National Association for the Counsel of Children (NACC) and Iowa focused on setting up structures to meet with judges, State Public Defenders, the Attorney General, and the office/state coordinator for NACC to develop the training such as dates, Iowa-specific focus areas, participants, etc. Once NACC and Iowa have established the training plan, Iowa will take over the management. The NACC standard Red Book Training to Iowa attorneys and judges; this is a comprehensive overview of federal child welfare law, both legislative & case, as well as tips and strategies for effective advocacy for parents and children to achieve timely permanency. The Red Book Training also includes collateral	CB approved to extend the due date of this key activity via formal letter on 11/23/2020.  CB agrees completed on 2/18/2021.

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			<p>areas related to child welfare where attorneys should focus efforts, such as educational needs for children involved in the foster care system.</p> <p>Iowa's Children's Justice (ICJ) continues to work with the NACC to finalize details to deliver two trainings to Iowa attorneys and judges: one for the standard Redbook training and another specific to Iowa's child welfare laws &amp; practice.</p> <p>Following the training, participants will be provided a certification process to become a Child Welfare Law Specialist (CWLS). ICJ plans to offer the Red Book training to 150 participants in the first round of trainings. These trainings will be held in early March and early to mid-May.</p> <p><b>(See Attachment B – 2d Red Book Training Syllabus)</b></p>	
<p>5. Develop a staged implementation plan, which will include an evaluation plan that will outline data collection, data monitoring plan, outcome measures, and a process by which to adapt the framework as needed. The evaluation plan will also include identification of baseline data from currently tracked court time to permanency data.</p>	<p><del>December 2020</del> <del>Extended to January 2021</del> Extended to 10/2021 to complete the evaluation portion of the plan.</p>	<p><input checked="" type="checkbox"/> Completed 10/2021</p> <p><input type="checkbox"/> On/ahead of schedule</p> <p><input type="checkbox"/> Behind schedule</p> <p><input type="checkbox"/> NA</p>	<p><b>Update 2/28/2022:</b> Children's Justice will continue to offer the NACC Red Book training. After each cycle of the training, we meet with NACC to review the participant feedback we have received and what changes need to be made. We plan to continue the use of our annual assessment data and judges' surveys to monitor the effectiveness and impact of the training on the quality of legal representation. We are discussing different ways we can receive feedback from parents and youth on their legal representation. Some information is gathered during the annual NYTD report which is provided to us.</p> <p><b>Progress Report 7/2021-12/2021:</b> Iowa CIP has been working with the consultant for the Capacity Building Center for the Courts to develop an evaluation plan. The data from our annual assessments will be used for baseline measurement and to monitor after attorneys have completed the training to see if there is improvement in achieving permanency for kids. We are finishing our annual assessment report for 2021 now. We will also use court observations and a survey of the judges to see if there is a positive change in practice after the training. A survey was sent to the judges who had attorneys participate in the training to see if there were any noticeable changes in practice. All of the judges indicate a change. One judge noticed a considerable change in practice for an attorney. <b>See the attached Evaluation Plan for the NACC Child Welfare Law and Practice document for additional details. This key activity is complete.</b></p> <p><b>Progress Report 1/2021-6/2021:</b> Although the training implementation plan is underway and completion is anticipated for the end of July 2021, work is ongoing on the evaluation plan to measure the impact this training will have on attorney practice. In 2020 CIP worked on a national approach to evaluation of Red Book training. The Capacity Building Center for the Courts assembled a team to look at an evaluation methodology; representatives of five states, including Iowa, were collaborating on a nationwide approach. Follow up contacts on this work revealed that the project did not move forward to the point of producing evaluation tools and methodologies. While the cause of this is not clear and there are probably multiple factors, it is believed</p>	<p>CB approved to extend the due date of this key activity via formal letter on 11/23/2020.</p> <p>CB approved to extend the date of this key activity via formal letter on 7/26/2021.</p> <p>CB agrees completed on 3/14/2022.</p>

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			<p>the COVID pandemic had an impact on resources and prioritization of projects at local and national levels. Recent contacts with other states seeking resources have not been successful in locating implemented evaluation plans. CIP is reaching out independently to the national consultant to design a specific evaluation plan for Iowa for the Red Book training. <b>Completion of this plan is targeted for October 2021.</b> Although this is a delay between implementation of the training and evaluation of results, we believe the data will be available to compile retrospectively if needed; an approach for addressing this will be incorporated into the evaluation plan.</p> <p><b>Progress Report 7/2020-12/2020:</b> The specialized training will occur in three sessions and expand upon the above Red Book Training focusing on how Iowa has interpreted federal &amp; state statutes. Possible areas of discussion include: the lifecycle of a dependency case, bias &amp; cultural humility, transitioning age youth, and trial advocacy. ICJ has formed an interdisciplinary team to engage in discussions with NACC regarding the most pressing and appropriate course content for the Iowa specific series. The Iowa series is anticipated for a July 2021 launch.</p> <p>Currently this team is working on the evaluation plan for the training to determine effectiveness and plans for moving forward. Iowa was requested to be part of a national initiative to develop a plan to assess changes in practice as a result of this training with the Capacity Building Center for Courts and NACC. These trainings offer the legal community improved educational opportunities to immerse themselves in child welfare law and practice leading to improved quality of representation and improved outcomes for Iowa's children and families.</p>	
6. Implement training in accordance with training plan.	July 2021	<input checked="" type="checkbox"/> Completed 1/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Progress Report 1/2021-6/2021:</b> The plan for how trainings would be distributed and provided across the state, timeframes, and participants was implemented in January 2021 and that plan is nearing completion. Seventy-five judges and attorneys participated in the Spring Red Book training; 44 judges and attorneys participated in the Red Book training session that ended June 23rd. In addition, three customized sessions are currently scheduled for Iowa on July 7th, 14th and 21<sup>st</sup>; these sessions will complete Iowa's commitment for this year. The agenda for these sessions is attached.</p>	CB agrees completed on 8/18/2021.
7. Encourage trained attorneys to apply and take the test to become CWLS certified.	March 2022	<input checked="" type="checkbox"/> Completed 3/2022 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p>Progress Report 1/2022-6/2022: We will continue to offer this training to attorneys, judges and other non-legal professionals. To date, no one has taken us up on our offer of financial support to become certified as a CWLS. We will continue to make this available to others as they complete the training. <b>The activity is complete but will still be available.</b></p> <p><b>Progress Report 7/2021-12/2021:</b> Attorneys who have completed the training continue to be encouraged to become certified in CWLS. These efforts continue.</p>	CB agrees completed on 8/26/2022.

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Key Activity	Target Completion Date	Status	Progress Notes	CB Comments
8. CIP will provide funds for attorneys to support partial or all of the application fee.	March 2022	<input checked="" type="checkbox"/> Completed 12/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Update 2/28/2022:</b> 150 judges and attorneys have completed the Red Book training. 40 additional people are registered for the next training session. At this time no one has accepted our offer to pay the application fee for the certification exam. We will continue to extend this offer to individuals who attend the training. We anticipate the number of people who will take us up on our offer will be low so we do not believe we will have any difficulty sustaining this strategy.</p> <p><b>Progress Report 7/2021-12/2021:</b> A process for requesting funds for the application fee is in place and has been shared widely with attorneys. This process consists of the attorney completing an application which is submitted to CIP and NACC. We will continue to spread information about the process as we work with attorneys to become certified. <b>This key activity is complete.</b></p>	CB agrees completed on 3/14/2022.
9. SPD to explore a higher rate of pay for attorneys who are certified as CWLS using indigent support funds.	March 2022	<input checked="" type="checkbox"/> Completed 3/2022 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Progress Report 1/2022-6/2022:</b> The SPD is not interested in this option at this time. All attorneys on contract with the SPD's office just received a small increase in their hourly rate. <b>This activity is complete.</b></p> <p><b>Progress Report 7/2021-12/2021:</b> CIP is coordinating with the State Public Defender regarding increasing the rate of pay for attorneys who become CWLS certified. As of October, the SPD was exploring financial implications of this increase. Discussions are ongoing.</p>	CB agrees completed on 8/26/2022.
10. Track changes in practice and focus on time to permanence, using the CQI subcommittee of the Children's Justice Quality Representation Task Force, including DHS staff on the CQI subcommittee to track progress and evaluate the efforts.	December 2021	<input checked="" type="checkbox"/> Completed 12/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Update 2/28/2022:</b> Tracking continuances and the reasons for this change in hearing date is a core part of our annual assessment. Some hearings are actually held earlier which is a practice we support so there is no delay in permanency. The combination of permanency and termination hearings is a practice we are continuing to address. When we identify a judge who is using this practice, we will contact them directly to discuss the need for separate hearings. This is also a topic we include in our judicial trainings.</p> <p><b>Progress Report 7/2021-12/2021:</b> This process is in place. A CQI committee consisting of DHS and Court staff is a sub-group of ICJ Quality Legal Representation Task Force. The annual CIP report will be shared with this group, as well as relevant data regarding time to permanence. This group will analyze and monitor permanency data and make recommendations to the larger group as needed regarding effectiveness of strategies and potential changes. <b>This key activity is complete.</b></p>	CB agrees completed on 3/14/2022.

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Strategy 2.3: DHS workers enter information regarding a child’s initial placement or change in placement within 3 business days of the placement/placement change.

Key Activity	Target Completion Date	Status	Progress Notes	CB Comments								
1. Develop policy, applicable training, and IT solutions for field staff to enter required data elements within 3 business days of a child’s placement and/or placement change	August 2020	<input checked="" type="checkbox"/> Completed 5/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Update 3/2021:</b> Policy was developed. See attached documentation of policy.</p> <p><b>Progress 7/1/20-12/31/20:</b> At the time of the onsite review, Iowa did not have a standard statewide policy to address timeframes to enter changes into the IT system; this resulted in inconsistent and sometimes delayed entry. The approach to this centered-on communication throughout the Department to set a clear expectation. This was achieved through a bi-monthly CIDS call with all supervisors as well as the CWIS HelpDesk sending out notification of the standard. The fact that changes in a child’s location were expected to be entered was well known; there were no IT solutions that were required in order to put this standard in place and no training required. This key activity has reinforced the importance of setting standards and communicating clearly.</p>	<p>CB requests additional information for this key activity on 2/18/2021.</p> <p>CB agrees completed on 4/12/2021.</p>								
2. Coordinate with IT staff to develop the report that allows for monitoring of timely entry.	July 2020	<input checked="" type="checkbox"/> Completed 07/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Progress Report 7/2020-12/2020:</b> This report has been developed; it is shared with all service areas monthly for review and follow up; data is reviewed quarterly by SBT.</p>	<p>CB agrees completed on 2/18/2021.</p>								
3. Begin generating the report to establish baseline data	Ongoing	<input checked="" type="checkbox"/> Completed 07/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Update 3/2021:</b> The baseline for this measure was developed through comparison of start date of FOSD placement and most recent date stamp for the detail screen; the current report is based on this as well. Since this data was available in the system, we were able to establish baseline performance for the most recent three fiscal years.</p> <p><b>Progress Report 7/2020-12/2020:</b> Baseline established.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>All Serv</th> <th>State</th> </tr> </thead> <tbody> <tr> <td>SFY18</td> <td>31.2%</td> </tr> <tr> <td>SFY19</td> <td>32.5%</td> </tr> <tr> <td>SFY20</td> <td>36.4%</td> </tr> </tbody> </table>	All Serv	State	SFY18	31.2%	SFY19	32.5%	SFY20	36.4%	<p>CB requests additional information on this key activity on 2/18/2021</p> <p>CB agrees completed on 4/12/2021.</p>
All Serv	State											
SFY18	31.2%											
SFY19	32.5%											
SFY20	36.4%											
4. Communicate the policy expectations in the bi-monthly service CIDS and notification from the Service Help Desk	September 2020	<input checked="" type="checkbox"/> Completed 05/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule	<p><b>Progress Report 7/2020-12/2020:</b> HelpDesk sent out the notice and included in May CIDS.</p>	<p>CB agrees completed on 2/18/2021.</p>								



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Key Activity	Target Completion Date	Status	Progress Notes	CB Comments										
		<input type="checkbox"/> NA												
5. Expectation begins for Field staff to enter required data within 3 business days of a child's placement and/or placement change	October 2020 and ongoing	<input checked="" type="checkbox"/> <b>Completed 07/2020</b> <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>Progress Report 7/2020-12/2020:</b> Expectation to meet the timeframe for entering location changes effective 7/1/20.	CB agrees completed on 2/18/2021.										
6. System data will be <b>compiled</b> to monitor timeliness of data entry monthly upon implementation and quarterly when in the maintenance phase.	November 2020 and ongoing	<input checked="" type="checkbox"/> <b>Completed 07/2020</b> <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>Update 3/2021:</b> This data is compiled and disseminated by the QI unit and included in the monthly key performance reports that are distributed to supervisors and workers. The established process is to save data to a specified SA location each month and notify through email all supervisors/SWAs/workers that they have been posted. These key performance measures are compiled on a statewide basis, further broken down by service area, supervisor, and worker.  <b>Progress 7/2020-12/2020:</b> Currently data is being reviewed monthly.	CB requests additional information on this key activity on 2/18/2021.  CB agrees completed on 4/12/2021.										
7 Disseminate monthly/quarterly statewide for service area follow up.	November 2020 and ongoing	<input checked="" type="checkbox"/> <b>Completed 09/2020</b> <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>Update 3/2021:</b> Following dissemination, each supervisor is responsible for reviewing the data and consulting as needed with assigned workers to reinforce the reasons for these expectations and determine any barriers to completion of the entry. Supervisors and workers routinely meet monthly to discuss cases, performance, needs, etc. Immediate improvement was observed as of July 2020, following clear communication regarding the standard. The spike between August and September is tentatively attributed to effective supervisory oversight; however, supervisors and SBT will continue to monitor the data to determine if September 2020 is an outlier or represents a consistent performance level improvement. The feedback loop takes the established path from supervisors raising issues to the SA SWA; SWAs discuss with the SA SAM and take information to the SWA meeting as necessary. From that point, the SBT liaison who regularly attends the SWA meeting would raise an issue to the SBT. At any of these communication points, action may be taken, and issues resolved at the most direct point of contact, as appropriate.  <b>Progress 7/2020-12/2020:</b> Implementation completed September 2020 for July 2020 data. Currently ongoing monthly monitoring is in place, including SFY21 overall performance as of the time period of report.  <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>SA</th> <th>Jul-20</th> <th>Aug-20</th> <th>Sep-20</th> <th>SFY 21</th> </tr> </thead> <tbody> <tr> <td><b>Total</b></td> <td>54.0%</td> <td>55.2%</td> <td>78.4%</td> <td>58.1%</td> </tr> </tbody> </table>	SA	Jul-20	Aug-20	Sep-20	SFY 21	<b>Total</b>	54.0%	55.2%	78.4%	58.1%	CB requests additional information on this key activity on 2/18/2021.  CB agrees completed on 4/12/2021.
SA	Jul-20	Aug-20	Sep-20	SFY 21										
<b>Total</b>	54.0%	55.2%	78.4%	58.1%										
8. Quarterly SBT will review the data and make	January 2021 and	<input checked="" type="checkbox"/> <b>Completed 11/2020</b>	<b>Progress Report 7/2020-12/2020:</b> The process for quarterly review by SBT has been established. July – Sept data has been reviewed and shows significant improvement resulting from setting clear expectations.	CB agrees completed on 2/18/2021.										

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<b>Key Activity</b>	<b>Target Completion Date</b>	<b>Status</b>	<b>Progress Notes</b>	<b>CB Comments</b>
adjustments in practice, reporting, policy as needed	quarterly ongoing	<input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA		

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**Goal 3: Children Experience Optimal Well-Being Because of an Increased Focus on Improving the Parent’s Capacity to Provide for Their Children’s Needs**

*Targeted Outcome or Systemic Factor: Well-Being 1, Well-Being 2, and Well-Being 3; Staff and Provider Training Systemic Factor; Service Array Systemic Factor; Case Review Systemic Factor*

**Strategy 3.1:** Early engagement of the family in assessment and identification of the needs of the family and services to address those needs

**Strategy 3.2:** Effectively engage with substance using parents

**Strategy 3.3:** Develop knowledgeable and supportive supervisors in order to equip them as effective leaders to support the goal of meeting parents where they are and improving worker practice

**Strategy 3.1: Early engagement of the family in assessment and identification of the needs of the family and services to address those needs**

Key Activity	Target Completion Date	Status	Progress Notes	CB Comments
1. Each DHS service area will identify at least one pilot site for Child Safety Conferences (CSC) and will implement CSCs	March 2020	<input checked="" type="checkbox"/> Completed 03/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>Progress Report 7/2020-12/2020:</b> Child safety conferences began in the Eastern Iowa Service Area in October of 2018 as a pilot to assess impact on keeping families together or, if removal could not be avoided, increasing the use of relative/kinship placements; following that successful pilot, child safety conferences were expanded to an additional five pilot counties. CSCs have now been implemented statewide through the Family Centered Services contract as a required element when using family preservation services. CSCs are paired with family preservation services in order to better support families during a period of crisis.	CB agrees completed on 2/18/2021.
2. Incremental implementation of CSCs statewide, beyond pilot counties.	March 2020 and ongoing	<input checked="" type="checkbox"/> Completed 03/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>Progress Report 7/2020-12/2020:</b> Incremental implementation was aided by development of a CSC training manual. Training began in November 2019 with three sessions (11/4, 11/13, 11/19) offered to current FTDM/YTDM facilitator trainers. Trainings continue to be offered regularly to assure sustained knowledge and consistent implementation. <b>(See Attachment C – 3aContract with Child Safety Conference expectations, excerpt)</b>	CB agrees completed on 2/18/2021.

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<p>3. Monitor removal and placement data to determine effectiveness of CSCs</p> <ul style="list-style-type: none"> <li>• Starting with pilot counties</li> <li>• Following with each county as they roll out</li> </ul>	April 2020 and ongoing	<input checked="" type="checkbox"/> Completed 04/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Update 3/2021:</b> Eastern Iowa was the first service area to establish Child Safety Conferences; four counties implemented this in 2018. As of 6/30/20, 293 children were impacted by CSCs; 95% of these children remained at home following the 10-day CSC. In 2017, EISA removal/1000 children was 5.2; in 2020, that rate decreased to 3.4/1000. While these reflect practice changes that cannot be attributed to this one initiative directly, we do believe CSCs have played a significant role and we anticipate additional decreases in removal rates as the Safe4Home initiative continues.</p> <p>Statewide removal data for Iowa has also decreased consistently since FY2019, quarter 2 (5.8 children/1000) and FY2021, quarter 1 (3.7/1000).</p> <p>Contracted providers for Child Safety Conferences, SBC, SafeCare, FCS have been entering information directly into the DHS case management system since 7/1/20. SBT has requested specific report content to monitor performance with contracts and these are currently underway.</p> <p><b>Progress 7/2020-12/2020:</b> Data has been gathered since April 2020. The process of collecting data was initially manual with no standard system support available; the Department was then responsible for compilation and analysis of all data.</p> <p>As of July 2020, Contractors now have access to a portal in the DHS IT system in which to enter data regarding CSCs. In addition to this, placement data is monitored through our Key Performance Measures (KPMs) quarterly; CSCs are anticipated to increase problem-solving regarding alternatives to removal, resulting in more children remaining safely in the home so data on children entering care is expected to decrease.</p>	<p>CB requests additional information on this key activity on 2/18/2021.</p> <p>CB agrees completed on 4/12/2021.</p>
<p>4. Train social work supervisors on Safe Care and SBC</p>	April 2020	<input checked="" type="checkbox"/> Completed 04/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Progress Report 7/2020-12/2020:</b> Training provided. Additional follow up will be provided as necessary based on survey results, new employees, etc.</p> <p><b>(See Attachment C – 3c SBC Training and 3d SafeCare Training)</b></p>	<p>CB agrees completed on 2/18/2021.</p>
<p>5. Train social work staff on Safe Care and SBC</p>	May 2020	<input checked="" type="checkbox"/> Completed 05/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA		<p>CB agrees completed on 2/18/2021.</p>

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Key Activity	Target Completion Date	Status	Progress Notes	CB Comments
6. Utilize survey to determine training Safe Care and SBC comprehension	June 2020	<input checked="" type="checkbox"/> Completed 06/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Progress Report 7/2020-12/2020:</b> This survey was developed and issued 7/1/2020 to field staff having taken the Safe Care and SBC training course.</p>	<p>CB agrees completed on 2/18/2021.</p>
7. Evaluate survey data and determine what additional training and practice support is needed.	<p>August 2020 Extended to December 2020</p>	<input checked="" type="checkbox"/> Completed 12/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Update 3/2021:</b> Posttests following implementation of SafeCare and SBC each consisted of 5 questions, with accurate responses on 4 of the 5 questions on each topic required; each person not reaching the threshold was required to retake the class. Additional trainings have also supported the integration of this change in practice (see attached for course listings).            In order to promote consistent implementation in the service areas, SBC practice champions have taken on an expanded role; they have been elevating their skills throughout the planned implementation and now will use those skills to provide increased support to staff in their local areas, serving as a resource for individual staff as well as the service area as a whole in ways such as providing information at unit meetings and clarification as needed. This increased role will provide supportive services to the local areas and promote consistent implementation with fidelity to the model.</p> <p><b>Progress 7/2020-12/2020:</b> In terms of this first training session, survey results were reviewed by SBT in October 2020; results were broken out by role in the department, service area, and training topic (SBC/Safe Care). Analysis of the results indicated a gap in knowledge regarding specific Safe Care information in the child protective realm. SBT identified that child protection workers work with Safe Care less than ongoing workers, but that a thorough understanding is needed. The upcoming SBC training will be used as a refresher for all staff, will include a review of the survey analysis, and will emphasize the Safe Care information and tracking of results. SBC and Safe Care training classes are now integrated into Iowa's training software (LMS) which provides capacity to more readily refine pre and posttests, evaluate effectiveness of training, and monitor worker completion more efficiently which results in more comprehensive and timely follow up.            Social Work Administrators (SWAs) are establishing thresholds by which to measure successful completion. These thresholds will be implemented following the scheduled refresher.</p>	<p>CB approved to extend the due date of this key activity via formal letter on 11/23/2020.</p> <p>CB requests additional information on this key activity on 2/18/2021.</p> <p>CB agrees completed on 4/12/2021.</p>

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<p>8. Conduct Parent Partner mentee survey</p>	<p>December 2019</p>	<p><input checked="" type="checkbox"/> Completed 10/2019  <input type="checkbox"/> On/ahead of schedule  <input type="checkbox"/> Behind schedule  <input type="checkbox"/> NA</p>	<p><b>Progress Report 1/2021-6/2021:</b> The survey is currently being updated and is on schedule to be redistributed in July 2021.</p> <p><b>Update 3/2021:</b> The results of the Parent Partner survey were discussed with the Parent Partner Advisory Group and the Social Work Administrators. They reviewed the summary and recommendations of the Parent Partner survey below:</p> <p>Overall, the following outcomes were evaluated:</p> <ul style="list-style-type: none"> <li>• 41% of parents who were surveyed felt they were involved in their case planning</li> <li>• 72% felt that they knew what needed to happen in their child welfare case to move forward.</li> <li>• 50% felt that they had adequate legal representation and were able to meet with their attorney outside of the court room setting.</li> <li>• 55% expressed being comfortable talking to their DHS worker.</li> <li>• 50% saw their case workers once/twice per month</li> </ul> <p>Parent Partner Recommendations:</p> <ol style="list-style-type: none"> <li>1) Parent Partners recommend that parents should have clear action plans that will support the goal of reunification.             <ol style="list-style-type: none"> <li>a. Parents should have ongoing communication with team members.</li> <li>b. Each goal should have an identified team member who will be responsible to gather, obtain, and report back information.</li> <li>c. Parents should be provided with a safe space to share barriers without a negative impact.</li> <li>d. DHS should have in person contact with each parent on a monthly basis 100% of the time.</li> </ol> </li> <li>2) Parent Partners would like to request an increase to drug testing accessibility.             <ol style="list-style-type: none"> <li>a. Identify and recognize barriers to drug testing in rural vs urban areas.</li> <li>b. Make in-home testing an option.</li> <li>c. Expand times for drug testing.</li> </ol> </li> <li>3) Parent Partners request better legal representation.             <ol style="list-style-type: none"> <li>a. More Family Treatment Courts offered across the state.</li> <li>b. Standards or best practice for attorneys to have client contact during life of case.</li> </ol> </li> <li>4) Parent Partners recommend a post DHS service case survey.             <ol style="list-style-type: none"> <li>a. A survey would be sent out to individuals post service case from the Department of Human Services.</li> </ol> </li> <li>5) Parent Partners recommend that services/supports be offered to parents that are inclusive of race/ethnicity and gender roles.             <ol style="list-style-type: none"> <li>a. Referrals to programs that are culturally responsiveness and support a parent's race, ethnicity, religion, culture and gender roles are key and vital to the success and reunification of our families of color. We must be intentional in the offering of services and hold each other accountable when equity is challenged. This may include but not limited to: Specialty Courts, relative/fictive kin placement, and other area specific supports that promotes the family unit or reunification.</li> </ol> </li> </ol>	<p>CB requests additional information on this key activity on 2/18/2021.</p> <p>CB agrees completed on 4/12/2021.</p>
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			<p>Analysis of the survey results revealed a significant amount of overlap with improvements anticipated based on implementation of Families First initiatives in family centered services. Based on the many practice changes effective 7/1/20, the decision was made to get these integrated into practice then re-issue the survey in June/July 2021 to measure against the baseline to determine if there has been impact. Following that, next steps will be identified.</p> <p><b>Progress 7/2020-12/2020:</b> In the Fall of 2019, the Parent Partner Policy &amp; Practice Committee distributed a survey across the state of Iowa to individuals who were being supported by a Parent Partner. The survey included eight total questions that focused on the participants' experience in the child welfare process. <b>(See Attachment C – 3b Parent Partner Survey)</b></p>	
<p>9. Analyze survey results and current practice approaches with DHS</p>	<p>April 2020</p>	<p><input checked="" type="checkbox"/> Completed 04/2020  <input type="checkbox"/> On/ahead of schedule  <input type="checkbox"/> Behind schedule  <input type="checkbox"/> NA</p>	<p><b>Progress Report 7/2020-12/2020:</b> Survey results have been shared with SWAs and SAMs. Many of the themes identified could be positively impacted through the rollout of Family First initiatives as set forth in contracts effective 7/1/20.</p>	<p>CB agrees completed on 2/18/2021.</p>
<p>10. Draft formal recommendations for systems change and present to DHS (Recommendations will be based on survey results and any identified issues surrounding Iowa's roll out of Family First).</p>	<p>March 2021 Extended to November 2021</p>	<p><input checked="" type="checkbox"/> Completed 11/2021  <input type="checkbox"/> On/ahead of schedule  <input type="checkbox"/> Behind schedule  <input type="checkbox"/> NA</p>	<p><b>Update 2/28/22:</b> This survey was a follow up to a survey previously distributed just prior to the implementation of Families First initiatives, Child Safety Conferences, and other PIP strategies. These were significant initiatives and Iowa wanted to determine if improvements were being seen; results of the survey clearly indicate initiatives were having positive impact on partnership with families. Although there were no specific recommendations for system changes made during this survey period, these surveys are planned to be repeated, questions will evolve based on current initiatives and information, and recommendations may well be made and acted upon through the protocol established through SBT.</p> <p><b>Progress Report 7/2021-12/2021:</b> The survey was redistributed to parents who have worked with a Parent Partner in August of 2021; results were compiled and disseminated in November 2021. The overall summary of the survey results states:</p> <p>“It appears that over the last eighteen months there has been a positive trend in relationship building between those who are involved with child welfare and those that work with families. Between 2019 and 2021, there has been a positive trend in both, contact with DHS and families being seen monthly. There is also a positive trend for those who must acquire or are appointed counsel, and the family's ability to contact attorneys when needed. As stated in the 2019 summary it appears that all participants can identify at least one person who they feel can support and assist them in their case. An overwhelming 81% of all surveys collected identified the Parent Partner Program as one of those important supportive roles and connection to community resources. There have been several changes in Iowa child welfare since 2019 including, implementation of Families First, Family Centered Service Contract, Child Safety Conferences and the Parent Partners being able to support these families at the initial stage of DHS involvement. These are all potential factors in the increase of positive trends across the state.”</p>	<p>CB approved to extend the due date of this key activity via formal letter on 7/26/2021.</p> <p>CB agrees completed on 3/14/2022.</p>

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			<p>At this time, Parent Partners do not have recommended systems changes. The survey results indicate improvement and positive results for families who are involved with Parent Partners; the summary also specifically highlights the impact of Child Safety Conferences and Family Centered Services contract on these positive results. This group will routinely assess for needed changes and follow the established procedure for submitting them for consideration. <b>(See Parent Partner Survey Report attached). This key activity is complete.</b></p> <p><b>Progress Report 1/2021-6/2021:</b> Narrative from the PIP Progress Report dated 3/2021 (see key activity #8) explained the complications regarding both key activities #10 and #11 due to timing of the Parent Partner survey, but an extension request was overlooked. As that narrative indicated, due to the rollout of new contracts with the focus on Family First initiatives, a follow up survey will be distributed in July 2021 to gain insight into the Family First roll out and any practice changes Parent Partners may be experiencing as well as continued challenges they may be facing. With the decision to distribute the survey again, this has created a delay in results, recommendations, and appropriate action. Iowa believes, however, that this approach will provide valuable feedback regarding the first year in which Family First initiatives were implemented.</p> <p>Given the current status, Iowa has requested an extension to November 2021 for drafting recommendations based on the results of the survey (Key Activity #10) and an extension to January 2022 for utilizing the survey results to inform Family First-aligned practice (Key Activity #11).</p>	
<p>11. Utilize Parent Partner mentee survey results/recommendations to determine what practice supports are needed to continue to evolve practice aligned with Family First. (Implementation of needed practice supports will depend on what those look like.)</p>	<p>May 2021 Request extension to January 2022</p>	<p><input checked="" type="checkbox"/> Completed 11/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA</p>	<p><b>Progress Report 7/2021-12/2021:</b> The Parent Partner Survey has been distributed and reviewed within DHS. All indications from this report support the continued efforts around Families First initiatives, supported by PIP strategies as well. No recommendations were made for systems change at this time. SBT will consider any future recommendations that are generated. <b>This key activity is complete.</b></p> <p><b>Progress Report 1/2021-6/2021:</b> See update within key activity #10.</p> <p><b>Progress Report 7/2020-12/2020:</b> Due to the rollout of new contracts with the focus on Family First initiatives, a follow up survey will be distributed in <b>July 2021</b> to gain insight into the Family First roll out and any practice changes Parent Partners may be experiencing as well as continued challenges they may be facing.</p>	<p>CB approved to extend the due date of this key activity via formal letter on 7/26/2021.</p> <p>CB agrees completed on 3/14/2022.</p>



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Strategy 3.2: Effectively engage with substance using parents

Key Activity	Target Completion Date	Status	Progress Notes	CB Comments
1. Request TA from the NCSACW regarding evidence-based practice regarding effectively engaging with substance using parents	July 2020	<input checked="" type="checkbox"/> Completed 07/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Update 3/2021:</b> Attached is the SUD Plan that was developed following the previous meeting. This document lays out the steps that will be taken to continue addressing the child welfare’s interaction with families affected by SUD. While no immediate plans exist for ongoing NCSACW TA, this is a known resource to Iowa and will be utilized as needed.</p> <p><b>Progress 7/2020-12/2020:</b> Iowa made contact with NCSACW to discuss resources to strengthen collaboration between local DHS staff and providers of treatment for substance use. A SUD multi-disciplinary workgroup formed and a framework for approach was established. TA will be requested as needed in relation to this group’s work, primarily at the point of organizing and strengthening community linkages through SAMs and SWAs as this has been identified as essential. Iowa DHS and CIP will reach out to NCSACW as needed. This item has been completed; NCSACW is an ongoing resource for the SUD workgroup to utilize as needed.</p> <p><b>(See Attachment C – 3e Substance Use Disorder Work Group Minutes)</b></p>	<p>CB requests additional information on this key activity on 2/18/2021.</p> <p>CB agrees completed on 4/12/2021.</p>
2. Identify two new Infusion Project Sites	August 2020 Extended to April 2021	<input checked="" type="checkbox"/> Completed 12/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Progress Report 7/2020-12/2020:</b> Initial identification of the two new sites was more time-intensive than originally expected; active work was occurring, as seen in updates to key activities 3-6 below, but required additional collaboration with the counties who ultimately committed to the project. Due to this, Iowa requested an extension for the target completion date to April 2021 for each of the key activities related to identifying the new sites. Iowa is on track with the target dates as they now stand.</p> <p>Two sites have now been identified for Infusion Projects. Emmet &amp; Fayette Counties have agreed to participate in renovated judicial methods that increase the attention families receive during their child welfare case. Using the DANSR (Dependency and Neglect System Reform) model developed in the Colorado, Iowa’s judicial branch will embark on a similar project in these two identified counties.</p>	<p>CB approved to extend the due date of this key activity via formal letter on 11/23/2020.</p> <p>CB agrees completed on 2/18/2021.</p>

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3. Disseminate information and resources about Family Treatment Courts and Infusion Project Sites and services	September 2020 Extended to April 2021	<input checked="" type="checkbox"/> Completed 4/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Update 3/2021:</b> The evaluation completed by CJJP regarding outcomes resulting from FTC involvement reinforces the positive outcomes from this model. Although the attached document points out some limitations of the study, positive take-aways include more children remaining in the custody of a parent or caregiver, more parents admitted to substance abuse treatment more quickly, and more parents who finished treatment successfully. (See attached 2020 Summary of FTC Outcome Measures for details). This comparison will be repeated to look at longer term outcomes as these programs continue.</p> <p><b>Progress Report 7/2020-12/2020:</b> The evaluation of Family Treatment Courts completed by CJJP in December 2020 was summarized, disseminated, and included in legislative information. Chief Justice Christensen also referenced the Family Treatment Court data in her State of the Judiciary speech to the Governor and the legislature in January. Additional information and resources will be distributed to the local communities in which the new Infusion Project sites will be located.</p> <p>DANSR identifies six principals that Iowa hopes to carry forward. First engaging families immediately and universally when substance use has been identified. Second, improved and expedited assessments and subsequent treatment initiation; third, enhancing communication, collaboration, engagement, and integration of teams involved with the family's case through multidisciplinary teams. Timely judicial support and oversight tailored to the individualized needs of the family will occur as will increased data collection &amp; sharing across the judicial, child welfare, and treatment systems. Lastly, collaborative trainings will be utilized.</p> <p>Iowa's Infusion will require some modifications to the Colorado model due to differences in populations and landscapes. While differences and modifications are required, adherence to the six principles identified by DANSR will remain constant.</p> <p>Through these infusion sites, families will have more frequent contact with the court. However, time in court will not just be increased, but the quality of judicial interaction will improve. Judges will receive training in how to engage with families using motivational interviewing along with family centered language. Coaching and continued support will be available to the judges as needed.</p> <p><b>(See Attachment C – 3f Family Treatment Court Report )</b></p>	<p>CB approved to extend the due date of this key activity via formal letter on 11/23/2020.</p> <p>CB requests additional information on this key activity on 2/18/2021.</p> <p>CB agrees completed on 4/12/2021.</p>
4. Initial outreach to local stakeholders for identified sites for initial interest	October 2020 Extended to April 2021	<input checked="" type="checkbox"/> Completed 4/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Progress Report 1/2021-6/2021, Key Activities #4-#8:</b> The following steps were taken to explore and prepare the pilot sites for the infusion of key elements from Family Treatment Courts into traditional CINA proceedings:</p> <ol style="list-style-type: none"> <li>1. Met w/ Colorado's CIP about their Dependency and Neglect System Reform (DANSR) program. Obtained Implementation guide &amp; Appendix documents.</li> <li>2. Set up DANSR hearing observations in CO w/3 magistrates. Judges &amp; pilot team members were invited to participate.</li> <li>3. Participated in Q &amp; A meetings w/magistrates, attorneys, providers, etc. in CO</li> <li>4. Met w/judges pilot sites to put together local teams.</li> </ol>	<p>CB approved to extend the due date of this key activity via formal letter on 11/23/2020.</p> <p>CB agrees completed on 9/7/2021.</p>

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			<p>5. Meetings w/ local teams to discuss the concept of infusion and the plan for implementation.  6. Scheduled Motivational Interviewing (MI) training for judges &amp; team members.  7. Education on working with people with substance use disorders and relapse language.  8. Created manual documents &amp; flowcharts for the implementation process.  9. Created community profiles for the pilot sites.  10. Requested the pilot site teams complete the Collaborative Values Inventory to assess their beliefs and perceptions of individuals with substance use disorders and their ability to meet the needs of their children. Results were compiled and shared with each team.  11. MOU drafted and signed by team members in pilot teams.  12. Developed an evaluation plan.  13. Built a case management system profile for pilot sites to assist with the daily implementation of the project and communication between team members. This system will also capture some of the data elements for the evaluation.</p> <p><b>Progress Report 7/2020-12/2020:</b> Teams in the identified communities have begun reaching out to their local treatment providers and child welfare offices. Treatment providers will be present for hearings to arrange for initial assessments, provide updates, and support when needed. Communication across the spectrum will be facilitated through releases of information allowing for a more responsive system.</p>	
<p>5. Gather local data on parents with substance abuse issues</p>	<p><del>October 2020</del> Extended to April 2021</p>	<p><input checked="" type="checkbox"/> <b>Completed 4/2021</b>  <input type="checkbox"/> On/ahead of schedule  <input type="checkbox"/> Behind schedule  <input type="checkbox"/> NA</p>	<p><b>Update 9/3/2021:</b> Data was gathered from a variety of sources to assess the need for these services. We looked at AFCARS data, data from the Iowa Department of Human Services, the Governor's Office on Drug Control Policy and Prevent Child Abuse Iowa. This key activity is complete.  <b>Progress Report 7/2020-12/2020:</b> Current discussions are taking place regarding the types of information to gather. Initial thoughts are gathering data such as out of home placements, confirmed/founded child abuse assessments, accessibility to substance use treatment services, usage of treatment services, substance use trends, etc. in order to identify specific local needs that could be impacted by this project.</p>	<p>CB approved to extend the due date of this key activity via formal letter on 11/23/2020.   CB agrees completed on 9/7/2021.</p>
<p>6. Bring courts, providers, and DHS together to learn about key components of Infusion Projects and treatment courts; review data; determine local needs;</p>	<p><del>November 2020</del> Extended to April 2021</p>	<p><input checked="" type="checkbox"/> <b>Completed 4/2021</b>  <input type="checkbox"/> On/ahead of schedule  <input type="checkbox"/> Behind schedule  <input type="checkbox"/> NA</p>	<p><b>Update 9/3/2021:</b> Several meetings occurred in the pilot sites to talk about infusing key elements from Family Treatment Courts and how this would be different to services currently available. Clarifying each team members role was also covered. Members from the pilot sites remotely observed the infusion program in Colorado and had an opportunity to ask them questions afterwards. Data was shared with the teams indicating a need to try and implement a new approach. Team members completed a Collaborative Values Inventory survey to get a sense of where they currently view families with substance abuse issues. The results were shared and discussed with teams. These results along with the local data were used to determine whether they would like to move forward.</p>	<p>CB approved to extend the due date of this key activity via formal letter on 11/23/2020.</p>

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gain commitment from stakeholders			<p><b>Progress Report 7/2020-12/2020:</b> During the course of the project, opportunities for continuing education will be identified. Those may include more training regarding substance use, mental health, trauma, and child development. Assessments of new training opportunities will be an ongoing process discussed by all stakeholders.</p> <p>Colorado's Court Improvement Project has graciously provided their implementation guide as a starting point for Iowa's Infusion project development. Iowa CIP staff and Colorado's CIP have participated in several calls to learn more about the DANSR system. To help Iowa's judges better understand the system reform that has occurred in Colorado, they have opened up meetings and soon, they'll open up their virtual courtrooms for observation.</p>	CB agrees completed on 9/7/2021.

7. Identify who will benefit the most from the Infusion Model (moderate needs, extended outpatient services, moderate risk); share this identification process with local stakeholders	November 2020 Extended to April 2021	<input checked="" type="checkbox"/> Completed 4/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Update 9/3/2021:</b> Research has indicated the families who benefit the most from a Family Treatment Court are those who have the highest risk and the highest need. This represents only a small percentage of the families who become engaged with the child welfare system due to parental substance use issues. The majority of the families would not fit into this category, but traditional services alone do not seem to meet all of their needs. The infusion project will develop a model for those families with moderate risk and needs. Parents will initially be screened using the UNCOPE Plus to determine if there appears to be substance use concerns. If the result is a positive screen, the parents will be referred for a substance use assessment. If the recommendation at the completion of the assessment is extended outpatient treatment, they would be eligible for this project.</p> <p>See update within key activity #4</p>	<p>CB approved to extend the due date of this key activity via formal letter on 11/23/2020.</p> <p>CB agrees completed on 9/7/2021.</p>
8. Gain commitment from local stakeholders to move forward with the model	December 2020 Extended to April 2021	<input checked="" type="checkbox"/> Completed 4/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Update 9/3/2021:</b> After several discussions, the key members of the implementation team agreed to move forward. A Memorandum of Understanding was developed to demonstrate this commitment. The partners who signed the MOU were: the court, the Department of Human Services, at least one substance use treatment agency, Family Centered Services provider, Parent Partner Program, County Attorney's Office, a Parent Attorney, and a Guardian ad Litem.</p> <p>See update within key activity #4</p>	<p>CB approved to extend the due date of this key activity via formal letter on 11/23/2020.</p> <p>CB agrees completed on 9/7/2021.</p>
9. Prepare for implementation including practice changes to each stakeholder and what	February 2021 Extended to April 2021	<input checked="" type="checkbox"/> Completed 6/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Update 9/3/2021:</b> Establishing a communication process to stay up to date on participant progress and establishing close working relationships from the implementation team members will be important to the success of this project. Once this is established this will not be as time consuming. CIP has developed a case management system that will be accessible to all team members to assist with sharing information on participant progress. More frequent court review hearings are also important to keeping</p>	CB approved to extend the due date of this key activity via formal letter on 11/23/2020.

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<p>the new model looks like, time commitment, and services available to families locally</p>			<p>everyone updated and on track. Any issues that may be identified will be addressed more quickly. This will require additional time from team members.  <b>Progress Report 1/2021-6/2021:</b> Educational and planning meetings have been ongoing with all four teams to share data and discuss what infusion would look like. A virtual site visit was held in coordination with Colorado courts, state agency, judges, attorneys, etc. to answer questions about infusion and the impact on their roles in the child welfare system; while this was extremely valuable, it did take longer than anticipated to coordinate which delayed the overall implementation. In addition, through these ongoing discussions team members recognized they did not all have a common perspective regarding their understanding of families that have substance use issues – underlying causes, capabilities, family preservation, etc.; CIP determined it would be worthwhile to explore with the teams their beliefs and values regarding families with substance use disorders. All team members completed a survey regarding perceptions and results were compiled. The follow up to these results included a facilitated discussion of the results, their beliefs, and additional education regarding substance use and the Infusion project. The purpose and approach of the project is essential for all to understand and support in order to be successful. <b>This key activity is complete.</b></p>	<p>CB agrees completed on 9/7/2021.</p>
<p>10. Implement two new sites</p>	<p>May 2021 Extended to August 2021</p>	<p><input checked="" type="checkbox"/> Completed 7/2021  <input type="checkbox"/> On/ahead of schedule  <input type="checkbox"/> Behind schedule  <input type="checkbox"/> NA</p>	<p><b>Progress Report 1/2021-6/2021:</b> Although not meeting the May 2021 target, two Infusion sites started accepting referrals 7/1/21: Emmet County has received two referrals; Wapello County has received four referrals. While this meets the CFSR PIP target or implementation of two sites, an additional two sites will begin taking referrals Aug 1st. The two infusion sites have been implemented and formal MOUs were signed in June. As of the submission of this report, <b>this key activity is complete.</b></p>	<p>CB approved to extend the due date of this key activity via formal letter on 7/26/2021.  CB agrees complete on 9/7/2021.</p>

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<p>11. Evaluate two new sites on eight child indicators (safety in home, repeat maltreatment, out of home placement, placement stability, permanency timeliness, and other indicators)</p>	<p><del>June 2024</del> Extended to November 2021</p>	<p><input checked="" type="checkbox"/> Completed 11/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA</p>	<p><b>Update 2/28/2022:</b> Our two pilot sites have started accepting referrals, so we have started to collect information for our evaluation efforts. We are using data from our annual assessment for these two counties as our baseline data. We have been developing a case management system to assist us in the daily implementation of the project and also assist us in collecting the data we will need for our evaluation process. The case management system is almost ready for implementation. The judges in our two pilot communities have jurisdiction in additional counties so we plan to expand to the counties first. Additional judges have indicated an interest in implementing these services so we will eventually expand to those counties.</p> <p><b>Progress Report 7/2021-12/2021:</b> We have received a grant from OJJDP (DOJ) to support the work of infusing key Family Treatment Court components into on-going CINA cases. This is a 3-year grant that will include an in-depth evaluation from NPC Research out of Portland, Oregon. NPC Research has conducted many evaluations for problem-solving courts, and they are currently conducting a national evaluation of Family Treatment Courts. <b>See the attached document</b> outlining the evaluation focus areas, data source, and frequency of completion. <b>This key activity is complete.</b></p> <p><b>Progress Report 1/2021-6/2021:</b> As stated above, the two sites were implemented 7/1/21. While the original PIP plan was to start evaluation in the month following implementation, further discussion has led Iowa to recommend the sites have more than one month of activity prior to evaluation. In order to allow them time to ramp up and assure their processes are in place as well as to have an impact on the eight child indicators, Iowa requests an extension of the evaluation of the eight child indicators to begin once the sites have been functional for the July- September quarter; the evaluation plan will begin to be implemented in October. The evaluation process will be ongoing, and results will be shared on an ongoing basis as well.</p> <p><b>Progress Report 7/2020-12/2020:</b> Data points and collection are currently being examined for the project to best capture how the Infusion sites are leading to increased permanency, faster permanency, and increased safety while decreasing recidivism. CIP is currently working on a case management system that may assist in gathering data points for cases identified for the Infusion project. This system would be an enhancement of the current case management system for Family Treatment Courts.</p>	<p>CB approved to extend the due date of this key activity via formal letter on 7/26/2021.</p> <p>CB agrees completed on 3/14/2022.</p>
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Strategy 3.3: Develop knowledgeable and supportive supervisors in order to equip them as effective leaders to support the goal of meeting parents where they are and improving worker practice

Key Activity	Target Completion Date	Status	Progress Notes	CB Comments
1. Distribute “Essential Handbook....” to all supervisors	April 2020	<input checked="" type="checkbox"/> Completed 04/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>Update 3/2021:</b> The Social Work Administrators coordinated distribution of the Essential Handbooks to all existing service supervisors prior to implementation of Key Activity #3. As new service supervisors are hired, they are given this Handbook as part of the orientation process. This practice does not “end”; it is integrated into service area discussions and the more structured group discussions will be made available to cohorts as new supervisors are hired.	CB requests additional information on this key activity on 2/18/2021.  CB agrees completed on 4/12/2021.
2. SWAs will meet in order to discuss the action plans they have developed to use the “Essential Handbook...” with their supervisors. Each action plan shall include an evaluation plan regarding impact on supervisory capacities	July 2020, Ongoing	<input checked="" type="checkbox"/> Completed 07/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>Progress Report 7/2020-12/2020:</b> Discussions were held at regular Social Work Administrator (SWA) meetings to discuss approaches, implementation, and action plans.	CB agrees completed on 2/18/2021.
3. Develop and implement a service area-level action plan based on required elements provided by Oversight that provides supervisors with opportunities to utilize	August 2020, Ongoing	<input checked="" type="checkbox"/> Completed 07/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>Update 3/2021:</b> Supervisors from across the state participated in a call with our federal partners on 3/19/21 to discuss how the information from these Handbooks is being utilized in the field. All reported finding them helpful and noted they coincide nicely with the LAS curriculum. One supervisor noted that he had gotten so much positive information that he had implemented a similar program, focused on frontline workers, within his unit. <b>Progress Report 7/2020-12/2020:</b> SWAs from across the state developed service area-level action plans for implementing the Essential Handbook for Supervisors in a meaningful way with practical application. All existing supervisors received a copy of the Handbook; all new supervisors will receive a	CB requests additional information on this key activity on 2/18/2021.  CB agrees completed on 4/12/2021.

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Key Activity	Target Completion Date	Status	Progress Notes	CB Comments
<p>the 30 vital skills from the handbook.</p>			<p>copy upon hire. The overall methodology is for supervisors to read a chapter and prepare for discussion with their peers.</p> <ul style="list-style-type: none"> <li>• Service area supervisors meet monthly to discuss the materials</li> <li>• Two supervisors take the lead at the group meeting which includes a standard agenda including:               <ul style="list-style-type: none"> <li>○ Supervisor review/discussion of the material</li> <li>○ Lead supervisors discuss their take-aways, then promote discussion among the rest of the group.</li> <li>○ The lead supervisors facilitate discussion of the questions included in the Handbook at the end of each chapter</li> <li>○ Group discusses their thoughts and even examples in their work relating to the materials.</li> <li>○ Supervisors share how they plan to implement their take-aways</li> <li>○ SWAs also promote the content, participate in the discussions, and share their own reflections of the materials.</li> </ul> </li> </ul> <p>The 1<sup>st</sup> complete cycle of the 30 chapters in the Handbook is planned to be completed in the Spring of 2021. This will be an ongoing opportunity and work is currently in process to integrate this into the LMS training system.</p> <p>The information covered in this Handbook are very relevant to Human Services and how Iowa conducts business. Following supervisor group discussion, some participants have then taken the topic to their team meetings and discussed with unit staff. One service area is going to pilot the use of this Handbook with the staff they supervise; if this proves beneficial this may be implemented in additional areas.</p> <p>Concepts from this Handbook have also been woven into Sup Model of Practice Training. <b>This key activity is complete.</b></p>	
<p>4. Contact NCWWI to explore supervisor training</p> <ul style="list-style-type: none"> <li>• When will combined curriculum be available?</li> <li>• Will implementation guide be updated?</li> <li>• How many total hours are required</li> </ul>	<p>June 2020</p>	<p><input checked="" type="checkbox"/> <b>Completed 06/2020</b></p> <p><input type="checkbox"/> On/ahead of schedule</p> <p><input type="checkbox"/> Behind schedule</p> <p><input type="checkbox"/> NA</p>	<p><b>Progress Report 7/2020-12/2020:</b> Following discussion with our federal partners, the group working on this project has begun drafting a formal document to outline the framework of this collaborative project.</p> <p>In June, NCWWI representatives and Iowa DHS representatives met to discuss initial foundational information regarding changes to the curricula, focus, purpose, time requirements for the training itself as well as the follow up to the training. Iowa had reviewed available materials prior to the meeting and NCWWI offered additional information. NCWWI representatives discussed how other states have implemented a hybrid LAS/LAMM curriculum based on their needs; this involves utilizing the established curriculum as relevant to the state and developing state-specific aspects, such as incorporating leadership into each session discussion, to make it more meaningful. <b>This key activity is complete.</b></p>	<p>CB agrees completed on 2/18/2021.</p>



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to complete the course?				
<p>5. Pursue NCWWI training, develop Iowa's framework for implementation to include things such as:</p> <ul style="list-style-type: none"> <li>• Pilot or statewide?</li> <li>• How do we define how the training affects the outcomes?</li> <li>• Blending of online curriculum and application</li> <li>• Opportunities for supervisors to process what they learned and plan for how to use it after the online training</li> <li>• Measurement and monitoring of effectiveness</li> <li>• Evaluation plan, including monitoring improvement of supervisory capacities</li> </ul>	<p><del>September 2020</del> (Dependent on information about the timing of the combination of the LAS/LAMM curriculum.) Extended to December 2020</p>	<p><input checked="" type="checkbox"/> <b>Completed 12/2020</b>  <input type="checkbox"/> On/ahead of schedule  <input type="checkbox"/> Behind schedule  <input type="checkbox"/> NA</p>	<p><b>Update 3/2021:</b> Supervisors from across the state participated in a call with our federal partners on 3/19/21 to discuss how this is being utilized in the field. They noted that the LAS training and the Essential Handbook content enhance each other and deliver beneficial information; an additional benefit is the opportunity for practice discussion with peers both within their service area and beyond which provides for peer networking, learning, and support.</p> <p><b>Progress Report 7/2020-12/2020:</b> Following this initial discussion, Iowa expressed interest in talking with other states who have implemented hybrid approaches using LAS/LAMM as the foundation; in July Children's Bureau provided information on several states that were currently implementing or that had implemented in the past. In August and September 2020, Iowa held video conferences with representatives from Connecticut and Indiana; both these states readily shared information regarding implementation, adjustments made to more directly address state-specific needs, what went well, changes being considered, and answered any questions the team had. With this valuable information in hand, Iowa decided to move forward with the supervisory training and began putting the pieces together to form a holistic training program for the framework established for this training. Social Work Administrators were able to review the curriculum and merged relevant content with Iowa's Supervisory Model of Practice (MoP) training to provide consistency between that and the LAS/LAMM training. Other considerations discussed and acted upon included: SWAs going through each monthly training prior to the supervisor's schedule to attend the training; having instructors /SWAs of the MoP training continue with the primary responsibility for the LAS training and follow up discussion after each module; use of participants in the MoP training as the first cohort to participate in LAS/LAMM. One training module will be held each month. Participants will complete a self-assessment regarding the upcoming training focus prior to attending; they will also complete a post-training self-assessment. The training materials and self-assessments have been integrated into Iowa's LMS system for ease of access for participants; this is a familiar format for accessing training and also allows Iowa to track completion of modules, pre and post self-assessments, and course feedback. This is one way Iowa will determine the effectiveness and value of the training to the supervisors.</p> <p>December 2020 was a month of preparation for going live with the training plan. Members of leadership have been scheduled to present at each of the follow up discussion sessions held after the online module training; this will be a unique opportunity to interact with the Director and members of Cabinet that normally is not available. These guest speakers will be relevant to that month's training topic and will present information that applies the concepts to specific Iowa philosophy, practice, etc.</p> <p><b>(See Attachment C - 3g LAS Implementation Plan)</b></p>	<p>CB approved to extend the due date of this key activity via formal letter on 11/23/2020.</p> <p>CB requests additional information on this key activity on 2/18/2021.</p> <p>CB agrees completed on 4/12/2021.</p>

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6. Implement the LAS/LAMM training according to framework	January 2021	<input checked="" type="checkbox"/> Completed 1/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Progress Report 1/2021-6/2021:</b> Training was implemented as scheduled in January 2021. Supervisors complete the review of online training one month with discussion and application of the information in the following month. This is scheduled to continue until all modules have been completed which is scheduled for July 2021. <b>This key activity is complete.</b></p> <p><b>Progress Report 7/2020-12/2020:</b> This project is on track to be implemented as scheduled in January 2021. It will run for a total of 9 months; SWAs will discuss monthly how each module went, what worked well, what may need to be discussed further for potential changes. After the ninth month of training is completed, SWA representatives will debrief the original oversight group regarding the process, content, benefit, response of supervisors to the training, etc. Needed revisions will be made prior to implementation of the second cohort of participants.</p>	CB agrees completed on 8/18/2021.
7. Facilitate group sessions with supervisors after the online training, in each service area, to process the training, talk about how to use it, and how it changes supervision practice and support for case workers	March 2021 Extended to September 2021	<input checked="" type="checkbox"/> Completed 8/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Update 2/28/22:</b> Based on the positive feedback received through discussion with participants and completion of pre/posttests, no changes are being made to the curriculum at this time. This curriculum has been used across many states and well-vetted; Iowa added information specific to our practice and goals when this was first implemented. Analysis of the results indicates effective communication of information and applicability for participants. The course has been offered only one time and will be evaluated following each session; the second session is now underway.</p> <p><b>Progress Report 7/2021-12/2021:</b> Group sessions with supervisors were held the month following each module of the LAS curriculum. This time was used to discuss practical application of the information from the latest module to the work of supervision. LAS concluded in August 2021 with the final group session. <b>This key activity is complete.</b></p> <p><b>Progress Report 1/2021-6/2021:</b> Implementation of LAS continues as designed. The last module is scheduled to start in July 2021. Feedback from the group sessions is very positive regarding the role Leadership has been playing in the training and the practical discussion of how the training topics can be utilized in daily work. Group sessions have been scheduled following each module.</p>	<p>CB approves renegotiation request on 3/23/2021 via formal letter.</p> <p>CB agrees completed on 3/14/2022.</p>
8. Using the evaluation plan, monitor the efficacy of the supervisory support initiatives.	April 2021 and ongoing Extension requested to October 2021	<input checked="" type="checkbox"/> Completed 10/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Update 2/28/22:</b> Iowa's second session of LAS is now underway. It continues to be incorporated with training on the Supervisory Model of Practice and use of the Essential Handbook for Supervisors. Feedback from participants included information on how they were utilizing the information learned within their own supervisory units and with the staff they supervise. This incorporates the positive impacts of training into everyday practice and peer learning. As more supervisors are able to participate in the formal training, these concepts are detailed and further integrated.</p> <p><b>Progress Report 7/2021-12/2021:</b> The evaluation plan consists of comparison of pre-tests to post-training tests. The sessions concluded in August 2021; the post tests were taken in September. Below is a summary of the results; additional detail is available in the attached document. Significant gains (+30% improvement from pre- to post-) on self-assessed competency were made for the following items:</p>	<p>CB approves renegotiation request via formal letter.</p> <p>CB agrees completed on 3/14/2022.</p>

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			<ul style="list-style-type: none"> <li>○ Knowledge of how to develop a vision statement for an organizational change initiative</li> <li>○ Knowledge of the six major components in the adaptive change process</li> <li>○ Knowledge of how to develop a personal vision statement based on a holistic view of child welfare leadership</li> <li>○ Ability to describe the key role of the supervisor at the intersection of the unit and the external environment</li> <li>○ Understanding of how to assess the collaboration issues related to my Change Initiative</li> <li>○ Ability to describe the continuum of skills in the partnering process (communication, coordination, collaboration, negotiation and advocacy)</li> <li>○ Understanding of the four aspects of the concept of “stickiness”: continuity, accessibility, ownership, and value</li> <li>○ Ability to identify the practices needed to sustain myself and others in a “permanent whitewater” environment</li> <li>○ Understanding of the National Implementation Research Network (NIRN) model of stages and drivers of implementation</li> <li>○ Ability to design and implement new and cutting-edge programs and/or processes (<b>Note:</b> competency in this area still rated relatively low at post-test)</li> </ul> <p>This training curriculum has produced numerous positive results; feedback from those who participated indicate that this program worked well in conjunction with the Essential Handbook training. The coordinating group will determine if any adjustments need to be made but these would be minor based on the feedback. <b>(See attached documents “LAS Training Competencies Survey Data” and “Summative Feedback Report LAS series”). This key activity is complete.</b></p> <p><b>Update 9/3/2021:</b> A formal extension request has been submitted.</p> <p><b>Progress Report 1/2021-6/2021:</b> The evaluation plan for the supervisory LAS curriculum was to distribute a pre-test prior to the program implementation; a post-test will be distributed when the last module is completed. Until that time, the curriculum includes follow up group discussions the month following each module. The facilitators are gathering input from this first cohort of trainees regarding what they felt was most effective and what could be changed to make it more meaningful. As stated in key activity #6 above, this information will be brought back to the oversight group for discussion of process, content, and benefit of the training. Currently, the supervisor feedback is the measure of this strategy; the formal evaluation plan (post-test) will be completed in September. Key activity #7 was extended to 9/21; an extension should also have been requested for key activity #8 as it relies on completion of the training prior to being able to operationalize; a formal extension request has been submitted.</p>	

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**Goal 4: Improve and Increase Collaborative Joint CQI System and Interventions**

*Targeted Outcome or Systemic Factor: Quality Assurance Systemic Factor*

**Strategy 4.1: Implement a joint CQI process between DHS and CIP to provide integrated information to shared stakeholders, a shared “systemic” statewide message, and an accessible platform through which stakeholders can provide feedback regarding child welfare performance.**

Key Activity	Target Completion Date	Status	Progress Notes	CB Comments
1. Establish joint workgroup to examine current processes and establish a collaborative CQI process.	July 2020	<input checked="" type="checkbox"/> Completed 07/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<b>Progress Report 7/2020-12/2020:</b> A group of representatives from CIP and DHS were chartered to structure and initiate this strategy.	CB agrees completed on 2/18/2021.
2. Complete the CQI Self-Assessment in order to evaluate current CQI processes within both the agency and court system.	November 2020	<input checked="" type="checkbox"/> Completed 11/2020 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Update 3/2021:</b> Intersections of both agencies occur primarily throughout safety and permanency decisions: when is a child safe vs unsafe in their home; is foster care needed in order to keep the child safe or is there another approach to that same end; what are the most appropriate goals for children based on case circumstance; efforts made to achieve goals timely. The joint group noted that the Safe4Home initiative has spread through both DHS and the courts and is expected to have a positive impact on children remaining safely at home or, if in foster care, returning home without unnecessary delay as soon as safety can be assured. Focus group information from the CFSR on-site review in 2018 was reviewed along with current trends in social services; service array, collaboration, and timely application of ICWA requirements generally were identified as gaps across the agencies. It was noted Iowa has now developed and published an ICWA policy/procedure manual; the team felt we may be able to capitalize on that implementation through collaboration with Tribal stakeholders to define specific areas to focus training, discussion, attention, and monitoring. This is an intersection the joint CQI group will assess in more depth.</p> <p><b>Progress Report 7/2020-12/2020:</b> A self-assessment was completed by representatives of DHS and CIP over the course of several months. The purpose of this assessment was to gather information that DHS and CIP could then collaboratively build upon to impact performance. The assessment goals included:</p> <ul style="list-style-type: none"> <li>• Understanding the current focus of CIP efforts</li> <li>• Understanding the current focus of DHS efforts</li> <li>• Reviewing CIP and DHS efforts and decision points during the life of the case</li> <li>• Determining intersection(s) of these efforts</li> <li>• Exploring shared priorities that could provide a basis for a joint improvement effort</li> </ul>	CB requests additional information on this key activity on 2/18/2021.  CB agrees completed on 4/12/2021.

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			<ul style="list-style-type: none"> <li>Identifying potential gaps in performance measurements</li> </ul> <p>This self-assessment was completed in several steps. Initially, the joint CQI team shared information regarding performance monitoring and focus to understand current priorities. The life of the case review included an assessment of interactions and decision-points each agency has with families; the intersections were then identified.</p> <p>Based on this information, it was noted that there were multiple intersections; through discussion, the group identified an essential intersection occurred when considering the question of removal of a child. In November 2020 the information generated from this group was shared with the Children’s Justice Advisory Council that consists of stakeholders, including both DHS and CIP for input.</p> <p><b>(See Attachment C – 4a Iowa Court and DHS CQI Self-Assessment)</b></p>	
3. Determine overlapping priorities between CIP and DHS	March 2021	<input checked="" type="checkbox"/> Completed 3/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Progress Report 1/2021-6/2021:</b> There are multiple overlapping priorities between CIP and DHS. Prevention of removal, placement in care, and reunification are currently measured in several different ways by both agencies. The joint CQI team discussed current initiatives, such as Safe 4 Home and use of relative placement; in addition, areas were identified that were related but not currently measured by either CIP or DHS, such as adherence to ICWA standards. <b>This key activity is complete.</b></p> <p><b>Progress Report 7/2020-12/2020:</b> Discussion on these priorities continues.</p>	CB agrees completed on 8/18/2021.
4. Determine which priorities are currently being measured in each CQI process in order to identify gaps, consistencies across the two systems, and opportunities for alignment.	March 2021	<input checked="" type="checkbox"/> Completed 3/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Progress Report 1/2021-6/2021:</b> After careful consideration of the overlapping priorities across CIP and DHS, the joint CQI team identified an ICWA-focused strategy for the first efforts to apply/refine the joint framework. An aspect of the joint CQI framework is to gather data to analyze performance and determine focus. Clear gaps were identified, starting with not having the data needed to measure performance on virtually any ICWA-related areas. Data available was the result of hand-tracking in areas of the state, but not statewide. A sample of these cases were reviewed by members of the joint CQI team, the result being an identified lack of robust data describing efforts to determine eligibility, provide culturally appropriate services, collaborate between the child welfare system and tribes. Without documentation, we are unable to determine how we are currently performing. ICWA-related performance tracking is a significant gap for both agencies; the plan is to begin laying the foundation by focusing on the starting point of the process: exploration of tribal eligibility when a family intersects with the child welfare system, with a concurrent measure of a data gathering process that supports monitoring. <b>This key activity is complete.</b></p> <p><b>Progress Report 7/2020-12/2020:</b> Prevention of removal, placement in care, and reunification are currently measured in several different ways through CIP and DHS. The joint CQI team discussed current initiatives, such as Safe 4 Home and use of relative placement; in addition, areas were identified that were related but not currently measured by either CIP or DHS, such as adherence to ICWA standards. Discussions on these priorities continue.</p>	CB agrees completed on 8/18/2021.

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Key Activity	Target Completion Date	Status	Progress Notes	CB Comments
<p>5. Develop the joint CQI system including:</p> <ul style="list-style-type: none"> <li>• Finalize shared measures</li> <li>• Determination of any changes in monitoring/ gathering of information needed in order to accurately measure</li> <li>• Consistent format for streamlined compilation</li> <li>• Logistics of communication – how, who, what, when</li> <li>• Methodology to promote, collect, and utilize stakeholder input</li> </ul>	<p>May 2021 Extended to September 2021</p>	<p><input checked="" type="checkbox"/> Completed 9/2021</p> <p><input type="checkbox"/> On/ahead of schedule</p> <p><input type="checkbox"/> Behind schedule</p> <p><input type="checkbox"/> NA</p>	<p><b>Progress Report 7/2021-12/2021:</b> The draft framework was completed and submitted to Children’s Bureau for feedback in September 2021 for feedback; this has been updated and is attached to this progress report as evidence of completion. The framework outlines how CIP and DHS will collaborate on shared interests; it identifies an oversight group of representatives to analyze data and determine recommendations for improvement focus areas; this is the same team that initially completed the assessment of shared interests across both agencies. To enhance continuity in this new process, this team will spearhead oversight of implementation, the annual assessment of performance. and evaluation of this framework. As with any continuous improvement effort, people working in the focus area are essential for the day-to-day project implementation, monitoring, revision, and evaluation of success. The framework addresses the content of key activities #5, #6, and #7. <b>This key activity is complete.</b></p> <p><b>Progress Report 1/2021-6/2021:</b> The joint CQI system is still a work in progress, but the workgroup is applying this framework as we develop the first shared measures; this will enable us to modify the framework as needed while being applied to an improvement project. Two ICWA strategies have been identified. Due to limitations of data, neither the courts nor DHS are able to reliably determine current performance. This initial project will provide a foundation for moving forward in a focused approach.</p> <p><b>Update 3/2021:</b> The group working on this project has begun drafting a document to outline the framework of this collaborative project, which will lay the groundwork for the joint CQI model. A very preliminary draft was shared with federal partners for initial feedback.</p> <p>This project continues to move forward as a combination of developing the framework for the process and applying that framework to the practical development of an actual joint project. The key activities above overlap with the overall development of the joint process. As we develop the joint structure and apply it to the ICWA-related improvement project, we’re revising the framework as needed for both court and agency perspectives in a PDCA-type format, revising as we go. Iowa’s implementation of the joint CQI system is targeted for October 2021 and we remain on target for that in the form of an improvement-focused project to illustrate how the joint CQI process will work. We request an extension for key activities 5, 6, and 7 until September 2021 to allow for thorough application and coordination prior to implementation.</p>	<p>CB approved to extend the due date of this key activity via formal letter on 7/26/2021.</p> <p>CB agrees completed on 2/15/2022.</p>
<p>6. Identify changes that will need to be made on both the agency and court sides in order to improve the joint CQI process.</p>	<p>June 2021 Extended to September 2021</p>	<p><input checked="" type="checkbox"/> Completed 9/2021</p> <p><input type="checkbox"/> On/ahead of schedule</p> <p><input type="checkbox"/> Behind schedule</p> <p><input type="checkbox"/> NA</p>	<p><b>Update 2/28/22:</b> Collaborative continuous improvement initiatives and all that surround them is new to both agencies; successful implementation requires both agencies to begin normalizing the concept of active collaboration on shared initiatives. This includes establishing working relationships among participants at all levels from Leadership to those directly overseeing implementation in order to successfully apply and evaluate the framework. While the steps of the framework are straight-forward, the need for flexibility and adjustment in approach while teaming across agencies will be essential. Each</p>	<p>CB approved to extend the due date of this key activity via formal letter on 7/26/2021.</p>

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			<p>agency is familiar with continuous improvement and what that internal process looks like; the largest change will be cementing the collaborative approach within the culture of each agency. This will be driven through consistent application of the framework and the ability to make practical adjustments throughout implementation.</p> <p><b>Progress Report 7/2021-12/2021:</b> The Joint CQI framework addresses the responsibilities for each agency in this collaborative process. See Joint CQI Framework attached. <b>This key activity is complete.</b></p> <p><b>Progress Report 1/2021-6/2021:</b> A request to extend this target date to September 2021 has been made. See narrative in key activity # 5.</p>	<p>CB agrees completed on 3/14/2022.</p>
<p>7. Create an implementation plan for the joint CQI process, including:</p> <ul style="list-style-type: none"> <li>• A rollout plan for communicating the purpose and desired outcome of the joint CQI process</li> <li>• Data points that will be gathered and analyzed in order to monitor efficacy and success</li> <li>• Dissemination of information –format, timeframe, process for providing information/receiving and acting on feedback.</li> <li>• Evaluation plan for the implementation of the joint process</li> </ul>	<p>July 2021 Extended to September 2021</p>	<p><input checked="" type="checkbox"/> Completed 9/2021</p> <p><input type="checkbox"/> On/ahead of schedule</p> <p><input type="checkbox"/> Behind schedule</p> <p><input type="checkbox"/> NA</p>	<p><b>Update 2/28/22:</b> General communication of the concept of joint, collaborative CQI work across agencies has been discussed through ongoing meetings with stakeholders. Additional stakeholder communication and involvement will be integrated and ongoing within the process of determination of the focus area, theory of change, implementation, and monitoring of each initiative.</p> <p><b>Progress Report 7/2021-12/2021:</b> Communication is essential to continuous improvement and minimum requirements are specified in the joint CQI framework. The framework encompasses how CIP and DHS will collaborate, the process to be used to determine the focus of efforts including communication with stakeholders, and the responsibilities of each agency in oversight of the specific project; a separate but parallel evaluation of the joint CQI process is also specified. The framework describes the role of leadership from each agency as far as commitment to the joint approach; continuation of the work the group has been doing to define and implement the framework; selection of the project; the transition from the oversight group to a hands-on implementation team; monitoring responsibilities; and ongoing evaluation of success. <b>This key activity is complete.</b></p> <p><b>Progress Report 1/2021-6/2021:</b> The joint CQI process will be implemented with the communication to stakeholders regarding the shared improvement project. The details of the strategies and monitoring continue to be discussed. This is the type of detailed information needed in order to develop the implementation plan. A request to extend this target date to September 2021 has been made. See narrative in key activity # 5.</p>	<p>CB approved to extend the due date of this key activity via formal letter on 7/26/2021.</p> <p>CB agrees completed on 2/15/2022.</p>

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8. Implement the plan	October 2021	<input checked="" type="checkbox"/> Completed 10/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Update 2/28/2022:</b> All AFCARS elements have been evaluated by the build team to assure the new CCWIS comprehensively covered the requirements. In addition, the build team has collaborated with Iowa's ICWA specialist regarding specific requirements, as well as additional elements not specified that may be beneficial to capture. TA is not considered necessary at this juncture.</p> <p><b>Progress Report 7/2021-12/2021:</b> As of completion of the framework the Joint CQI plan was implemented, beginning with defining the problem. While the workgroup made some initial efforts in researching available data while in the process of developing the actual framework, the team realized these two focuses needed to be separated, focusing first on completing the framework. Once that was complete, the team moved on to implementation. As stated in previous updates, the team was interested in exploring improvement opportunities in the area of implementation of ICWA standards. In this first step of the process the joint workgroup attempted to collect data from CIP and DHS sources and found lack of available information is a significant issue; even basic information to identify ICWA-eligible families in either CIP or DHS administrative system is unavailable. Although the new CCWIS will require ICWA-specific data, the present lack is a primary barrier in assessing current performance in this area. The workgroup was able to access some manually tracked data from Western Iowa and used these cases to begin the analysis of data which is the first step of the framework. The plan is actively being applied; <b>this key activity is complete.</b></p>	CB agrees completed on 2/15/2022.
9. Begin sharing data as determined by the group (quarterly/six months/annual)	December 2021 and ongoing	<input checked="" type="checkbox"/> Completed 10/2021 <input type="checkbox"/> On/ahead of schedule <input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p><b>Progress Report 7/2021-12/2021:</b> Iowa CIP and DHS began sharing data as the first step of the framework implementation. Data sharing is specified at key junctures in the Joint CQI framework. Iowa began implementation of the framework in October 2021 with exploration of the DHS hand-tracked data from Western Iowa. CIP and DHS both reviewed this data as relates to program specific ICWA areas including early exploration of potential eligibility, notification to the Tribe, use of active efforts, and the interaction between the Courts, DHS, and the County Attorney. These reviews identified several trends including: delays in sending notices, lack of documentation to track exploration, narratives indicating ICWA eligibility but no detail regarding further steps, and lack of thorough documentation regarding the impact of ICWA-eligibility on service needs. The limited data that is available provides some basic information addressing performance trends and also identifies the fact that our starting point for improvement will have to include the development of tracking mechanisms. This information will be utilized in moving the project forward utilizing the process designated in the framework. This sharing of information has been started and will continue ongoing as specified in the framework in order to actively address the identified initiative. <b>This key activity is complete and will be an ongoing process.</b></p>	CB agrees completed on 2/15/2022. CB would request ongoing updates about the data sharing process.
10. Monitor and evaluate implementation of joint CQI process.	December 2021 and ongoing	<input checked="" type="checkbox"/> Completed 10/2021 <input type="checkbox"/> On/ahead of schedule	<p><b>Update 2/28/22:</b> Monitoring of this process takes two routes: the first focuses on monitoring of an individual initiative that has been implemented to assure expected progress is being made or adjustments made as needed; frequency will be individualized based on the focus and will include coordination between the implementation team identified for each initiative and the core joint CQI team.</p>	CB agrees completed on 3/14/2022.



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		<input type="checkbox"/> Behind schedule <input type="checkbox"/> NA	<p>The second process is the monitoring and evaluation of the joint CQI system. This involves the core joint CQI team maintaining involvement and providing support with each step of the process but also comprehensively assessing how the system functioned as a whole across both agencies. The core team will gather feedback as needed, make recommendations for changes, and involve leadership and stakeholders of CIP and DHS as needed to assure the most effective process possible.</p> <p><b>Progress Report 7/2021-12/2021:</b> Monitoring and evaluation processes are specified in the Joint CQI framework. The framework was implemented in October 2021 and the workgroup continues to move methodically forward. At the time the PIP was written, monitoring of the joint CQI process seemed to be the logical next key activity; however, the established framework specifies how the evaluation of the process will take place, who is responsible, and when it will occur. Since this strategy revolves around development and implementation of the framework, that model will serve as the guide to direct the monitoring and evaluation phases of the process. Iowa proposes that the intent of this key activity is met through the plan outlined in the framework and <b>this key activity is met through that plan.</b></p>	

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Part Two: Measurement Report - Case Review Items

**Item 1: Timeliness of initiating Investigations of report of Child Maltreatment**

PIP Goal: 81%

-	Baseline	Reporting Period 1		Reporting Period 2		Reporting Period 3		Reporting Period 4		Reporting Period 5	
Review Completion Period	4/1/18-9/30/18	Quarter 1 7/1/19-6/30/20	Quarter 2 10/1/19-9/30/20	Quarter 3 1/1/20-12/31/20	Quarter 4 4/1/20-3/31/21	Quarter 5 7/1/20-6/30/21	Quarter 6 10/1/20-9/30/21	Quarter 7 1/1/21-12/31/21	Quarter 8 4/1/21-3/31/22	Quarter 9 7/1/21-6/30/22	Quarter 10 10/1/21-9/30/22
Cases Rated as a Strength	25	22	27	29	34	41	41	40	37	34	
Total Applicable Cases	35	32	37	39	45	50	48	46	45	45	
Performance (%)	71.4%	68.8%	73%	74.4%	75.6%	82%	85.4%	87%	82%	76%	

**Progress Notes:**

**1/2021-6/2021: PIP Goal Met** with CSFR cases reviewed between 7/1/20-6/30/21. Although no longer a PIP-monitored item, Iowa will continue to report performance.

CSFR case review data indicate the timeliness of initial visits with child victims has shown steady increase over the past 4 reporting periods; preliminary results for the 7/1/2020-6/30/2021 rolling 12-month reporting period indicate this PIP measure has been met. To better understand the drivers of this performance change, quarterly data was analyzed and found the total number of applicable cases and the total number of contacts that did not meet the assigned timeframe have remained relatively constant; however, there has been a consistent increase in the reason for delay in seeing the child victim being beyond the control of the agency.

Qtr Read	Total # App Cases	Total # Delays in F2F Contact	# Beyond Agency Control	Overall Performance
April-June 2021	12	4	3	91.7%
Jan-March 2021	13	5	3	84.6%
Oct-Dec 2020	12	4	1	75.0%

This reflects efforts to define when a delay is appropriate that have been made since the on-site review; the additional structured guidance reflected in Strategy 1.2 is expected to continue this upward trend.

**7/2020-12/2020:** Performance remains consistent with baseline and previous rolling 12-month period. It's noteworthy that the period under review does not yet include improvement efforts identified in the PIP. While performance appears stable, there are initiatives in the development phase that will affect this item.

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**CB Comments:** CB and the MASC team reviewed Iowa’s OMS reports and determined that Iowa successfully met the goal for Item 1 in PIP Measurement Period 5 and confirmed this via formal letter sent to Iowa on 9/10/2021.

**Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care.**

**PIP Goal: 90%**

-	Baseline	Reporting Period 1		Reporting Period 2		Reporting Period 3		Reporting Period 4		Reporting Period 5	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6	Quarter 7	Quarter 8	Quarter 9	Quarter 10
<b>Review Completion Period</b>	4/1/18-9/30/18	7/1/19-6/30/20	10/1/19-9/30/20	1/1/20-12/31/20	4/1/20-3/31/21	7/1/20-6/30/21	10/1/20-9/30/21	1/1/21-12/31/21	4/1/21-3/31/22	7/1/21-6/30/22	10/1/21-9/30/22
<b>Cases Rated as a Strength</b>	12	9	10	10	14	13	14	12	12	16	
<b>Total Applicable Cases</b>	14	16	15	15	21	20	21	19	15	21	
<b>Performance (%)</b>	85.7%	56.3%	66.7%	66.7%	66.7%	65%	66.7%	63.2%	80%	76%	

**Progress Notes:**

**1/2022-6/2022:** Iowa’s performance on this item is very similar to the last reporting period. Prior to these two reporting periods, performance was stagnant around 67%; now we have seen two consecutive reporting periods where performance reflects upward momentum. Some possible influencing factors include the clarifications regarding the item criteria as well as the “aging” of the safety training from last spring of 2021 that would only now be impacting the entire PUR applied to case reviews.

In the most current reporting period, 2 of the 5 cases rated as ANI, involved cases where children returned home following a foster care episode or temporary stay with another parent, but services to support successful return to the environment were under-powered.

As part of Iowa’s ongoing continuous improvement efforts, a standard for structuring the reunification process and assessing for needs was implemented in January 2022; this includes a standard process for evaluating parent/child interactions and the decision-making for gradually moving toward unsupervised visits. The process includes communication points between the DHS social worker and the Family Centered Services (FCS) provider to assure a common lens when assessing a family’s readiness for reunification. The process also addresses identification of informal supports for the family and identification of specific services needed to promote success.

Other situations rated ANI include one case in each of the following:

- Delayed service provision following assessment.

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- Reliance on a safety plan rather than implementing services to address identified safety issues; and
- Lack of follow up with a parent regarding evaluation/treatment despite indication that substance abuse was an underlying factor.

While these don't represent a trend, Iowa believes continued implementation of the updated practices around safety assessment and safety plan will continue to drive improvement.

**4/2022:** Iowa's performance in this area has shown an increase during this rolling 12-month reporting period. Following discussion with federal partners, Iowa has applied a broader definition of case applicability for this item; this could potentially have a significant impact on interpretation of performance toward meeting the 90% PIP goal.

**7/2021-12/2021:** Iowa's performance on this item has continued to remain static and well below the established baseline from 2018. A review of the 2018 cases that were applicable to item 2 was conducted to explore possible explanations for the significant discrepancy between baseline and performance; cases read for PIP monitoring in CY2021 that were applicable to item 2 were also reviewed.

The applicability criteria emphasize safety-focused services that cannot be mitigated through a safety plan alone. Throughout the last 2 years, Iowa has directed many resources toward safety plans and safety assessments, including the distinction between danger and risk. During the on-site review, cases that had services in place prior to removal seem to have been considered applicable to this item regardless of whether safety issues were present; this includes both in-home cases where the child/ren remained in the home in addition to cases where the child/ren were placed in care. As with many items within the OSRI, understanding evolves and impacts application of the criteria. Clarification of this item included specification of what the safety issue was, what safety services consisted of – what was the specific service and how did it contribute to keeping the child safe. Iowa contracted for "safety services" at the time of the on-site; any case that had these services was erroneously considered applicable for item 2. Through ongoing conversations with federal partners, Iowa refined its understanding of the applicability criteria which resulted in fewer cases being rated in this item and for those that were applicable, a more focused expectation. The review identified up to 7 cases that would not have been considered applicable if the case were read today:

- Three cases that were actually managed through safety plans; any services described consisted of unannounced drop-in visits.
- Four cases where there was risk but not imminent danger.
- Two narratives specifically state "no safety concerns" were present.

This would potentially reduce performance to 5 of 7 cases rated as strengths (71%); if even a subset of those potential mis-rated cases were confirmed, this would have a significant impact on baseline performance. Given this evaluation, Iowa proposes to work with Children's Bureau on possible ways to mitigate this issue. One proposal could be to set aside the on-site review information for this item and re-establish baseline utilizing performance in reporting period 1, 10/1/19-9/30/20. We believe this performance reflects current application of applicability and expectations for item 2 and more accurately represents how Iowa functions in this area. Iowa would like to discuss this issue and potential mitigation.

Iowa does recognize that even given the above explanation for the discrepancy, performance has not progressed. Training on the new Safety Assessment tool was completed during this reporting period. This training reinforced the concepts of danger versus risk and the specific uses of a safety plan versus family preservation services in mitigating specific dangers. In addition to this, SA leadership developed guidance regarding protocol for safety plans and the safety assessment; this guidance details expectations regarding timeframes, responsibilities of the social worker, responsibilities of the supervisor, designates communication points and expected follow up. Within this protocol is collaboration at established times or as events occur between the supervisor and social worker. This protocol is targeted to

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safety-related assessment and mitigation, as needed; it will encompass the use of family preservation services and create more dialogue between supervisor and social worker regarding danger versus risk and appropriate services to address each. Iowa expects these efforts to impact performance in this area.

**1/2021-6/2021:** Status of this item remains consistent with the narrative provided last quarter. In July 2021, the PUR for case reviews will include an entire review period with the new contracts active; it is anticipated that the enhanced family preservation services and use of the Child Safety Conferences and 4 Questions will positively impact Iowa's ability to keep children safely at home. The PIP Oversight Team has identified this item as one of the essential monitoring reports to determine how we are performing in terms of keeping children safe; the team will review this report monthly and seek feedback or strategize to increase effectiveness as needed.

**7/2020-12/2020:** Iowa has not been able to match the baseline performance in the last two rolling 12-month periods. While one factor may be the low number of cases that are applicable to this item, we continue monitoring and evaluating the cases each quarter to identify trends. As of 7/1/20, new contracts became effective that expanded the service array in Iowa regarding family preservation and safety services; contracts specify service activities, such as utilizing Child Safety Conferences paired with family preservation services, and include increased contact between both department staff, provider staff, and families/caregivers. Iowa anticipates these initiatives to impact performance in this area. It's noteworthy that the period under review does not yet include improvement efforts identified in the PIP. While performance appears stable, there are initiatives in the development phase that will affect this item.

**CB Comments:**

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**Item 3: Risk and Safety Assessment and Management**

**PIP Goal: 58%**

-	Baseline	Reporting Period 1		Reporting Period 2		Reporting Period 3		Reporting Period 4		Reporting Period 5	
Review Completion Period	4/1/18-9/30/18	Quarter 1 7/1/19-6/30/20	Quarter 2 10/1/19-9/30/20	Quarter 3 1/1/20-12/31/20	Quarter 4 4/1/20-3/31/21	Quarter 5 7/1/20-6/30/21	Quarter 6 10/1/20-9/30/21	Quarter 7 1/1/21-12/31/21	Quarter 8 4/1/21-3/31/22	Quarter 9 7/1/21-6/30/22	Quarter 10 10/1/21-9/30/22
<b>Cases Rated as a Strength</b>	33	23	25	27	28	27	27	27	31	34	
<b>Total Applicable Cases</b>	65	65	65	65	65	66	67	67	67	66	
<b>Performance (%)</b>	50.8%	35.4%	38.5%	41.5%	43.1%	40.9%	40.3%	40%	46%	52%	

**Progress Notes:**

**1/2022-6/2022:** Iowa’s performance during this rolling 12-month period has continued to show steady improvement. As noted in previous updates, factors with the greatest impact on item 3 performance were identified during the baseline period as ongoing assessments (3B) and effective safety plans (3C); these have continued to drive performance ratings.

Evaluation of data in these areas shows significant improvement in both, consistent with the steadily climbing performance overall. Significant increases in completion of ongoing assessments were observed in both foster care and in-home cases, showing an increase of 39% overall when comparing the two most recent 12-month periods.

**3B - Ongoing Assessment**

Case Type	7/1/20-6/30/21	7/1/21-6/30/22
FC	49%	68%
IH	42%	60%
Grand Total	46%	64%

The second primary factor influencing Iowa’s performance is related to safety plans. Comparison of the same timeframe as above indicates that, although there has been a slight decrease with safety planning for in-home services, foster care cases have shown growth, resulting in an overall performance increase of 10%.

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**3C Safety Plans**

<b>Case Type</b>	<b>7/1/20-6/30/21</b>	<b>7/1/21-6/30/22</b>
FC	33%	58%
IH	79%	69%
Grand Total	58%	64%

This increase in performance is believed to be a direct result of safety initiatives outlined in the PIP; these included changes to the assessment decision-making tools and changes or clarifications regarding the use of safety plans. In 2021, the new SDM Safety Assessment was rolled out and training also occurred to address the updates to use of safety plans. See the previous progress updates for specific information regarding initiative details.

Based on the timing of implementation of initiatives, the improvement in both areas driving results, and the steady improvement in item 3 overall, Iowa anticipates continued upward trending in this area and is on track to meet the PIP target goal.

**4/2022:** Following implementation of training on the SDM Safety Assessment Tool, performance in this area has shown an uptick. Iowa anticipates this progress to continue.

**7/2021-12/2021:** Training and implementation of the Safety Assessment was completed during this period. In conjunction with this, SA leadership developed guidance regarding protocol for safety plans and the safety assessment; this guidance details expectations regarding timeframes, responsibilities of the social worker, responsibilities of the supervisor, designates communication points and expected follow up. Within this protocol is collaboration at established times or as events occur between the supervisor and social worker. Standards for how safety plans are handed off from protection workers to ongoing workers are outlined as well as expected timeframes for review, when to consult with the County Attorney, and the importance of the family being involved in the development of the plan. Regarding Safety Assessments, protocol requires discussion between social worker and supervisor during regular meetings; this will include reviewing the initial assessment as well as ongoing assessments, discussion of danger versus risk, safety plan effectiveness, etc. Case review data indicates there is an equal breakdown of performance effectiveness regardless of whether the case type: 40% of in-home cases reviewed (11/27) were rated as strengths as were 40% of foster care cases reviewed (16/40). Iowa's performance over the last rolling 12-month reporting period indicates that 47% (32/67) of the cases rated ANI did not have thorough ongoing assessments of risk and safety; 21% of these (7/32) lacked both ongoing assessment and effective safety planning. This new protocol assists in pulling all the safety guidance resources that have been developed throughout this PIP period together and operationalizes their use to optimize practice to address these gaps.

**1/2021-6/2021:** Performance on item 3 remains below the baseline established during the on-site review. A review of data indicates that thorough on-going assessments and safety plans continue to be the primary issues. Lack of thorough ongoing assessment contributed to ANI ratings in 35 cases; safety plan issues contributed to ANI ratings in 11 cases, 5 of these due to lack of ongoing monitoring and updating. PIP Strategy 1.1 addresses safety assessments and safety plans. As indicated in that narrative, significant work has been done in this area to better support Field staff. The Safety Assessment revisions are in the final stages and training on safety plans was provided in May 2021; while the training could not include specifics of the safety assessment in development, it did cover many concepts related to safety planning, danger versus risk, involvement of the family in developing plans, etc. The training also included materials developed by a workgroup that addressed the Supervisor and Social Worker roles in utilizing safety tools and working through the critical thinking that must accompany any tool. This workgroup noted that there is not currently a way

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for the Social Worker or Supervisor to track on safety plans that are in place; this became a JARVIS system enhancement request and will be included as we move toward CCWIS. Comprehensive training on safety assessments and safety plans is scheduled to be completed in November 2021.

**7/2020-12/2020:** Primary factors affecting performance continue to be consistent with findings in the on-site review: lack of thorough ongoing risk/safety assessments and effective safety plans that are monitored and revised as necessary. Many initiatives in Iowa’s PIP address risk and safety assessment and management and some have already been implemented. One example: based on findings from the on-site review and feedback from workers, the safety plan was revised to provide more guidance and a new “action plan” was implemented in order to provide a communication tool when a safety plan was not necessary.

It’s noteworthy that many PIP initiatives remain in the development phase and the period under review does not yet include improvement efforts identified in the PIP.

**CB Comments:**

**Item 4: Stability of Foster Care Placement**  
*PIP Goal: 88%*

-	Baseline	Reporting Period 1		Reporting Period 2		Reporting Period 3		Reporting Period 4		Reporting Period 5	
Review Completion Period	4/1/18-9/30/18	Quarter 1 7/1/19-6/30/20	Quarter 2 10/1/19-9/30/20	Quarter 3 1/1/20-12/31/20	Quarter 4 4/1/20-3/31/21	Quarter 9 7/1/20-6/30/21	Quarter 10 10/1/20-9/30/21	Quarter 7 1/1/21-12/31/21	Quarter 8 4/1/21-3/31/22	Quarter 9 7/1/21-6/30/22	Quarter 10 10/1/21-9/30/22
<b>Cases Rated as a Strength</b>	32	33	32	30	25	24	27	31	33	33	
<b>Total Applicable Cases</b>	40	41	41	42	41	40	40	40	40	40	
<b>Performance (%)</b>	80%	80.5%	78.1%	71.4%	61%	60%	67.5%	77.5%	83%	83%	

**Progress Notes:**

**1/2022-6/2022:** Iowa’s performance during the most recent 12-month rolling period remained consistent with the previous report. In assessing specifics of performance, the seven cases that were rated as ANI break down with the characteristics as follow:

- 3 of 7 youth experienced a shelter placement while waiting for an appropriate residential placement;
- 5 of 7 youth experienced placement changes due to behavioral challenges that foster parents did not feel able to address;
- 6 of 7 youth were teenagers, averaging 15 years of age.



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Historically, specialized residential or foster care services to address this combination of characteristics have not always been readily available across the state; where they exist, they may have wait lists that may lead to temporary placement in shelter as a last resort. Service array is a systemic factor that is of ongoing assessment to anticipate services needed and integrating them into the service contracting process.

Overall, progress on stability of placement has shown growth or maintenance for the most recent 5 reporting periods and Iowa continues to make progress toward the PIP target.

**4/2022:** Iowa continues to show improving performance in this area; on track to meet the PIP goal of 88%.

**7/2021-12/2021:** Federal placement stability data continues to validate that Iowa is consistently below the federal threshold of 4.1 moves per 1,000 days of foster care; this is true in all service areas across the state. Although case review data has not been as consistent in measuring Iowa's performance regarding stability as defined in the OSRI, there has been a steady increase in performance each of the last three rolling 12-month periods. Iowa continues to focus on relative and fictive kin placement, showing an increase from 44% to 47% based on quarterly calendar year 2021 data, which contributes to stability. The use of shelter has had a negative impact on Iowa's placement stability as measured through the case reviews; per the OSRI definition of shelter, it is considered temporary, therefore not stable. In the past, Iowa has used shelter when awaiting an appropriate placement for a child or as respite for parents/foster parents. Significant efforts have been made to decrease shelter use and data demonstrates a steady decrease in its use over the last six state fiscal years.

SFY	2016	2017	2018	2019	2020	2021
# Shelter Placements	2143	1988	1715	1535	1282	1087

Iowa believes the decreased use of shelter has already impacted case review placement stability and is expected to continue.

**1/2021-6/2021:** Stability performance has varied significantly over the quarters; it dipped in the first two quarters of FY21 (50% and 40% respectively) and has now had two quarters of increased performance (60% and 88.9%). This variability also impacted the 12-month rolling reporting period as two of the highest performing quarters dropped out, resulting in decreased performance.

In comparison to the previous update which saw older youth with challenging behavioral issues having multiple moves, the issues in the three ANI cases this second six months of the PIP are varied: one issue where a child was placed in a respite home upon removal as service array was insufficient for immediate appropriate placement; one relative caregiver who had an undisclosed substance abuse issue, resulting in inability to care for the child; and one foster family home where the foster parents gave notice due to health concerns associated with COVID. With the improved performance, there are fewer placements that disrupted due to a lack of training or support to the foster parents; however, service array continues to be a systemic issue periodically.

**7/2020-12/2020:** Performance remained consistent during this review period. Most children that experienced multiple placement settings were primarily older youth. Primary challenges continue to be adequately addressing escalating behavioral issues in the placement and/or delinquency; underlying mental health issues continue to be a primary factor.

It's noteworthy that there are many Family First initiatives in process in Iowa, including evidence-based practices that promote engagement and problem-solving that are expected to impact this area as well as many others.

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CB Comments:

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**Item 5: Permanency Goal for the Child**

**PIP Goal: 90%**

-	Baseline	Reporting Period 1		Reporting Period 2		Reporting Period 3		Reporting Period 4		Reporting Period 5	
Review Completion Period	4/1/18-9/30/18	Quarter 1 7/1/19-6/30/20	Quarter 2 10/1/19-9/30/20	Quarter 3 1/1/20-12/31/20	Quarter 4 4/1/20-3/31/21	Quarter 5 7/1/20-6/30/21	Quarter 6 10/1/20-9/30/21	Quarter 7 1/1/21-12/31/21	Quarter 8 4/1/21-3/31/22	Quarter 9 7/1/21-6/30/22	Quarter 10 10/1/21-9/30/22
<b>Cases Rated as a Strength</b>	34	300	33	33	33	34	34	35	35	34	
<b>Total Applicable Cases</b>	40	41	41	42	41	40	40	40	40	40	
<b>Performance (%)</b>	85%	73.2%	80.5%	78.6%	80.5%	85%	85%	88%	88%	85%	

**Progress Notes:**

**1/2022-6/2022:** Performance in this area continues to be high and just short of the 90% goal.

Evaluation of practice impacting this item reveals a lack of timely establishment of a concurrent or different goal when achievement of the initial goal is in question. This is the situation in the six cases rated as needing improvement, the majority of which concerned adoption goals.

Goal(s)	# Cases rated ANI
Adoption	4
Reunification and Adoption	1
APPLA	1

Lack of timely identification of the concurrent goal and early exploration of options with the team potentially created a barrier to permanency. Children in some of these cases were placed with caretakers who were not able to or interested in adoption; in the majority of cases establishing a concurrent goal and actively working both reunification and adoption goals could potentially have sped up permanency for the children.

Iowa is actively developing a workgroup to assess practice guidance regarding concurrent planning and determine tools, training, clarifications, etc. that may be needed to assist in decision-making around this. This workgroup will begin work this Fall. Until then, results of the case reviews continue to routinely be shared and discussed within

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each service area; in addition, the trend regarding delayed concurrent planning will be discussed in the supervisory bi-monthly CIDS to obtain input from the group regarding best practices they use when addressing concurrent planning that may be helpful for others to consider.

**4/2022:** Performance in this area continues to be high; Iowa is just short of the PIP goal of 90% and is on track to meet this.

**7/2021-12/2021:** Iowa continues to show steady improvement in the area of appropriate and timely permanency goals. Quarterly data also demonstrate that Iowa met the PIP goal of 90% in the last three quarters; if this trend continues this target will be met in the next rolling 12-month reporting period. On track.

**1/2021-6/2021:** Performance regarding appropriate and timely permanency goals has been consistent over the past year; we have fluctuated between 80%-90% but have not been able to sustain performance at the 90% level to this point. Trends identified surround a lack of concurrent planning which leads to a delay in appropriate goals being established. With the implementation of Family First in July 2020, additional emphasis has been placed on engagement and active involvement of both parents in driving the case plan, evidence-based services for families, and returning children home as soon as that can be achieved safely. As of reviews conducted in July 2021 or later, the period under review will encompass a full year of Family First initiatives and new contracts; we expect to see improvements in sustainability as review periods catch up with practice.

**CB Comments:**

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**Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Living Arrangement.**

*PIP Goal: 69%*

-	Baseline	Reporting Period 1		Reporting Period 2		Reporting Period 3		Reporting Period 4		Reporting Period 5	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6	Quarter 7	Quarter 8	Quarter 9	Quarter 10
<b>Review Completion Period</b>	4/1/18-9/30/18	7/1/19-6/30/20	10/1/19-9/30/20	1/1/20-12/31/20	4/1/20-3/31/21	7/1/20-6/30/21	10/1/20-9/30/21	1/1/21-12/31/21	4/1/21-3/31/22	7/1/21-6/30/22	10/1/21-9/30/22
<b>Cases Rated as a Strength</b>	24	24	29	26	26	24	24	28	28	27	
<b>Total Applicable Cases</b>	40	41	41	42	41	40	40	40	40	40	
<b>Performance (%)</b>	60%	58.6%	70.7%	61.9%	63.4%	62.5%	60%	70%	70%	68%	

**Progress Notes:**

**PIP goal met** with CFSR case reviews conducted between 10/1/19 – 9/30/20. Although no longer a PIP-monitored item, Iowa will continue reporting performance data on this item.

**CB Comments:** CB and the MASC team reviewed Iowa’s OMS reports and determined that Iowa successfully met the goal for Item 6 in PIP Measurement Period 2 and confirmed this via formal letter sent to Iowa on 11/12/2020.

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**Item 12: Needs and Services of Child, Parents and Foster Parents**

*PIP Goal: 52%*

-	Baseline	Reporting Period 1		Reporting Period 2		Reporting Period 3		Reporting Period 4		Reporting Period 5	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6	Quarter 7	Quarter 8	Quarter 9	Quarter 10
<b>Review Completion Period</b>	4/1/18-9/30/18	7/1/19-6/30/20	10/1/19-9/30/20	1/1/20-12/31/20	4/1/20-3/31/21	7/1/20-6/30/21	10/1/20-9/30/21	1/1/21-12/31/21	4/1/21-3/31/22	7/1/21-6/30/22	10/1/21-9/30/22
<b>Cases Rated as a Strength</b>	29	23	28	24	29	30	33	38	38	40	
<b>Total Applicable Cases</b>	65	65	65	65	65	66	67	67	67	66	
<b>Performance (%)</b>	44.6%	35.4%	43.1%	36.9%	44.6%	45.5%	49.25%	56.7%	57%	61%	

**Progress Notes:**

**7/2021-12/2021:** This PIP goal was met during the reviews conducted between January and December 2021. It's noteworthy that data comparison from the onsite review to the current reporting period indicates a significant increase in performance with fathers (see father-specific data below). Increased engagement of fathers in all aspects of a child welfare case is a primary goal outlined in Iowa's PIP and this progress is significant.

Item 12B re Father	Assessment	Services
2018 OnSite	61%	40%
Jan 2021-Dec 2021	68%	64%

Although no longer a PIP-monitored item, Iowa will continue to monitor and report performance. We anticipate continued improvement in this area due to the full implementation of PIP strategies.

**1/2021-6/2021:** Quarterly data show that performance on this item continues to be driven by efforts with mothers and fathers. The case review data over the last four quarters demonstrates the importance of engaging both parents in assessing, providing services, active involvement in case planning, and monthly worker/parent meetings: 8 cases over the last year were scored ANI because one parent was involved but the other was not; in 75% of these, it was the father's involvement that was missing. PIP strategy 2.1 focuses on resources for locating and engaging fathers as well as training that highlights the reasons this is so important. Training is in process now and will be completed by the end of July 2021. A workgroup made up of representatives statewide from Field and Policy developed concrete resources to define concerted efforts and to guide efforts to engage fathers. In addition, Supervisors and Social Workers will be working closely together in August 2021 to determine current

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status of fathers on their caseloads, update documentation consistent with the new protocol, and determine steps forward to improve involvement as needed. This work will create the initial baseline information for father involvement.

**7/202012/2020:** Primary trends continue to be lack of comprehensive assessment and provision of services to parents, affecting fathers more than mothers. This is consistent with the on-site review findings. Initiatives within the PIP and the Family First focus are expected to positively impact this performance, once implementation is complete; at this point these initiatives are in the development phase, but there is a strong focus on addressing the underlying beliefs and understanding regarding the importance of a father's involvement.

**CB Comments:** CB and the MASC team reviewed Iowa's OMS reports and determined that Iowa successfully met the goal for Item 12 in PIP Measurement Period 7 and confirmed this via formal letter sent to the Iowa team.

**Item 13: Child and Family Involvement in Case Planning**

*PIP Goal: 57%*

	Baseline	Reporting Period 1		Reporting Period 2		Reporting Period 3		Reporting Period 4		Reporting Period 5	
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6	Quarter 7	Quarter 8	Quarter 9	Quarter 10
<b>Review Completion Period</b>	4/1/18-9/30/18	7/1/19-6/30/20	10/1/19-9/30/20	1/1/20-12/31/20	4/1/20-3/31/21	7/1/20-6/30/21	10/1/20-9/30/21	1/1/21-12/31/21	4/1/21-3/31/22	7/1/21-6/30/22	10/1/21-9/30/22
<b>Cases Rated as a Strength</b>	31	29	31	29	35	36	39	41	42	43	
<b>Total Applicable Cases</b>	63	63	65	65	66	68	67	67	66	64	
<b>Performance (%)</b>	49.2%	46.0%	47.7%	44.6%	53%	52.9%	58.2%	61%	64%	67%	

**Progress Notes:**

**7/2021-12/2021:** This goal was met during the 10/1/20-9/30/21 reporting period. Iowa's performance continues to steadily increase. Iowa attributes this to the full implementation of PIP strategies; consistent with results reported in item 12, the engagement of fathers has shown significant increase since Iowa's baseline period and is a strong contributing factor to the increased performance.

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Father: Active involvement in Case Planning	
2018 OnSite	50%
Jan 2021-Dec 2021	61%

Iowa also believes Families First initiatives implemented in 7/2020 are now being accurately represented in the case reviews due to the retrospective period under review. It is noted that progress on involvement of families and the assessment of needs and services are running on parallel trends over the last five reporting periods, demonstrating the parallel impact of these items. Although no longer a PIP-monitored item, Iowa will continue to monitor and report performance.

**1/2021-6/2021:** Similar to the performance on item 12, child and family involvement in case planning performance is driven by Iowa's efforts to engage in a meaningful way with fathers. Case review data indicates that in 8 cases the missing element to rate the item as a Strength was actively involving the father or making concerted efforts to involve him; involvement of the mother was the missing element in three cases. PIP Strategy 2.1 focuses on resources for locating and engaging fathers as well as training that highlights the reasons this is so important. Training is in process now and will be completed by the end of July 2021. A workgroup made up of representatives statewide from field and policy developed concrete resources to define concerted efforts and to guide efforts to engage fathers.

**7/2020-12/2020:** Performance remains consistent in this area. Trends continue to center on locating and engaging fathers. PIP initiatives in development phase, such as training that centers on fathers' experiences in child welfare, are expected to positively impact performance in this area.

**CB Comments:** CB and the MASC team reviewed Iowa's OMS reports and determined that Iowa successfully met the goal for Item 13 in PIP Measurement Period 7 and confirmed this via formal letter sent to the Iowa team.



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**Item 14: Caseworker visits with Child**

**PIP Goal: 58%**

-	Baseline	Reporting Period 1		Reporting Period 2		Reporting Period 3		Reporting Period 4		Reporting Period 5	
Review Completion Period	4/1/18-9/30/18	Quarter 1 7/1/19-6/30/20	Quarter 2 10/1/19-9/30/20	Quarter 3 1/1/20-12/31/20	Quarter 4 4/1/20-3/31/21	Quarter 5 7/1/20-6/30/21	Quarter 6 10/1/20-9/30/21	Quarter 7 1/1/21-12/31/21	Quarter 8 4/1/21-3/31/22	Quarter 9 7/1/21-6/30/22	Quarter 10 10/1/21-9/30/22
Cases Rated as a Strength	33	27	27	25	28	24	28	34	37	37	
Total Applicable Cases	65	65	65	65	65	66	67	67	67	66	
Performance (%)	50.8%	41.6%	41.5%	38.5%	43.1%	36.36%	41.8%	50.8%	55%	56%	

**Progress Notes:**

**1/2022-6/2022:** Iowa’s performance regarding social worker visits with children has continued to demonstrate upward trending in each of the last five reporting periods. An analysis of the case reviews conducted indicates that quality of visits continues to drive overall performance in this area. For the most recent reporting period, 86% (57/66 cases) met frequency criteria; 59% (39/66) met quality criteria. Frequency has remained stable, and, though performance meeting the OSRI criteria of quality is lower, it mirrors the upward trend shown in the reporting periods.

Performance by case type remains steady and similar across type.

Case Type	Strength	Total Cases	% Strength
Foster Care	23	40	58%
In-Home	14	26	54%

Based on narratives the following trends were identified:

- Need for different/ multiple approaches to engage children
- Systemic issue regarding children in another state

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- Siblings not seen consistently

Iowa is on a steady upward trend on this item and is on track to meet the PIP target goal.

**4/2022:** Performance in this area is steadily rising and is on track to meet the PIP goal of 58%.

**7/2021-12/2021:** Over the last two **quarters** performance on this item has exceeded the PIP target (July-Sept 2021 58.85%; Oct-Dec 2021 62.5%) resulting in steady improvement in the rolling 12-month reporting period performance. While we're seeing improvement, the quality of visits continues to drive performance; in cases read in 2021, 88% (59/67) cases met the criteria for frequency of visits while 53% (36/67) met criteria for quality. This is improvement on both frequency and quality of visits as discussed below in the previous progress update. Iowa attributes this increase in part to federal clarification of the written instructions in the OSRI for scoring this item regarding visiting alone with the child; in each applicable interview, reviewers now explore potential barriers to meeting with a child alone and take that into consideration when assessing this area. In addition, Iowa has dedicated much time and resources to training that incorporates holistically the implementation of key initiatives. Ongoing monthly monitoring of administrative data regarding completion of visits continues, as does the availability of report tools to identify which children have or have not been visited during the month. Current workforce shortages and changing status of COVID precautions are potential barriers to progress; for that reason, Iowa has implemented an extension to the existing case review process where teams assess and document the most current performance in the WB1 items. For cases that were open in any of the three months closest to the review month, review teams are focusing on how performance would be rated if those months were the entirety of the period under review; this is to assess if strategies implemented are having the desired effect and identify barriers as they occur. This process began with case reviews in November 2021; more data needs to be accrued before that determination can be made.

**1/2021-6/2021:** Worker visits with children has not shown improvement since the on-site review in 2018 and performance is actually below the baseline taken at that time. This item is broken down by both frequency and quality. Looking at these separately, Iowa's performance remains strong with regard to frequency of visits (81.5%) over this rolling 12-month reporting period; however, quality of case visits was sufficient only 41.5% over the same period. The trend is consistent over the quarters; evaluation of data does not indicate a difference between in-home and foster care cases. The most prevalent quality issue is the worker not visiting with each child alone during part of every visit. During conversation with federal partners in June 2021, this lack of progress was discussed. One issue identified involved whether there were barriers to meeting alone with a child; federal partners indicated this information should be documented in the case file and can be taken into consideration. Iowa has taken steps to address overall performance through a detailed Help Desk notice, inclusion in the supervisory bi-monthly call, and service area meetings. This was also an agenda item during the CFSR Reviewer meeting held in June; the teams discussed probing questions that could be used in interviews to draw out additional information. The PIP Oversight Team has identified case worker visits with children – both through case review monitoring as well as ROM – as one essential set of data for routine monitoring to assure improvement or strategize needed changes.

**7/2020-12/2020:** Performance in this area has remained consistent overall, although the frequency of worker visits with the child has increased during this period. Iowa continues to focus on assuring quality visits; COVID protocols have impacted visits generally, as workers adjusted to virtual visits and the increased difficulty engaging children in that format.

**CB Comments:**

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**Item 15: Caseworker visits with Parents**

*PIP Goal: 32%*

-	Baseline	Reporting Period 1		Reporting Period 2		Reporting Period 3		Reporting Period 4		Reporting Period 5	
		Quarter 1 7/1/19- 6/30/20	Quarter 2 10/1/19- 9/30/20	Quarter 3 1/1/20- 12/31/20	Quarter 4 4/1/20- 3/31/21	Quarter 5 7/1/20- 6/30/21	Quarter 6 10/1/20- 9/30/21	Quarter 7 1/1/21- 12/31/21	Quarter 8 4/1/21- 3/31/22	Quarter 9 7/1/21- 6/30/22	Quarter 10 10/1/21- 9/30/22
<b>Review Completion Period</b>	4/1/18- 9/30/18										
<b>Cases Rated as a Strength</b>	15	16	20	16	19	18	19	23	27	28	
<b>Total Applicable Cases</b>	59	55	60	61	64	67	64	62	61	59	
<b>Performance (%)</b>	25.4%	29.1%	33.3%	26.2%	29.7%	26.9%	29.7%	37.1%	44%	48%	

**Progress Notes:**

**PIP goal met** with CFSR case reviews conducted between 10/1/19 – 9/30/20. Although no longer a PIP-monitored item, Iowa will continue reporting performance data on this item.

**CB Comments:** CB and the MASC team reviewed Iowa's OMS reports and determined that Iowa successfully met the goal for Item 15 in PIP Measurement Period 2 and confirmed this via formal letter sent to Iowa on 11/12/2020.