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DIVISION OF CHILD AND FAMILY SERVICES

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2007 Annual Progress and Service Report

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ANNUAL PROGRESS AND SERVICE REPORT

TABLE OF CONTENTS

TABLE OF CONTENTS **1**

INTRODUCTION **1**

Legislative Update: Child Welfare 2

Helping CW Families by Addressing the Needs of Low-Income and Vulnerable Families 3

De-linking Medicaid and Child Welfare Services 3

Benefits of These Changes 6

1. CHILD WELFARE PROGRAM SERVICE DESCRIPTION **6**

1. Child Abuse Neglect Prevention, Intervention, and Treatment 6

A. Accomplishments and Progress 7

B. Steps to Expand and Strengthen the Range of Services 9

D. and E. Services to Be Provided 10

Collaboration 10

Child Abuse and Neglect Intervention 13

Child Abuse and Neglect Intervention Service Description 13

Collaboration 17

2. Foster Care Services 17

A. Report on Specific Accomplishments and Progress 17

B. Steps to Expand and Strengthen the Range of Services 19

C. Goals and Objectives Update 19

D. FY 2008 Services 19

E. Populations and children served 20

3. Kinship Care Service Description 20

A. Report on Specific Accomplishments and Progress 20

B. Steps to Expand and Strengthen the Range of Services 21

C Goal and Objectives Update 21

D. FY 2008 Services 21

Collaboration 21

E. Population Served 21

4. Adoption Service Description 22

A. Report on Specific Accomplishments and Progress: 22

B. Steps to Expand and Strengthen the Range of Services 22

C. Goals and Objectives Update 23
D. FY 08 Services 24
E. Population Served 24
Collaboration 25
5. Other Planned Permanent Living Service Description 26
A. Report on Specific Accomplishments and Progress 26
C. Goals and Objectives 26
B. Steps to Expand and Strengthen the Range of Services 27
D. FY 08 Services 31
E. Population Served 31
PROMOTING SAFE AND STABLE FAMILIES PROGRAMS 31
1. Family Preservation 31
IV-B Part 2 Funds Rationale for Family Preservation 31
IV-B Part 2 Funds: Estimates and Expenditure Differences 31
2. Family Support 32
3. Time-limited Family Reunification 32
4. Adoption Promotion and Support Services 32
5. Planning and Service Coordination 33
Community Partnership for Protecting Children (CPPC) 33
Local Shared Decision-Making 34
Family Team Decision-Making 35
2008 Services 37
Quality Service Review (QSR) Process 38
7. Family Finding 39
8. Stakeholder Panel 39
.2. COLLABORATION 40
A. Collaboration with the Court 40
B. Stakeholder Panel 40
C. Collaborative Initiatives: 42
3. PROGRAM SUPPORT 42
A. TRAINING 42
IV-B and IV-E Training 42
FY 08 Service Training Plan 45
Content of Training: A Dynamic Relationship for a Learning Organization 47

B. Technical Assistance Provided to Counties and Other Entities that Operate the State Programs. 48

C. Updated Systems 48

Management Information System: Statewide Automated Child Welfare Information System (SACWIS) Graphical User Interface (GUI) 48

Quality Assurance: 48

4. TRIBAL CONSULTATION 50

A Overview of Iowa's Native Children in the Child Welfare System 50

Information on Laws 51

Policies and Procedures 51

Training Activities 52

Special Initiatives/Activities 53

Barriers to Compliance and Future Plans 54

Identification Of Indian Children By The State Child Welfare Services Agency. 54

Notification: 54

Special Placement Preferences For Placement Of Indian Children. 55

B. Protections for Tribal Children 56

C. Information on Tribal Consultation [Also see Chafee Section] 57

5. CONSULTATION WITH PHYSICIANS OR APPROPRIATE MEDICAL PROFESSIONALS 58

Active Consultation and Involvement of Physicians in Assessment and Treatment of Foster Children . 58

6. DISASTER PLANS 58

7. MONTHLY CASEWORKER VISIT AND STATE PLAN REQUIREMENT 66

A. Monthly Caseworker Visits 66

Reporting Monthly Caseworker Visit Data for FY2007 67

8. CAPTA STATE GRANT 69

Child Abuse, Neglect, Prevention and Intervention Services 69

A. Accomplishments and Progress 69

B. Steps to Expand and Strengthen the Range of Services 71

D. and E. Services to Be Provided 72

Collaboration 72

CAPTA 73

A. Update of Program Areas for Improvement Section106(A) of CAPTA 73

B. & C. Implementation of New State Activities and Changes in Activities for FY 2007 76

D. Updates to Services and Training : Section 106(b)(2) (C) of CAPTA) 77

E. Substantive Changes in Iowa Law Affecting Eligibility: Section 106(b)(1) (B) 78

F. Iowa's Citizen Review 2006 and State Response Section 106 (c) (6) of CAPTA 78

G. Criminal Background Checks for Foster Parents, Adoptive Parents, and other in the Household.78
Community Based Child Abuse Prevention Grant [CBCAP]..... 83
2006 CBCAP Update..... 83
Specific Accomplishments in SFY 06 84
Program Services for 2007..... 84
Collaboration 84
Program Goals and Evaluation Requirements 85
9. CHAFEE INDEPENDENT LIVING..... 85
1. Service Description..... 85
Updated goals and objectives:..... 87
2. Collaboration 88
3. Program Support 89
4. Specific Program Improvements for 2007 and Plans for 2008 90
5. Collaboration Activities Achieved with other Federal and State Programs for Youth 98
6. Training Conducted During FY 2007 and FY 2008..... 99
7. Update on Trust Fund Program..... 100
8. Youth Involvement in State Agency Efforts..... 100
9. Medicaid Services to Youth Ages 18 to 20 Years Old Who Have Aged Out of Foster Care 100
10. Chaffee Services for Indian Youth..... 101
11. Financial and Statistical Information Reporting 102
10. EDUCATION TRAINING VOUCHERS..... 104
Service Description for ETV 104
Collaboration 104
Program Support..... 105
ETV Progress..... 105
FFY2008..... 107
Financial and Statistical Information Reporting 107
ADDITIONAL REQUIRED SUPPORTING INFORMATION 107
Juvenile Justice Transfers 107
2007 Update: Children Transferred to the Juvenile Justice System..... 107
Intercountry Adoptions..... 107
Child Welfare Demonstration Projects 108
Subsidized Guardianship: 108
Safe At Home: 108

Foster And Adoptive Parent Recruitment 108

Adoption Incentive Payments 109

11. FINANCIAL INFORMATION 109

APPENDIX 110

Appendix 1 111

IOWA PERFORMANCE MONITORING Summary for Federal QTR 11 111

Appendix 2: 120

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA): Citizen Review Panel Reports 120

The Child Protection Council Statewide Citizen Review Panel: 2007 Annual Citizen Review Report 120

Northwest Iowa Citizen's Review Panel: 2006 Annual Report 4-19-07 124

Cerro Gordo County Family Violence Response Team: Citizens Review Panel Annual Report 2007 126

STATE RESPONSE TO IOWA'S CITIZEN REVIEW PANELS *(Section 106(c)(6)) of the Act* 129

Appendix 3: KidSake Foster/Adopt Iowa: Recruitment and Retention Team Plans 133

Recruitment and Retention Summary of Activities 133

Recruitment and Retention Team Plans July 1, 2006 - December 31, 2006 135

KidSake Recruitment and Retention Plan for the Ames Area Team 135

Cedar Rapids Service Area KidSake: Recruitment and Retention Plan 138

KidSake Team Plan: Council Bluffs Area 139

KidSake: Davenport Service Area Team Plan 140

Des Moines Team Plan 144

Dubuque Team Plan: 146

Sioux City Area Foster & Adoptive Recruitment & Retention Service Plan 147

Waterloo Area Team Plan 149

Appendix 4: 150

Child and Family Services Stakeholder Panel: Charter 150

Appendix 5: Response to Stakeholder Panel Concerns 155

Child and Family Services Stakeholder Panel: Summary of Stakeholder Panel Feedback and Responses; January 22, 2007 155

Appendix 6: DATA TRENDS 158

REPEAT MALTREATMENT 158

TIMELINESS OF INVESTIGATIONS [IN BLUE] 159

REPEAT MALTREATMENT [SAME PERPETRATOR, SAME TYPE] 160

RE-ENTRY INTO FOSTER CARE 161

STABILITY OF PLACEMENT 162

Appendix 7: FY 07 and FY 08 Training 164

FY 08 Training 170

Appendix 8A: National Resource Centers 176

Appendix 9: Case Management and De-linking Medicaid 178

Appendix 10: KidSake Summary of Activities 182

Appendix 11: Assurance Addendum 183

Iowa Department of Human Services DHS

ANNUAL PROGRESS AND SERVICE REPORT

INTRODUCTION

This report is being submitted to our federal partners as Iowa's 2007 Annual Progress and Services Report. The Annual Progress Service Report is a yearly report that discusses progress made in accomplishing the goals and objectives cited in the Child and Family Service Plan [CFSP] The reports contain new and updated information about service needs and organizational capacities throughout the 5-year plan period.

The Child and Family Service Plan [CFSP] is a required 5-year comprehensive plan, created after extensive consultation with State, Tribal, local, and public and private community-based organizations. The CFSP outlines initiatives and activities the Iowa Department of Human Services will carry out in administering programs and services to promote the safety, permanency, and well-being of children and families. The development of the Iowa Five Year Child and Family Service Plan for fiscal years 2005-2009 was based on information in the Final Report for fiscal years 2000-2004, and Iowa's CFSR, as well as input from stakeholders and the public gathered through the CFSR and the Better Results for Kids redesign.

The plan includes:

- Child Welfare Services
- Promoting Safe and Stable Families Program Services: Family Preservation; Family support, Time-Limited Family Reunification, and Adoption Promotion and Support Services
- Child Abuse Prevention and Treatment Act (CAPTA) Services
- The Chafee Foster Care Independence Program (CFCIP)
- The Education And Training Vouchers (ETV) Program

This 2007 annual progress and service report includes:

- Results of the interim review of the progress made in the previous year toward accomplishing the goals and objectives in the plan, based on updated information. A description of how we have involved the agencies, organizations, and individuals who are part of the ongoing CFSP-related consultation and coordination process.
- Specific accomplishments and progress made in the past fiscal year toward meeting each goal and objective, including improved outcomes for children and families, and a more comprehensive, coordinated, effective child and family services continuum;
- A description of the child protective, child welfare, family preservation, family support, and independent living services provided in the upcoming fiscal year.
- Information on activities in the areas of training, technical assistance, research, evaluation, or management information systems that will be carried out in the upcoming fiscal year in support of the goals objectives in the plan
- Information required to meet the maintenance of effort (non-supplantation) required in section 432(a) (7) and (8) of the Act;

The CFS-101 Part I and Part II the Annual Budget Request and Annual Summary of Child and Family Services includes:

- Services and Activities
- Number to be serviced
- Population to be served; and
- Geographic area to be served.

Iowa continues the Child Welfare Redesign: *Better Results for Kids [BR4K]* – a statewide commitment to improve the child welfare system. The Child and Family Service Review Program Improvement Plan [PIP]

was completed May 2, 2007. A variety of new initiatives described in this report are designed to continue to improve services for children and families in Iowa:

- Tuition waiver program authorized by the General Assembly effective 7/1/07 and partnership with Community Partnership for Protection of Children [CPPC] Sites to spread Jim Casey Youth Opportunities Initiative to additional jurisdictions.
- Piloting Community Partnership for Protection of Children [CPPC] Parents as Partners program to support family reunification and strengthen parent voice in policy and practice.
- Piloting CPPC Circles of Support
- Expansion of contracts for drug testing.
- Expansion of Elevate, Iowa's foster and adoptive youth group.
- Refine the Safety Plan and Safety Training
- Children's Justice efforts initiated by Chief Justice of Iowa's Supreme Court
- Expansion of Iowa's Medicaid Children Mental Health Waiver to eliminate need for parents to release custody to access mental health services for their children.
- PSMAPP for Relatives
- Development of Safety Plan and Family Safety Risk and Permanency Services
- Resource Family Recruitment and Retention Project
- Youth Permanency Initiative
- Family Finding and Connections Project
- Early Access Pilot to increase "take-up" rate for families referred by child welfare.

Legislative Update: Child Welfare

Health and human service needs were strongly responded to both in the Governor's budget request and the final budget passed by the General Assembly. Details of these initiatives are addressed later in this report. Brief highlights of many of those important budget elements follow.

- Additional funds for our PALS program for young people in state custody who turn 18 and who may receive help with both ongoing education and independent living through this grant period. These additional funds are intended to cover this next group of young people who will be turning 18 this coming year, along with the existing young people from previous years.
- For the first time in many years, there are $150,000 additional State funds for professional social work education for our service caseworkers.
- Increase funding for CPPC Initiatives:
- Parents as Partners and Circles of Support
- PSMAPP for Relatives
- Jim Case Youth Opportunity Initiative
- Rate increase for Foster and Adoptive Parents, and Youth in Supervised Apartment Living
- 3% increase for Child Welfare Providers [the only provider group that got a cost of living increase]
- Funds were authorized for some additional caseworkers to help us towards meeting our requirement in child welfare to visit each child in custody at least once monthly. There is funding for 20 additional caseworkers to improve the Face-to-face visits with kids and parents,
- $120,000 for Elevate - http://elevate2inspire.com/index.php?option=com_content&task=view&id=16&Itemid=30
- $200,000 for new initiative to address child sexual abuse
- Legislative changes to bring us into compliance with Adam Walsh and Timely Interstate Compact federal acts

Helping CW Families by Addressing the Needs of Low-Income and Vulnerable Families

- The Governor and legislature's budget is within the range to fully fund the Iowa Medicaid program. This is extraordinarily important to hundreds of thousands of Iowans and those who serve them, including many of the children and families served in the child welfare system. This represents the strongest budget for Medicaid, based on estimated need, in many years.
- The Salary Bill. This is a bill that finances the pay adjustments for employees across our system and in past years was frequently and purposely under-funded as a means of managing state budgets. Both Governor Culver and the legislature saw the importance of fully funding the Salary Bill. This has huge implications throughout DHS for our 24/7 institutions, and for our field services across 99 counties as well as the centralized program services, which rely on the Salary Bill, among other fund sources, for covering the cost of DHS personnel.
- The Medicaid program eligibility for parents was expanded, albeit modestly, for the first time since the early 90's. Expanding access to parents will help us address the mental health and substance abuse treatment needs of parents, which is critical to being able to address the safety and permanency needs of children in the child welfare system.
- Child care. The largest appropriation to the state's child care subsidy program in the history of Iowa - some $17 State million additional State dollars were appropriated. The funds will sustain the current enrollment as well as support the projected growth in child care demand, providing child care assistance to thousands of Iowa's children and families.
- In mental health and behavioral health care, our DHS proposal for restructuring and strengthening Iowa's mental health care system received the strong support and endorsement in both legislative bodies and builds upon the improvements made last year through Iowa Medicaid for Community Mental Health Centers (CMHCs) and inpatient psychiatric hospital care.
- The Children's Mental Health waiver was increased by more than 100% in the form of state funding. This will allow us to serve all current children plus the full waiting list. This represents, again, further progress for providing access to mental health care to children without demanding those children and families access such care through the custody relinquishment process.
- Our facility programs at state institutions operated by DHS were strongly supported in the form of new funds for substance abuse treatment at Eldora and Toledo.
- There are funds, as well, to provide the State's share of the Children's System of Care grant for the eleven northeastern most counties.

De-linking Medicaid and Child Welfare Services

Currently, child welfare services are being purchased through a fee for service mode. Two services are available -- supervision services and through parental services which were a new service option instituted during Better Results For Kids (BR4K) to allow family teams the opportunity to purchase services directed at improving the protective capacity of parents in our system. We are in the process of procuring a more flexible, individualized and performance-based service response for children and families in the child welfare system.

In general, children who come to the attention of DHS due to a child abuse report or CINA proceedings, whether they are living with their parents or placed out of home, will be eligible for the new Safety Plan Services and Family Safety, Risk and Permanency Services.

These changes will enable DHS to purchase safety services directed at improving the parent's ability to meet the needs of their children. Under Medicaid funded Rehabilitative Treatment Services, services had to be directed toward the child.

This shift will enable us to more fully meet the safety and permanency needs of the children and families we serve, consistent with federal Child and Family Service Review (CFSR) requirements by being able to

buy what we need, direct our service areas to the right place, and hold providers of service to verifiable performance measures.

This shift will incorporate into our service array, relevant outcomes and performance expectations from the federal Child and Family Service Review (CFSR).

This shift will also enable us to focus on and address issues of disproportionate representation and disparate outcomes for children and families of color, gender-specific needs, coordination with domestic violence, substance abuse and mental health, and strengthening community connections and supports for vulnerable children and families.

Safety Plan Services will be targeted to children and families who are undergoing a child protective or CINA or assessment. Safety Plan Services will be provided on a time-limited basis during the assessment for children who are assessed to be *conditionally safe*, as determined by the Department worker. Since protective and CINA assessments must be completed within 20 business days, eligibility for Safety Plan Services will end at the conclusion of the assessment.

Safety Plan Services will involve provision of flexible, timely, and culturally sensitive monitoring activities and interventions to supplement the family's protective capacities to keep children safe. These services can be provided in the child's home or in other locations as specified in the family's DHS Safety Plan. The goal of Safety Plan Services is to keep children safe from neglect and abuse and maintain or improve a child's safety status. DHS will be purchasing a package of one, 15-day unit of service, or a maximum of two consecutive, 15-day units of service.

Family Safety, Risk, and Permanency Services are targeted to children and families involved in the Department's child welfare system following a child abuse or CINA assessment or juvenile court action. DHS will purchase a monthly service package of interventions and supports designed to promote safety and permanency for children.

DHS has issued a Request for Proposal (RFP) to select contractors for these services. This is consistent with the Iowa Accountable Government Act of 2001, which requires competitive procurement in order to procure the highest quality goods and services at the best possible price.

The Department is planning to work with approximately 20 contractors – 2 serving each of 10 geographic areas of the state. A geographic area will be an entire Service Area, except that both Des Moines and Cedar Rapids Service Areas will each be divided into 2 geographic areas.

Each contractor will be expected to provide Safety Plan Services and Family Safety, Risk and Permanency Services across the entire geographic area under contract. Contractors will be expected to make services accessible and available to families throughout the entire geographic area, not just in one or two locations.

The Department's intent is that the entire array of services be available in all jurisdictions of the state, and that services be individualized to meet the unique needs of children and families, consistent with the CFSR Service Array standards. In addition, it is an expectation for contractors to coordinate and partner with mental health and substance abuse services for parents.

We are also building incentives or expectations into the procurement process to support the provision of neighborhood-based services and supports, the use and development of informal supports and connections for families, and the development and use of a culturally diverse provider pool.

Regardless of the settings in which a family's children reside, these services are designed to provide culturally sensitive interventions and supports to achieve safety and permanency for children.

For children who cannot be reunited with their family, it will be expected that permanency-planning strategies, such as helping achieve and maintaining placement in an adoptive or guardianship setting, are implemented.

The Department has been interested for some time in implementing a more accessible and comprehensive system of completing necessary drug testing in child welfare cases involving potential substance abuse by a child's parents or other caretakers. In order to accomplish this goal, the Department is currently undertaking a competitive procurement process designed to result in drug testing collection service, including provision of accessible sites for collection of drug testing samples, contractors being selected for each of the 8 Department Service Areas [potential contracts with 8 different entities] and one statewide contractor to provide child welfare drug testing laboratory analysis services.

The Department believes that this approach will result in more accessibility of drug testing collection services throughout the service areas and greater cost efficiency in laboratory analysis services by entering into one statewide contract. Once this procurement process is completed, the new system should be implemented by the fall of 2007.

We are working on a scope of work description and also plan to issue procurements for:

- Family Centered Services – Family Team Meetings
- Family Centered Services – Legal Fees for Permanency
- Group Care, and
- Supervised Apartment Living

The table below shows the schedule for implementing the changes in DHS Child Welfare Service Array.

Service	Request for Proposals Issued	Tentative Contract Start Date
Family Centered Services - Safety plan services; and Family, safety, risk and permanency services	March 2007	October 2007
Family Centered Services - Drug testing	March 2007	July 2007
Family Centered Services – Family team meeting	Fall 2007	January 2008
Family Centered Services – Legal fees for permanency	Summer 2007	January 2008
Group care	Fall 2007	July 2008
Supervised apartment living	Summer 2007	January 2008

Our goal in making these changes is to develop services that more appropriately address the safety, permanency and well-being needs of the children and families we serve.

Our model of practice, the CFSR principles and outcomes, and reasonable efforts requirements will guide the changes we plan to make in child welfare services. As a result, caseworkers and families should have access to services that more directly meet their safety and permanency needs.

Benefits of These Changes

- Family teams and courts will have a more performance based, flexible array of services and strategies at their disposal.
- Family Team Meetings will be more integrated into practice and the new services will require providers to appear in Court if the Judge wants that level of interaction.
- DHS workers will be able to access appropriate services for conditionally safe families during the course of a protective or CINA assessment.
- Ongoing services will be more flexible and better able to focus on the family issues, which have contributed to the family's abuse or CINA situation.
- Because the contractor must make services available throughout the entire service area, counties or more rural areas which have lacked service providers because they lacked a critical mass of families to be served, DHS workers can now be assured that services will be available for all their eligible families.
- Contractors will be evaluated to ensure performance goals are achieved.

1. CHILD WELFARE PROGRAM SERVICE DESCRIPTION

1. Child Abuse Neglect Prevention, Intervention, and Treatment

Child Abuse Neglect Prevention Program Service Description

The goal of Iowa's Child Abuse Prevention Program [ICAPP] is to prevent child abuse by involvement of local communities. The child abuse prevention program is administered through a contract with an agency or organization, which is required to use funds solely for child abuse prevention, make maximum use of voluntary administrative services for the following:

a. Matching federal funds to purchase services relating to community-based programs for the prevention of child abuse and neglect.

b. Funding the establishment or expansion of community-based prevention projects or educational programs for the prevention of child abuse and neglect.

c. To study and evaluate community-based prevention projects and educational programs for the problems of families and children.

Funds for the programs or projects are applied for and received by a community-based volunteer coalition or council. Funding sources includes state child abuse prevention funding, part of Family Support under the Promoting Safe and Stable Families Grant, TANF dollars and birth certificate fees from the department of public health. Services are provided to families and children at key points in the family life cycle e.g. immediately after the birth of a child, young parents with infants, families under stress regardless of age of parent or child.

Prevent Child Abuse Iowa is the state's current contractor who awards annual grants to local child abuse prevention chapters. They provide the following community based programs: Crisis nursery services; Parent education; Respite care services; Sexual abuse prevention; Young parents.

A. Accomplishments and Progress

The core assumption supporting ICAPP is that child abuse is preventable and that children can be made safe from it if families receive appropriate and timely social support, respite child care, and education. Social support breaks down the isolation that many parents experience and help them build the connections they need. Respite childcare enables them to survive periods of high stress. Education teaches children how to protect themselves from sexual abuse and parents how to communicate effectively and manage better their children's behavior.

The Iowa Child Abuse Prevention Program (ICAPP) uses a network of community-based nonprofits to provide this social support, care, and education for families and children in order to reduce the risk of child abuse. In fiscal year 2006, local councils received grants to develop and operate programs in one or more of five major areas: crisis nursery, parent education, respite care, sexual abuse prevention, and young parent support. Here is a brief summary of the major program areas, with a table summarizing the services offered.

Crisis nursery programs provide care and support at any time to families facing emergencies or crises, offering a temporary, safe environment for children at times of great stress. Crisis nursery program staff and volunteers conduct intake interviews, provide placement and transportation for the children, offer advice and support for parents, and connect them to needed community resources.

Parent education programs provide instruction and support to help parents face the many challenges in raising children. Programs teach communication and listening skills, positive discipline techniques, appropriate expectations for children, and strategies for better handling stress and crises. Programs provide instruction using any of several different curricula and offer instruction in-group settings or in homes on a one-to-one basis.

Respite care programs support families by offering a temporary break from care-giving responsibilities, thus reducing the stresses of parenting before they overwhelm a family. These services offer a safe and nurturing environment for children in homes, childcare facilities, or recreational sites. Children also have the opportunity to participate in activities and make new friends.

Sexual abuse prevention programs offer instruction, primarily for children, on how to recognize the risks of sexual abuse and how to act to receive protection. These projects offer instruction on sexual abuse, problem solving, and assertiveness skills.

Young parent support programs provide education for young parents on topics like child development, age appropriate expectations, stress management, and discipline. Programs also provide the support that many young parents lack, while helping to connect them to needed community supports.

In state fiscal year 2006, local ICAPP-funded programs provided 87,508 hours of crisis nursery and respite childcare to 1,592 families with 3,019 children. Almost 3,500 parents attended parent education classes, and 856 participated in young parents groups. A total of 50,314 children and 5,792 adults attended sexual abuse prevention classes. Prevention services overall helped 62,251 children. Table 1 summarizes these services.

TABLE 1

Child Abuse Prevention Services Provided in Fiscal Year 2006

Program	*No. of Projects*	*Parents/Adults Served*	*Families Served*	*Children Served*	*Hours of Care*	*Volunteers*	*Volunteer Hours*
Crisis Nursery	6		204	394	18,860	107	30,790
Parent Education	53	3,690		4,889		1,007	7,301
Respite Care	22		1,315	2,208	57,131	664	5,395
Sexual Abuse Prevention	33	4,585		42,866		574	3,835
Young Parent Support	24	1,391		1,553		746	5,715
Other Funded Projects	6	170		5,174		37	2,074
TOTALS	**144**	**9,836**	**1,519**	**57,084**	**75,991**	**3,135**	**55,110**

ICAPP strives to reduce family stress, improve family functioning and increase knowledge about parenting and self-protection in order to reduce the risk of child abuse. As a way to assess whether these changes occur, councils ask participants to complete service evaluations. Here is a summary of the outcomes noted from the surveys:

Crisis Nursery

- 98% of parents (134 of the 136 responses) strongly agreed or agreed that services helped reduce the level of family stress.
- 84% of parents (113 out of 135 responses) reported using more community resources because of information provided.

Parent Education

- 87% of parents (1,267 out of 1,448 responses) reported improved family functioning after parenting instruction.
- Respondents, on average, reported more than a one-point increase (on a five-point scale) in knowledge on six different topics, including stress management, child development, positive ways to discipline a child, and using community services.

Respite Care

- 98% of parents (529 out of 536 responses) strongly agreed or agreed that services helped reduce the level of family stress.

- 80% of parents (413 out of 513 responses) reported using more community resources because of information provided.

Sexual Abuse Prevention

- 98% of teachers (1,360 out of 1,381 responses) strongly agreed or agreed that students had more knowledge about ways to prevent sexual abuse after instruction.
- 98% of teachers (1,341 out of 1,367 responses) strongly agreed or agreed that students understood better after instruction how to talk about sexual abuse.

Young Parent Support

- Parents, on average, reported more than a one-point increase (on a five-point scale) in confidence in their parenting ability.
- Parents, on average, reported more than a one-point increase (on a five-point scale) in knowledge on six different topics, including stress management, child development, and infant/toddler care.

B. Steps to Expand and Strengthen the Range of Services

In the coming year, Prevent Child Abuse Iowa (PCA Iowa) hopes to undertake a major ICAPP initiative to expand child sexual abuse prevention programming. With $200,000 in additional legislative funding, this initiative will expand and strengthen child-focused instruction, while taking to scale adult-focused sexual abuse prevention (SAP) instruction

The program initiative will expand ICAPP child-focused, SAP programs to some of the 52 Iowa counties (out of 99) that do not have them. Additional ICAPP funding will also improve the scope and intensity of SAP child-focused instruction by expanding the number of SAP instruction sessions for children. Making instruction available more often and at greater intensity is consistent with research showing that this instruction is most effective when it takes place over several years in multiple sessions.

A unique feature of the ICAPP initiative will be expanding through many parts of Iowa instruction for parents and other adults on how they can protect children from sexual abuse. Recent high-profile cases in Iowa have highlighted the failure of parents and other adults to recognize the risk of child sexual abuse and offer protection to children. It is clear that, to be effective, SAP efforts must engage parents and community members to take greater responsibility for protecting children from being sexually abused.

Toward those ends, PCA Iowa and its ICAPP council network have begun to offer instruction for some parents and community members on how to prevent their children from being sexually abused. These efforts have included piloting an evidence-based program in eight to ten counties, called *Nurturing Healthy Sexual Development*, which offers SAP instruction for parents and other adults. More ICAPP funding will increase the number of communities where parents and other adults can receive this kind of instruction. It will also support general community education efforts to protect children from sexual abuse.

C. Revisions to Existing Goals and Objectives.

The major revision for fiscal year 2008 will be the planned expansion in sexual abuse prevention services. Assuming continued expanded funding in the years ahead, here are the expanded service goals in this area:

TABLE 2

Projected ICAPP-Funded Sexual Abuse Prevention Instruction, FY 2008-2011

	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Counties with ICAPP-funded SAP programs	34	47	65	77	88	92
Children attending	42,866	48,000	64,000	82,000	95,000	110,000
Parents/adults attending	4,585	5,000	8,000	10,000	12,000	14,000
Number of child and adult classes	2,516	3,000	5,000	6,300	7,800	9,000
Funding allocated from regular ICAPP grant	$153,000	$187,000	$200,000	$210,000	$220,000	$225,000
New SAP supplemental funding for ICAPP	NA	NA	$200,000	$300,000	$400,000	$500,000
Total SAP funding allocated through ICAPP	$153,000	$187,000	$400,000	$510,000	$620,000	$725,000

D. and E. Services to Be Provided

Prevent Child Abuse Iowa expects that ICAPP services will assist children and their families in 94 of Iowa's 99 counties in the forthcoming fiscal year. These services will be offered through child abuse prevention councils. A chart with the services offered, inputs and activities, outputs, short-term objectives, and indicators is on page 12.

Collaboration

As a key part of its management of ICAPP, PCA Iowa works with a broad array of community groups, faith-based institutions, businesses, and professional groups. Because of this extensive collaboration, ICAPP offers help to parents and children in 94 of 99 Iowa counties. This is a successful collaborative achievement, especially given the relatively minimal financial support for ICAPP: $1.2 million, or little more than $1.50 for every child in Iowa.

PCA Iowa has also shown an ability to collaborate effectively to tackle particular issues or challenges. Most recently, PCA Iowa organized a statewide workgroup of sexual abuse prevention providers and child and family service agencies to discuss how to improve programming and ensure we use evidence-based strategies. This workgroup helped develop guidelines for child-focused, school-based sexual abuse prevention programs funded through the ICAPP. The committee further organized a two-day training on instructional programs for parents and young children that identify healthy and problematic child sexual development.

PCA Iowa's major collaborative effort has been its work in support of Iowa's Community Partnership for Protecting Children (CPPC). For seven years, PCA Iowa has been a key partner in Iowa's expansion of the CPPC from the first site in Cedar Rapids. Over this time, PCA Iowa has substantially expanded its role in supporting the Partnership. PCA Iowa now has a full-time staff person who serves as associate coordinator for the CPPC, working closely with the DHS staff person responsible for overall coordination of the CPPC. PCA Iowa's associate coordinator participates extensively in state-level administration of the Partnership, including communicating with CPPC sites, coordinating state-level support activities, consulting on changes in policies and practices, and assisting in the designation and orientation of new CPPC local sites.

For the past three years, PCA Iowa has also operated an annual grant program providing financial support to six to eight local CPPC sites to enhance neighborhood networking and community connections. These grant-supported local activities have helped new CPPC sites build a sense of community connectedness, enhance parenting skills and reduce isolation, support local child and youth safety and development efforts, and develop community networks to support CPPC networking.

ANNUAL PROGRESS AND SERVICE REPORT

ICAPP Services, Activities, Outputs, Short-Term Outcomes, and Indicators for FY 2008

Strategy	Activities	Inputs	Outputs	Short-Term Outcome	Indicator
Crisis Nursery	Offer quality child care for caregivers experiencing an emergency	$105,000 ICAPP, other funding, staff, volunteers	In 6 counties, 200 families and 350 children receive 18,000 hours of crisis care	Decrease family stress Connect families with parent education resources	90% of families report reduced family stress 90% of families report receiving information on parent education opportunities
Parent Education	Teach caregivers about child development, communication, stress management and effective discipline	$460,000 ICAPP, other funding, staff, volunteers	In 58 counties, 3,500 adults with 4,800 children receive instruction in 8,000 home or group classes	Increase parenting confidence Increase parenting knowledge Improve family functioning	Respondents report a 1 point average increase in confidence in parenting 80% of families report improved family interactions Respondents report a 1 point average increase in parenting knowledge
Respite Care	Offer quality child care to give caregivers a break	$160,000 ICAPP, other funding, staff	In 20 counties, 1,250 families and 2,100 children receive 55,000 hours of respite care	Decrease family stress Connect caregivers to parent education resources	90% of families report reduced family stress 80% of families report receiving information on parent education opportunities
Sexual Abuse Prevention	Teach children about sexual abuse and self-protection skills; teach adults about child sexual development and sexual abuse	$400,000 ICAPP, other funding, staff, volunteers	In 65 counties, 64,000 children and 8,000 adults receive SAP instruction in 5,000 classes	Increase knowledge of sexual abuse Improve self-protection skills Increase knowledge of child sexual behaviors Improve ability to protect children	90% of teachers report students demonstrated an understanding of sexual abuse information presented 90% of teachers report students demonstrated the ability to apply self-protection skills taught 80% of respondents report increased knowledge of appropriate and inappropriate child sexual behaviors 75% of respondents report improved abilities to protect children from sexual abuse
Young Parents Support	Teach young parents about child development, communication, stress management and effective discipline; facilitate support groups	$130,000 ICAPP, other funding, staff, volunteers	In 23 counties, 1,300 parents with 1,600 children receive instruction in 2,400 home or group classes	Increase parenting confidence Increase parenting knowledge Improve family functioning	Respondents report a 1 point average increase in confidence in parenting 80% of families report improved family interactions Respondents report a 1 point average increase in parenting knowledge

Child Abuse and Neglect Intervention

Child Abuse and Neglect Intervention Service Description

It is Iowa Department of Human Services' policy to provide the greatest possible protection to children who may have been abused or are at risk for abuse. The Department has a legal mandate to respond to reports of child abuse. The primary purpose of the assessment is the protection of the child named in the report. The secondary purpose of the assessment is to engage the child's family in services to enhance family strengths and to address needs for child welfare services through the Department or community services.

Protection is provided through:

- Encouraging the reporting of suspected cases of abuse.
- Accepting the report for assessment when child abuse is alleged.
- Referring the report for Department or community services as warranted.
- Referring the report to law enforcement when a criminal act alleged.
- Taking action necessary to safeguard the child named in the report and any other children in the same home as the parents or people allegedly responsible for the child's care.
- Continually evaluating the safety of the child during the child protective assessment process and identifying the risk of abuse to the child.
- Evaluating the alleged abuse and determining if abuse occurred.
- Engaging the family in services to enhance their strengths and address identified needs for the purpose of treating and protecting a child who has been abused or is at risk of abuse.
- Continually evaluating the safety of the child throughout the time services is provided and prior to case closure.

A. Accomplishments and progress

System improvement is in progress through implementation of common lens assessment with family participation throughout the life of the case. Staff document safety and risk concerns in the context of family functioning domains, which assist in construction of the initial family plan for the family and the ongoing service worker to build upon. This is aimed at improving effectiveness in the child and family services continuum to improve outcomes for family and children.

In FFY 06 and 07, additional features of the Better Results for Kids redesign continued to be implemented with Centralized Intake (3/06), manual redesign (11/06); practice support improvement (11/06) training to improve practice. The desired goal was to improve the safety response for children achieved through consistency in the application of policy, procedure and practice. The tracking of timeliness in response to allegations of abuse was implemented. Area managers were provided access to data to monitor the progress. See Performance of the Child Welfare system in Iowa Child Welfare Digital Dashboard.

B. CFSR Safety and Repeat Maltreatment Progress

Assessing child safety has been improved by implementing a common process to document child well being, parental capabilities, family safety, family interactions and family environment. This provides a common lens - from the initiation of the child abuse assessment through the life of a case – that benefits families by involving them in the assessment, safety plan, and service plan. The objective is to improve the quality of family functioning assessments and implement more timely services to decrease the risk of maltreatment and reabuse, thus improving the Safety outcome goal.

Performance on the Child and Family Service Review Safety Outcomes and Indicators follows.

ANNUAL PROGRESS AND SERVICE REPORT

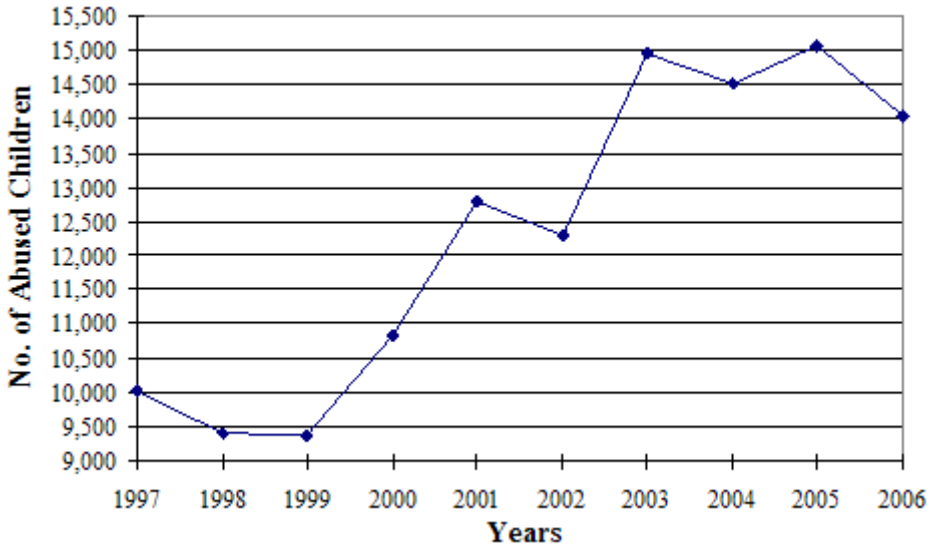
Iowa Child Welfare Digital Dashboard October 2004 to April 2007

Safety Outcome 1 Children are first and foremost, protected from abuse and neglect	**Quarter**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	
Item 1 **Timeliness** of investigations	**73.0%** **Goal: 78%**	**Data not available**	**Data not available**	**Data not available**	**Data not available**	**56.3%**	**55.04%**	**58.54%**	**66.64%**	**75.64%**	**83.3%**	**86.5%**	**Admin Data**
Item 2 **Repeat Maltreatment** Same perp, same type	**11.4%** **10.95%**	**Data not available**	**Data not available**	**Data not available**	**Data not available**	**Data not available**	**8.8%**	**6.14%**	**5.65%**	**5%**	**5%**	**5.4%**	**Admin Data**
Recurrence of Maltreatment	**11.40%**	**12.80%**	**12.90%**	**10.20%**	**9.30%**	**9.50%**	**8.80%**	**9.9%**	**9.5%**	**9.7%**	**10.1%**	**9.7%**	**Admin Data**

(National Standard 6.1%) Of all children who were victims of a substantiated or indicated maltreatment report in the first 6 months of CY 2001, what percent were victims of another substantiated or indicated report within a 6-month period?													

The number of children abused in 2006 was 1,018 fewer than in 2005 – a decline of almost 7 percent. A total of 13,027 children were abused last year, a drop of nearly 4 percent compared to the record number of 13,544 reported the year earlier. The decline reflects a corresponding drop in the number of abuses reported to DHS officials.

Number of Abused Children By year 1997-2006[1]



[1] *Multi year confirmed abuse is depicted in the graph. Please note that PCA Iowa uses the "duplicate" abused children numbers from the Iowa DHS. These numbers count each time a particular child is abused. DHS also releases figures for "unique" abused children. These numbers count a child only once as abused, even if the child suffers abuse on multiple occasions. In 2006, there were 13,027 "unique" abused children.*

There was modest decline by type of abuse for physical and sexual abuse. The percent of physical abuse was 20% of all abuse in 2004 and declined to 12% of all abuse in 2005 and to 10 % of all abuse in 2006. Sexual abuse also declined from 6% in 2004, to 5% in 2005, to 4 % in 2006. While nearly all categories were lower, denial of critical care, or neglect increased. In 2006, 77 percent of abuse was denial of critical care, compared to 73 percent in 2005 and 68 percent in 2004. The victim child due to the failure to adequately supervise a child because of drug abuse by caretakers continues to increase.

There are no revisions to the goals and objectives and areas needing improvement that were identified in a CFSR. A review of safety and risk assessments is underway with the University of Iowa School of Social Work analyzing the validity of the instruments used for safety and risk decisions. The study will be completed in FFY 2008. Training for all staff on safety assessments will be completed in FFY 2008. Implementation of a new safety assessment tool and procedures are planned for implementation in FFY 2008. Safety assessments at the initiation of the child protective assessment and throughout the service case will structure documentation of safety decisions and guide services focused on child safety. A request for funding proposals has been announced seeking bids for provision of Safety Plan services during a child abuse assessment and "Family Safety, Risk and Permanency Services" for families engaged in services through the department.

C. Steps to expand and strengthen

A new safety assessment tool and procedure is planned for implementation in FFY 2008 upon initiating a child protective assessment and throughout the child welfare service case. New services are to be available during a child abuse assessment to maintain or improve child safety. Contractors selected through a request

for proposal process, will provide these "Safety Plan Services". The contractor will also provide "Family, Safety, Risk and Permanency Services" to eligible families if the family is referred for services after a child abuse assessment or an assessment for the need for juvenile court intervention.

The emphasis now being placed on the structure of decision-making, including safety assessments and family involvement in the development of safety and case plans, has been strengthened by the child welfare systems support. The SACWIS Case flow system will automate forms to enhance decision and process consistency around the state.

D. Population Served

Child Abuse Assessments are a statewide service.

- Calendar Year 2006

Total Intakes	Accepted for child abuse assessment	Rejected for child abuse assessment	Confirmed/Founded Abuse Reports	Child Victims [unduplicated]
35,789	24,789	11,000	9,257	13,027

Half of the child victims are age 5 or younger. For ongoing services from the department, eligibility is based on risk assessment, abuse finding and age in order to focus efforts on children that are most at risk of future abuse.

Collaboration

Refer to Community Care Initiative report section [A. Update of Program Areas for Improvement **Section106(A) of CAPTA]**

2. Foster Care Services

A. Report on Specific Accomplishments and Progress

- Iowa has maintained the foster care basic maintenance rates at 65% of the USDA estimate of the cost to raise a child in the Midwest with the Legislature approving a cost of living increase each year from FY2005 through FY2008.
- DHS developed a new methodology for determining family foster care "difficulty of care" maintenance payments in FY2007 that is based upon an assessment of the child's emotional, behavioral, and physical care needs. This methodology provides for uniformity across the state and is not based upon a foster parent having treatment level training to receive the highest maintenance payment, but on the needs of the child. This new system has four levels of potential payment rates for foster families determined by the assessment tool, "Foster Child Behavioral Assessment Checklist". This assessment tool was field-tested by case managers and foster parents for accuracy before being implemented statewide. As of January 1, 2007, all children initially placed into a foster family home start out at the basic foster care maintenance rate. The rate setting assessment tool is used to complete an assessment on the child along with all available information regarding the child such as evaluations, parental input, etc. within the first thirty days of placement. The rate established by this assessment tool is based upon the child's needs and becomes effective the first day of the following month. The "Foster Child Behavioral Assessment Checklist" is also completed whenever the child's behavior changes significantly, when the child's placement changes, after termination of parental rights in preparation for negotiating an adoption subsidy or pre-subsidy, and before a court hearing on guardianship subsidy.

- DHS has contracted with Iowa Kids Net to take the lead in creating recruitment and retention teams in each of the eight DHS service areas for quality assurance, to assist in increasing the numbers of foster and adoptive homes throughout the state, and homes that will have the ethnic, cultural and racial characteristics in direct proportion to the characteristics of the children who need care.
- Another part of our re-design has been the redesign of our child welfare Employees Manual that have chapters such as Out-of-Home Case Management (includes family foster care, supervised apartment living, and group foster care) that is broken into subchapters of Policy, Procedures, Practice Guidance, and a How Do I? Guide.
- As of February 1, 2007, the Subsidized Guardianship child welfare demonstration project was initiated and provides for another, permanency alternative for children in foster care.
- DHS will implement 2 specific strategies to reduce rates of repeat maltreatment and foster care re-entry.
    - One strategy is to increase monthly caseworker visits with children and parents through the addition of 20 child welfare caseworkers in FY 2008 (a 3% increase in child welfare caseworkers).
    - The second strategy is to increase support for vulnerable children and families through implementing the Parents as Partners program within Community Partnership for Protecting Children pilot sites. Through Parents as Partners, successful parents who have had their children returned home serve as coaches and mentors to parents whose children have recently been placed in foster care. This program has been successful in other jurisdictions in increasing the percentage and timeliness of family reunification and reducing foster care re-entry.
- In order to increase the use of relative placements and to improve placement stability, DHS will be implementing training designed specifically for relatives to help them work with the child's parents towards permanency for the child.

For National Foster Care Month 2007

Iowa KidsNet promotes awareness of National Foster Care Month through advertising, media relations, local events, and advocacy efforts.

- Advertising began in April, Television advertising on major networks; Public Service Announcements; information for Web sites and on community calendars; Iowa KidsNet also partnered with Elevate to promote awareness of teens in foster care and teens available for adoption by sharing their life stories
- In May, awareness and advocacy activities; Proclamation request; Press releases; statewide announcing National Foster Care Month, foster care statistics and the need for families, Local success stories of families and children was shared with media; Utilization of current media contacts; Church bulletins, Distribution of Foster Care Month posters, Iowa KidsNet partnered with Elevate to provide teen speakers to local churches, educators, community organizations, and service organizations.
- Throughout May, each region hosted at least one activity or event: Letters to the editor; Family appreciation events, Meet the Worker events, "Foster Ware" parties, Partner with local health clinic or hospital to hold a family day, with family wellness information and foster care information; Local breakfast with mayor to celebrate a local proclamation.

B. Steps to Expand and Strengthen the Range of Services

Dual Licensure

As reported last year, we anticipated having dual licensure by September 2006. This has been moved back until rule amendments are noticed. A Medications Management Booklet was developed and reviewed for medical accuracy by an Advanced Registered Nurse Practitioner. The booklet has been printed and will be distributed to resource parents. It will be part of the initial licensing process and when dual licensure rules are in effect, the resource parents will be required to complete the test at the end of the booklet and will receive an hour of in-service training credit.

C. Goals and Objectives Update

The primary goals and objectives remain the same.

- A measure of child permanency that needs to continue to improve is that children have no more than two placement settings while in care. From June 30 to December 31, 2006, the state averaged 85.24%, which more than meets our state target. Our Family Team Meetings have helped to strengthen support available to the caregivers and focused effort was made to match the foster family or placement setting to meet the needs of the child and provide stability while the family works for reunification.
- From June 30 to December 31, 2006, the state averaged 55.64% of reunifications occurring within 12 months of removal. Part of the reason for the decrease in performance is that we are using six months Trial Home Visits, which extends time to reunification, since we don't consider the child "reunified" until the end of the Trial Home Visit. Family Team Meetings are a strategy to engage families to identify strengths and needs and to match services and supports to need; counseling and skill development services to parents, strengthening family social support networks, accessing substance abuse and mental health treatment for parents, and training foster parents to work directly with birth parents. The Department continues to strive to improve this goal.
- The child well-being permanency measure, of the percent of children in foster care who did not experience maltreatment from foster parents or facility staff members, was 99.8% for the last three federal quarters with the high of 99.95%. From June 30 to December 31, 2006, the state averaged 89.15% of children discharged from foster care that do not re-enter care within 12 months of discharge. The Department strategies include using trial home visits to help the child transition from foster care to the child's home. Trial home visit practice will be strengthened to assure:
- adequate planning is completed for transition,
- supports and services are in place to promote successful reunification,
- monitoring to respond proactively to family needs; and
- adequately ongoing assessment for safe case closure.
- Collaboration

The Department collaborates closely with Iowa Foster and Adoptive Parents Association, Child Advocacy Board, and Elevate on issues related to foster care and uses work groups that involve foster parents and key stakeholders whenever new policies or programs are developed. Generally, we use workgroups that involve foster parents and key stakeholders whenever we are developing policies to improved programs.

D. FY 2008 Services

The following changes are planned for the foster care program in FY 2008:

- As part of our re-design, on January 2, 2007 entered into a contract with Four Oaks Family and Children Services in association with Iowa Kids Net, to develop and implement a statewide program to

recruit and retain resource families that provide foster and adoptive care. Iowa Kids Net is a statewide collaboration of agencies that utilizes a unique, cohesive approach to provide recruitment, training, licensing and ongoing support to foster and adoptive parents in Iowa. They will conduct record checks in Iowa and any other state where applicants have lived in the past five years. Beginning July 1, 2007, Iowa Kids Net will also be doing the fingerprinting for the criminal record checks for prospective foster and adoptive parents and any other relative or non-relative living in the household. This brings us into compliance with the requirements of the Adam Walsh Child Protection and Safety Act of 2006 (P.L. 109-239).

- Iowa Kids Net will take the lead in creating recruitment and retention teams in each of the eight DHS service areas for quality assurance, to assist in increasing the numbers of foster and adoptive homes throughout the state, and homes that will have the ethnic, cultural and racial characteristics in direct proportion to the characteristics of the children who need care. (See **FOSTER AND ADOPTIVE PARENT RECRUITMENT** for performance measures, etc)

E. Populations and children served

The state child population is 693,428. The total number of children served across the state in out-of-home care as of 6/30/06 is 6,048. The average number of Iowa foster parents is 3,000 who serve approximately 2,905 children. There were 1,335 in congregate care and 1,808 in unlicensed relative foster care.

3. Kinship Care Service Description

"Kinship care" in Iowa means a placement with a relative or suitable person, the full-time nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or other adults who have a kinship bond with the child.

Children who are placed with relatives can receive financial support through foster care if they are licensed or receive financial support through TANF. Case management services are provided directly by DHS when court ordered; working with families to assess risk and treatment needs and to develop a comprehensive case plan, purchasing needed services and monitoring to ensure desired results are achieved. In addition, DHS case managers provide crisis interventions, supervision, follow-up and monitoring of case activities.

A. Report on Specific Accomplishments and Progress

Iowa has identified the need to provide support to children in kin placements and their caregiver families.

A Kinship Partnership Committee was formed including members from the foster and adoptive association, DHS, foster care review board, providers, kin caregivers, and training staff.

In December 2006, the Kinship Committee developed the State of Iowa DHS Action Plan on Kinship Care, which outlined the timeframes for developing a model of practice and completing Kinship Care activities:

- Review the definition of Kinship Care
- Develop Data and Data Based Information on Relative and Kin Care
- Develop a Protocol for Diligent Search
- Review use of Family Team Meetings for Kin and Finding Kin Placements
- Utilize the NRCs for Family Centered Practice and Permanency Planning and AdoptUsKids to Provide Facilitated Dialogues Statewide and Explore Kinship Issues
- Identification and Development of Kin Supports,
- Advanced Training and Skill Development Requirements for Successful Implementation of Kinship Care, and

- Communication Strategies for Implementation.

B. Steps to Expand and Strengthen the Range of Services

The following activities were completed in FY 2006 and FY 2007:

- Development of a Kinship Care Booklet and Packet for kin caregivers.
- Development of a Kinship Care Handbook for service workers.
- Protective Capacity Checklist for Kin Caregivers & Training: Service workers received training on safety for children in foster care and were provided a laminated card checklist to use in their daily work.
- Family Finding Pilot: Development of a kin search protocol and pilot project in two areas of the state to build connections for children in foster care.
- Drafted Policy Changes
- Developed Data Requests: a service request was completed to require data entry when a child is in relative placement. In addition, a request for data reports to identify characteristics of foster children was completed
- Developed and reviewed a Relative Care Agreement: clarifies roles and responsibilities for children in the homes of unlicensed relatives.

C Goal and Objectives Update

These activities are designed to improve the support to relatives and kin by providing them with information specialized for their needs and situations. The Kin Resource Packet will be distributed in July 2007. The activities are also to support the work of department social workers in their work with Kin by providing them with guidance and tools. These materials have been well received by social workers. It is expected that the families will have enhanced capacity to access resources when the packets are distributed.

D. FY 2008 Services

Planned goals, activities, and strategies to complete in 2008:

- Complete policy change process; including possible proposed legislative language changes strengthening the kinship care program.
- Distribute Kinship Care Packets
- Update and Strengthen the DHS Practice Model to further incorporate practices to support the placement of children with kin.

Collaboration

DHS formed the Kinship Partnership Committee including members from the foster and adoptive association, DHS; foster care review board, providers, and training staff. These partners are involved in developing and completing activities to support Kinship Care families.

E. Population Served

During FY06 37% of placements were with relatives. There were 5767 children in family foster care and 3322 children in [unduplicated count] relative placement.

During the first 9 months of FY07, 33% of placements were with relatives. There were 6479 in family foster care and 3179 children in relative placement.

4. Adoption Service Description

The overall goal for adoption services is to secure permanent adoptive families for children who cannot live with their birth families due to the termination of their parent's rights and are under the guardianship of the State of Iowa. Adoption program components include recruitment, preparation, matching and support for adoptive families. Financial support is available to adoptive parents through the Adoption Subsidy Program. In addition to the Adoption Subsidy Program, Four Oaks Family and Children's Services (Iowa Kids Net) through a contact with DHS for the Recruitment and Retention of Resource Families provides support, including post adoption support, to adoptive families. The Iowa Foster and Adoptive Parent Association (IFAPA), through a contact with DHS, also provide support to adoptive parents. IFAPA operates a website, www.ifapa.org that contains information about available support services. The delivery of comprehensive adoption services is intended to have an impact on the CFSR and PIP permanency outcome: Children will have permanency and stability in their situations.

A. Report on Specific Accomplishments and Progress:

In SFY 2006, 962 adoptions were finalized as compared to 944 finalized adoptions in SFY 2005 and 1062 finalized adoptions in FY 2004. After several years of a steady increase in the number of finalized adoptions the rate has begun to level off. This may be reflective of the fact that DHS is reuniting more children resulting in fewer TPRs and fewer children needing adoption. Many of the children currently waiting for adoptive homes are older have multiple and severe special needs and may be part of large sibling groups. Of the children served in the adoption program in SFY 2006, over 80% had a diagnosed physical, mental or emotional disability and over 50% were over the age of eight. Even though over 70% of all finalized adoptions are by foster parents it is an on-gong challenge to recruit families who are interested in adopting the waiting children. Targeted recruitment efforts have proven to the most effective strategy combined with an on-going public information campaign that clearly defines the characteristics of the children that are waiting for adoptive families.

B. Steps to Expand and Strengthen the Range of Services

Though a contract with the Iowa Foster and Adoptive Parent Association, (IFAPA) the KidSake Foster Care and Adoption Recruitment Project recruited foster and adoptive families, registered children on the state Internet exchange and on the national Internet exchange, AdoptUSKids, www.adoptuskids. Each month approximately 130 children were registered/photo listed on the KidSake website and 75 children were photo listed on AdoptUsKids. DHS has maintained a contract with IFAPA/KidSake from 1995 through December 31, 2006.

The goal of the **Adoption Subsidy Program** is to secure a permanent home for a child who, because of special need, might otherwise remain in an institution or in foster care until adulthood. Iowa's waiting children are primarily in foster family homes but some reside in-group care settings. Many of the waiting children have experienced abuse or neglect and multiple placements within the foster care system while others have had single, long-term placements. It has been clearly demonstrated that a permanent home, continuity of care and nurturing provided by adoptive parents is more beneficial for a child's growth and development than long-term care.

The Adoption Subsidy Program provides adoptive families who adopt children with special need financial assistance, medical coverage and special services (i.e., outpatient counseling or therapy services, medical services and medical transportation not covered by Medicaid, supplies and equipment as required by the child's special needs, attorney fees, respite care, funeral benefits). A special needs child is defined as:

- A Caucasian child who is age 8 or older
- A child of any age with a physical, mental disability
- A child of any age with an emotion or behavioral disorder

- A child of any age who is developmentally disabled
- A sibling group of three or more who are placed in the same adoptive home
- A minority child aged two or older

To enhance the recruitment and retention of resource families DHS entered into a contact with Four Oaks Family and Children's Service. The contract began January 2, 2007 and will extend through June 30, 2008. The goal is to have more families available so that children who need out-of-home care can be successfully matched with a foster family, adoptive home or relative placement. The contractor is expected to meet the following outcomes, which are aligned with CFSR and PIP outcomes.

Performance Measure 1: Increase the number of resource homes that are licensed to meet the placement need of children.

Performance Measure 2: Children who require out of home care are matched with families that are prepared to meet the needs of children placed in their home.

Performance Measure 3: Stability, and safety are maintained for children in foster care.

Performance Measure 4: Achieve timely permanency for children in foster care.

Performance Measure 5: Resource families are satisfied with the training, and support they receive.

Performance Measure 6: Department staff is satisfied with the Contractor's recruitment plans, matching service and the families that are referred as placement options.

To measure the progress of performance measures described above, the Contractor will provide DHS with quarterly reports, beginning in July 2007, containing the following data:

- Number of resource families licensed for foster family care or approved for adoption as compared to goals established within each service area/community
- Number of families who leave each quarter and reason (data analysis from exit survey)
- Number of resource families who are interacting (phone or face-to-face) with birth parents or children in care and the frequency of interaction.
- Number of licensed resource families that have not been selected for a placement within one year of the issuance of a license.
- The number of resource families identified for a match that actually results in a placement
- The most successful recruitment efforts employed during the quarter
- The most significant barriers encountered to recruitment

In addition, DHS will use AFCARS data to monitor the Contractor's performance on a quarterly basis. The Contactor could be eligible to receive incentive payments based on the achievement of contact goals.

C. Goals and Objectives Update

Permanency Outcome 1, Item 7: The permanency goal is appropriate and established in a timely manner.

In 10th quarter PIP reporting (February 22, 2007) this goal was achieved in 82 % of the cases that were reviewed (n=34). Improvement can be attributed to practice improvements that include concurrent planning and family team meetings. Workers are beginning to more routinely consider longer-term permanency options early in the case and this is reflected in the establishment. appropriate permanency goal.

Permanency Outcome 1, Item 9: Concerted efforts were made to achieve a finalized adoption in a timely manner.

In 10th quarter PIP reporting (February 22, 2007) this goal was achieved in 47.04 %of cases based on a review of administrative data.

D. FY 08 Services

Dual Licensure: DHS is undergoing the implementation of a system of Dual Licensure. It is anticipated that this dual licensure will be operational by July 2008. A system of dual licensure includes the following components:

- Single recruitment process for resource families (including traditional foster parents and adoptive parents
- Single orientation and training using PS-MAPP
- Single home study process and instrument
- Communication of the principles of resource family recruitment and retention to all staff involved in recruitment, orientation and training and retention of resource families
- Expectations that resource families support frequent child interaction

Lorrie Lutz, a consultant with the NRCs for Family Centered Practice and Permanency Planning and AdoptUsKids, is providing DHS with technical assistance to implement dual licensure.

Criminal History Checks: To comply with the requirements of the Adam Walsh Child Protection and Safety Act of 2006 (P.L.109-239), beginning August 1, 2007 fingerprinting will be conducted on families that apply to become approved for adoption or licensed to provide foster family care and on all residents that reside in the applicant's home over the age 14. The implementation date of P.L. 109-239 was delayed because state legislation was required. Senate File 503 amended the Code of Iowa, Section 237.8(2) to give DHS the authority to conduct fingerprinting.

ICAMA: Since 2002 Iowa has been a member of Interstate Compact on Adoption and Medical Assistance (ICAMA). The goal of ICAMA is to provide uniformity and consistency of policy and procedures in regard to medical assistance when a family in another state adopts a child with special need or the adoptive family moves to another state. This is pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) which provides that children receiving adoption assistance that are Title IV-E eligible can receive Medicaid in the state in which the reside.

Administrative Rules are in process to implement COBRA Reciprocity and the anticipated effective date is July 1, 2007. The Medicaid State Plan amendment related to Cobra Reciprocity has been submitted and is pending approval. COBRA Reciprocity will enable Iowa to provide medical assistance for children who receive adoption assistance (subsidy) from another state but who are not eligible for funding under Title IV-E. ICAMA member states that have COBRA Reciprocity (46 states) will conversely provide medical assistance to children who receive adoption assistance from Iowa and reside in another state. This policy change is a step toward reducing the barriers to interjurisdictional adoptions.

The population to be served will continue to be the children in foster care who need a permanent adoptive family. The geographical area will be statewide encompassing the eight DHS Service Areas. It is estimated that the number children served will be approximately the same number that was served in FY 2006 with anticipated fluctuations.

E. Population Served

Adoption Data

Finalized Adoptions	FY2006 - 977
	FY 2006 - 936 (as of 6/15/07)

Pre-subsidy and Subsidy Cases	As of **06/13/06** we had the following counts of clients: Presubsidy clients: 280 Subsidy Clients: 7,403
	As of **06/13/07** we had the following counts: Presubsidy clients: 304 Subsidy clients: 7,955

Children Served and Characteristics (as of November 2006)

Children in care with TPR awaiting adoption	**597**	
Number of finalized adoptions	**962**	
Gender	Female **469**	Male **439**
Race	AM-IND-ALSK-NAT - **27**	
	NAT-HAW-PAC-ISL **-04**	
	ASIAN **13**	
	WHITE - **764**	
Ethnicity	HISPANIC **76**	
Age	0-5 **554**	
	6-11 **311**	
	12-15 **78**	
	16-18 **19**	

Collaboration

DHS routinely collaborates with foster and adoptive parents in the on-going process of developing and implementing policies related to a wide range of child welfare issues. The Iowa Foster and Adoptive Parents Association (IFAPA) is the main advocacy organization for foster and adoptive parents within Iowa and IFAPA is a valued partner and stakeholder. The IFAPA Executive Director and other IFAPA members often participate in a variety of DHS work groups and task forces. DHS administrative staff often attends IFAPA Board meeting and other events to provide updates and to gain the parents' perspectives. Other important stakeholders that DHS collaborates with include the Court Improvement Project, Native American Tribes, and the Child Advocacy Board (CASA, Foster Care Review Board).

5. Other Planned Permanent Living Service Description

A. Report on Specific Accomplishments and Progress

Youth Permanency

There are a range of activities and services provided in Iowa to promote Youth Permanency. DHS, Child and Family Services Division requested technical assistance from Casey Center for Effective Child Welfare Practice to help us evaluate current efforts, identify gaps and complete action planning to:

- Define Youth Permanency: What do we mean by older youth? What do we mean by permanency? What are the parameters for different permanency options for older youth, e.g. family connections, adoption, etc.
- Agree on a unified vision statement/goal for Iowa's permanency for youth effort (e.g., No child will leave Iowa's child welfare system without a permanent connection to a caring, supportive adult)
- Review current services and activities and complete a gap analysis
- Discuss a communication and coordination structure to promote unified efforts to meet the agreed upon goals.
- Identify what data will inform the effort and what data will be used to track progress

On May 24, 2007 Casey Center for Effective Child Welfare Practice and Jim Casey Youth Initiative staff facilitated a meeting of Youth Permanency Stakeholders. In preparation for this meeting, Elevate conducted a survey of youth regarding permanency, which informed the vision development. Within the Iowa Results Framework, "Every youth will be safe, healthy, and successfully prepared for adulthood," the Youth Permanence Vision for Iowa was developed: "Every child in Iowa's child welfare and juvenile justice systems will have lifelong relationships with one or more caring, capable and supportive adults." From that meeting, a smaller leadership team/steering committee was identified to clarify the focus needed, develop a structure and process, and facilitation of the goals. Another identified task was to review data about youth in need of a family; assess the steps that can be taken to make the innovative work in Iowa even better; and vet the vision statement with multiple groups for feedback.

C. Goals and Objectives

At the Youth Permanency Convening September 13-15th, 2006 the draft goals identified were:

- strengthen the voice of foster care youth in the court, family team meetings, and in decisions made about them
- improve family finding [diligent search] activities with a focus on life long relationships
- improve training curriculum to address permanency for youth
- improve recruitment of committed foster families
- facilitate youth participation on the stakeholder panel in a meaningful way
- improve the role of group care providers to prepare youth for adulthood and establish permanency and lifelong connections prior to leaving foster care
- improve the opportunities for youth to have mentors.

Monthly progress updates are shared with committee members to keep them informed of progress toward meeting the goals.

B. Steps to Expand and Strengthen the Range of Services

Activities and Services to strengthen the voice of foster care youth in the court, family team meetings, and in decisions made about them.

Children's Justice Initiative [Court]:The court has arranged several youth panels for judges which resulted in judges in some districts setting the expectation for GAL to prepare and encourage youth for court participation. The court has also hosted web casts from Chapin Hall, University of Chicago on Youth Permanency to which stakeholder have been invited. The Supreme Court, through the Iowa Children's Justice Summit has identified youth permanency as an area of focus and Chief Justice Ternus has identified positive outcomes for foster children as a priority, mandating and implementing the one judge for one family concept.

Elevate: is a group of young people who are either in or were in foster care, who seek to inspire others to new levels of understanding and compassion to the life connection needs of foster care and adoptive teens by sharing their personal stories of hope in addition to improving the foster care system through various means, including: participating in training DHS staff and foster parents; meeting and speaking with various stakeholders, including judges, providers, attorneys, and legislators; producing digital stories around topics such as youth court involvement and education supports necessary for youth in foster care. The Department of Human Services has provided funding to Elevate to expand to add 11 Chapters across the state. Though a collaboration with DHS, United Way, Iowa Foster and Adoptive Parents Association, Educators, Private Provides, & Middleton Center for Children's Rights, the Elevate youth designed the details of a bill to change current practice in regards to family connections/ sibling placement and visitation for youth. The bill passed unanimously in legislative subcommittees, full committees, and both houses.

Family Team Meetings: Children and youth are encouraged to attend family team meetings. When they are unable to attend, they are encouraged to participate through an advocate or through correspondence.

Circles of Friends: Iowa is working with the Center for the Study of Social Policy to implement Circles of Support; a type of family team meeting that focuses on connections for youth, youth permanency, and transition plans to adulthood.

Activities and Services to improve family finding [diligent search] with a focus on life long relationships.

"Family Finding and Connections" is being piloted in the Ames and Dubuque DHS Service Areas; the 1st and 2nd Judicial Districts. The purpose of this project is to locate relatives/kin who will provide a life-long connection with, and who may serve as potential placement resources for, children in foster care. Children to participate in this project have been identified by DHS staff from a list of children with a permanency goal of "another planned permanent living arrangement" or children with termination of parental rights that are waiting for adoption.

Some of the benefits to foster children seen in similar projects in the nation:

- Increase in the number of supportive, healthy adults in the youths life;
- Positive difference in the stability and daily functioning of youth;
- Supports for youth transitioning out of foster care; and, in some cases,
- Options for placement with relatives or kin.

We have contracted with Four Oaks to complete the following process:

- Gather Information: Performing a search of the case record, Internet and other sources to document and locate relatives.
- Interview the child to assess and explore connections.

- In conjunction with the case manager, develop a preliminary list of appropriate family/non-family contacts.
- Contact each relative to provide information about the project, gather further case history, update the record, and explore the options for the relative/child relationship.
- In conjunction with the DHS case manager, plan and carry out activities to implement the recommended child and relative relationship options. Where appropriate, help facilitate home study, matching and support activities for relative placements.

The National Resource Center for Foster Care and Permanency Planning has provided training to Department and Four Oaks staff assigned children in the project. Ongoing technical assistance and statewide training will be provided by the national resource center.

We believe that this project will enhance opportunities for children in foster care to develop a relationship with at least one, committed adult; reliable, continuous and healthy connections with siblings, birth parents, extended family and a network of other significant adults.

A protocol has been drafted and work is just beginning in the sites.

Activities and Services to improve training curriculum to address permanency for youth.

Improving Outcomes for Youth in Transition through Supervisor Training is a three-year project of the National Resource Center for Family Centered Practice/University of Iowa School of Social Work in collaboration with the Iowa Department of Human Services. The project, which began in 2006, is funded by the Children's Bureau of the U.S. Department of Health and Human Services. The project is developing, field testing and evaluating training curricula for public child welfare supervisors , and for supervisors mentoring their workers, to improve outcomes for older youth in transition from foster care to independence.

The project has three goals, each with specific objectives: 1) to strengthen the quality of public child welfare supervision to improve outcomes for Iowa youth in transition from foster care to independence; 2) to demonstrate a training model that engages supervisors and their workers in a learning and team-building process around the needs of youth in transition; and 3) to improve outcomes for youth in transition nationally, through varied dissemination activities.

Activities and Services to improve recruitment of committed foster families.

Retention and Recruitment Services: A newly designed program to provide retention and recruitment services for Iowa foster and adoptive families is designed to utilize a cohesive approach to provide training, recruiting, licensing, and continued support to families who wish to be foster and/or adoptive families. The project will involve birth, foster, and adoptive families in partnership to find a permanent, loving home for children. Specific recruiting for individual children will improve recruiting of committed resource families for older youth.

Activities and Services to facilitate youth participation on the stakeholder panel in a meaningful way.

Child Welfare Stakeholder Panel [DHS & Court]: There are 5 youth who are members of the stakeholder panel. There is a service contract to support the youth and an adult member of the panel who serves as a mentor sponsors them. Special orientations and preparation are provided to the youth as well as follow-up support to each meeting. Youth are actively participating and providing good feedback to the state regarding strengths and improvements, and suggestions that can be implemented to further improve services to youth.

The Stakeholder Panel provides feedback, review & communication around the CFSR and 4B Plan and is an opportunity for Collaboration of Tribes, court, and youth. The panel facilitates active stakeholder involvement and consultation in Iowa's:

- Child and Family Service Plan (CFSP), so that this plan reflects initiatives and activities going on through communities, private providers and other stakeholders that help the state meet federal expectations.
- Child and Family Service Review (CFSR) Statewide Assessment
- CFSR onsite review
- CFSR Program Improvement Plan (PIP)
- Achievement of federal outcome measures
- Review of local practice and our role in assisting children and families to achieve permanency
- Identification of emerging issues and/or needs and discussion of possible impact on child safety and permanency.

Activities and Services to improve the role of group care providers to prepare youth for adulthood and establish permanency and lifelong connections prior to leaving foster care.

Group Care Service Description: DHS revised the definition and standards for group care to include age-appropriate activities to maintain a child's connection to the child's family and community, to promote reunification or other permanent placement, and to facilitate a child's transition to adulthood. Services include, but are not limited to, restorative living skills such as menu planning and cooking, recreation and leisure, job seeking, housekeeping, and transitional or referral services related to permanency.

Activities and Services improve the opportunities for youth to have mentors.

Transition Planning Specialists have continued to collect data on the various non-profit agencies throughout the state which have mentoring programs for youth referral, which they share with staff as part of the overall resource matrix they maintain for the areas they cover.

Other Programs that Support Youth Permanency and Transitioning to Adulthood

Iowa After Care Services: Iowa's Aftercare Program, serving former foster care youth between the ages of 18 and 21, focuses, among other things, on permanency as a key component that a youth's self-sufficiency plans must address in assuring positive personal relationships with adults in the community; additionally emphasis has been placed on providers linking youth to a mentor. Permanency is one of several outcomes the Aftercare contractor is required to report on. In addition to case management services to assist youth transitioning from foster care into adulthood, Iowa's Aftercare program manages the PAL program.

Preparation for Adult Living [PAL]: Aftercare participants who left foster care after May 1,2006, were at least age 18, and have a high school diploma or GED may be able to qualify for a monthly stipend to live in an approved living arrangement such as former foster parents, in an apartment or a college dorm. PAL participants must be attending college, be in a work training program or be working. Regular meetings with Self Sufficiency Advocates are required. Funding former foster parents for youth to continue to live with them once out of care is a strategy Iowa is utilizing to strengthen youth permanency and transition to young adulthood.

*Education & Training Vouche*rs: Tuition, books and other related expenses may be covered by ETV through the Iowa College Student Aid Commission. ETV can pay up to $5000 per year through age 23 towards university, community college or trade school education. The Legislature recently passed additional state funded tuition waivers for children that "age out" of foster care, youth adopted age 16 and older, and youth that "age out" of the state juvenile facilities. The ETV program is exploring on campus programs that enhance existing student services by connecting students with on campus mentors, tutors, and faculty and staff in addition peer support.

Wendy's Wonderful Kids: Wendy's Wonderful Kids [WWK] is the direct-service signature program of the Dave Thomas Foundation for Adoption that combines the fundraising of Wendy's and its customers,

aggressive grants management of the Foundation, and the talent of experienced adoption recruiters throughout the nation and in Canada to move children from foster care into permanent, loving adoptive homes. Four Oaks has the WWK project in Cedar Rapids.

Foster Parent Training: The Department of Human Services contracted with The Iowa Foster and Adoptive Parents Association (IFAPA) to offer statewide training on effective transition planning for adolescents in foster care. The class trains foster and adoptive parents how to administer the Ansell-Casey Life Skills Assessment to youth in their care and teach skills for transition to adulthood. In conjunction with this training, the Department of Human Services contracted with IFAPA to deliver training to foster and adoptive parents on "Permanency for Teens." Each of these trainings have been developed into a 6 hour training module and have been offered numerous times throughout the state over the past 2 to 3 years. IFAPA has incorporated both trainings into their overall yearly training schedule.

Kinship Care Committee: This committee is working to strengthen relative and kin placement and connections though policy and practice development; development of supports for relative and kin, and improve training.

Jim Casey Youth Opportunities Initiative : Iowa is currently participating in the Jim Casey Youth Opportunities Initiative, with the ultimate goal of increasing opportunities for successful transition to self-sufficiency, particularly educational and employment, to youth, who are in or were in foster care, between the ages of 14 and 23. Polk County (Des Moines and surrounding suburbs) is the project site and the Youth Policy Institute of Iowa administering the initiative; it is IDHS's goal to advocate for best practices learned from the initiative on a statewide basis.

> *Moving on Up! Passport to Independence* was launched in Polk County in the summer of 2004. The local project builds on existing efforts and involves a broad range of community stakeholders in implementing the Youth Opportunities Initiative model to improve outcomes for youth transitioning from foster care to adulthood, including permanency. The lead agency locally is the Youth Policy Institute of Iowa (YPII). Working together with youth and community partners, YPII is implementing five key strategies – increased opportunities, youth engagement, community partnerships, research and communications, public will and policy – to improve outcomes for individual youth and the systems that impact them. Expanding and implementing opportunities for young people in foster care or who were formerly in care, ensuring that they have increased opportunities for a successful transition to self-sufficiency, and impacting specific "system results" that lead to improved outcomes for them will continue to be the focus of ongoing work in Phase 2. Based on the significant progress in Phase 1, the Initiative's Opportunity Passport™ program will continue locally and work with the Department of Human Services and other partners to share best practices and replicate key features of the Initiative in other parts of the state. Increasingly, efforts will be supported to ensure that all youth who have experienced foster care have life-long connections to caring adults and to the community.

Shared Youth Vision: Iowa is applying for a grant from the Department of Labor to pilot collaborative community efforts to address needs of system-involved youth. The shared youth vision team will work with public-private coalitions in Dubuque and Buena Vista Counties, to implement strategies to increase partnerships, build capacity, and integrate services and resources to improve outcomes among youth ages 14 to 21 who are involved in or who have aged out of Iowa's Child Welfare / Juvenile Justice system. Locally led efforts to convene stakeholders and engage partners are critical to coordinate and expand services and supports for system-involved youth. If selected, five key activities will be implemented as part of the project, including improving and integrating strategies and services to prepare system-involved youth for adulthood with efforts to connect these youth with permanent, positive relationships

D. FY 08 Services

Policy and practice will be reviewed and revised to promote a" Permanent Living Arrangement:" a foster parent or relative caregiver where there is a commitment on the part of all parties involved that the child remain in that placement until he or she reaches the age of majority.

E. Population Served

The youth intended to be serviced by each program listed above is described in the program descriptions.

PROMOTING SAFE AND STABLE FAMILIES PROGRAMS

This section contains or references services provided through Title IV-B, subpart 2:

- Family Preservation
- Family Support
- Family Reunification
- Adoption Promotion and Support Services
- Planning and Service Coordination

1. Family Preservation

Service Description

Family preservation services are intended to prevent unnecessary out-of-home placements of children, maintain family integrity, reduce family stress to keep children safe at home and increase family strengths and resiliency in order to reduce the risk of child abuse and neglect and incidence of repeat maltreatment.

Iowa has statewide services including a safety plan for every child and the availability of Family Team Meetings.

Collaboration

DHS staff and contract staff from community based agencies work together to assure statewide availability of services to Iowa families.

Goals and Objectives

The Iowa PIP set forth a goal to embrace a family-centered model of practice. Family Team Meetings are a primary way to engage families. Providing services to strengthen families and prevent children from out-of-home placement supports the Child and Family Well Being goal of enhancing family's capacity to provide for their children's needs.

IV-B Part 2 Funds Rationale for Family Preservation

The Iowa family preservation programs are delivered and are available statewide. This service is used extensively in Iowa and is funded with state funds through our general appropriations. Therefore, less than 20% of PSSF funds are utilized for family preservation.

IV-B Part 2 Funds: Estimates and Expenditure Differences

The differences between the expenditures and the estimates for 2005 PSSF funds are primarily due to not completing all the scheduled Quality Service Reviews that had been planned, and therefore moving those monies to the field for direct services. That resulted in more expenditures than estimated for family

preservation and family support services. It also resulted in less expenditures in planning, and administrative costs.

2008 Services

A "Safe Haven" for Newborns Public Awareness Campaign will be launched in SFY08. Phase 1 of the campaign involves collaboration with the Iowa Hospital Association to purchase existing ads originally used by the State of Utah. Iowa information will be added and cable and network TV advertising time purchased. The "Safe Haven" campaign includes a 24 hour 800# available to the public. Volunteers answering the phones will be trained by DHS prior to release of the ads. Safety from abuse and neglect is the desired outcome of The "Safe Haven" for Newborns Public Awareness Campaign.

2. Family Support

Family Support Services are community-based services that promote the well being of children and families and are designed to increase the strength and stability of families. Since 2002 IDHS has contracted with Prevent Child Abuse Iowa to provide family support services across the state. Prevent Child Abuse Iowa contracts with local child abuse prevention councils in counties throughout Iowa.

Please reference the Child Abuse Prevention Section in this report for further information on services, collaboration, goals and objectives and 2007 service plans.

3. Time-limited Family Reunification

Service Description

Time-limited Family Reunification Services are services and activities that are provided to children and/or families who have had a child placed in a foster family home or a childcare institution. Service to facilitate a reunification within a timely fashion is available only during the 15-month period that begins on the date the child entered foster care. Services that may be provided fall into one of the following categories:

1. Individual, group, and family counseling
2. Inpatient, residential or outpatient substance abuse treatment services
3. Mental health services
4. Assistance to address domestic violence
5. Services designed to provide temporary childcare and therapeutic services for families, including crisis nurseries
6. Transportation to or from any of the services and activities describe above

The eight (8) IDHS Service Areas receive PSSF funds to provide Time-Limited Family Reunification services. There is focus on providing Family Team Meetings (FTM) as a reunification strategy. Family Team Meetings have been used to reduce the incidence of re-abuse, re-entry into care, and increase the face-to-face visits with children and families. Each Service Area has developed service description, goals, and objectives and have reported their results to the PSSF Director. They have a developed plan for collaboration specific to their programs.

4. Adoption Promotion and Support Services

Service Description

In state fiscal year 2006, the PSSF adoption funds were used for adoption childcare and service area adoption promotion and support. The Foster Parent Handbook was updated and reprinted with a combination of PSSF and State funding. The handbooks are distributed within the service areas to families participating in PS-MAPP Training.

Collaboration

DHS Service areas collaborate with one another as well organizations representing foster and adoptive parents to assure statewide access to training and services.

Goals and Objectives

Providing training and support to foster and adoptive families will improve the quality of homes available to children. Promoting adoption to the public will result in an increased number of homes available to children. These activities support the goal of Permanency. Children will have permanency and stability in their living situation.

2008 Services

DHS has entered into a statewide contract with Kids Net to recruit, train, and support resource families. Twenty percent (20%) of 2007 Promoting Safe and Stable Families money has been included in the contract for specific activities.

5. Planning and Service Coordination

Community Partnership for Protecting Children (CPPC)

Service Description

The Community Partnerships for Protecting Children (CPPC) approach aims to keep children safe from abuse and neglect by strengthening communities' ability to provide supports to families. This approach recognizes that keeping children safe is everyone's business and community members and partners need to be offered opportunities to help vulnerable families and shape services and supports provided. Partnerships have brought together parents, youth, social service professionals, faith ministries, business, schools and caring neighbors to help create a continuum of care and support for children, youth and parents in their community. CPPC has four key strategies to support linkages at the family level, neighborhood, and the community level:

1. *Shared Decision-Making:* Each partnership establishes a local decision-making body that reviews the effectiveness of community child protection and engages community members to participate in and support the initiative. Each site forms a decision-making group to create the structure for the local partnership. This group takes responsibility for setting the ongoing direction of the partnership and leads efforts to reach out to neighborhood residents, parents, local faith institutions, and schools and to inform the broader public about the purposes and benefits of community child protection. In addition, this group takes primary responsibility for self-evaluation.

2. *Family Team Decision-Making:* An individualized course of action is implemented for all children and families who are identified by the community members as being at substantial risk of child abuse and neglect. In Iowa, this approach is referred to as Family Team Decision-Making. In Community Partnership sites, a family team meeting is convened with families, neighbors, and local service providers that result in tailor-made plans designed to support the family and ensure the safety and well-being of the children in that family. These plans identify the specific activities to be carried out by parents, friends, extended families, and other formal and informal supports. Action plans build on the strengths of families - as opposed to focusing on their weaknesses - and adapt to cultural and racial norms that vary from family to family.

3. *Neighborhood/Community Networks:* Each partnership organizes a network of neighborhood and community supports. Each partnership creates a network of agencies, neighborhood groups and families to support the overall mission of the community child protection. Core members of networks include: schools, faith institutions, mental health professionals and healthcare providers,

substance abuse and domestic violence programs, police, child care providers, parents groups, and of course, the public Child Protective Services (CPS) agency. Networks develop community "hubs" – places that provide the base of operations for partnership-related activities in the area. CPS staffs that are linked with these hubs are easily accessible to families, work closely with other service providers, and learn more about the unique characteristics of the community in which they work.

4. *Policy and Practice Change:* The child protection service (CPS) agency begins to adopt new policies, practice, roles and responsibilities. In order to take a leadership role in the partnership, DHS needs to change the way we responds to reports of maltreatment, while still fulfilling our legal mandate to protect children from abuse and neglect. This process means teaching staff different skills for working with families in the system. If the child's immediate safety needs are met, but the family is still in need of help, then the worker connects parents to the services and resources they may need by first conducting a thorough assessment. DHS is also expected to act as " safety consultants" to other members of the partnership network – assisting teachers, pediatricians, family support workers and residents in determining what they can contribute to child safety in the community, and how to effectively intervene when a child is at risk of harm.

Population, Geographic area, Estimated numbers

Community level*:*

97 counties involving 39 Decat areas - 1115 professionals and 395 community members involved in CPPC

SDM - 39 shared decision-making groups

FTDM – 99 counties have access to a FTMD facilitator

N/C Networks – 49 neighborhood/community networking activities

DV TA/Training – 27 trainings with 468 participants (DHS, DV advocates and other professionals)

Statewide:

SDM – 25 individuals

FTDM Training: - 53 trainings with 960 participants

Community Education: 1,275 have attended community education forms (Conference, Orientation and Immersion)

DV TA/Training – 2 trainings with 50 DHS (March 2006 through Oct 2006)

Local Shared Decision-Making

Community partners organize shared decision-making groups at the community level. This local group develops an understanding of Community Partnership principles/strategies and develops/implements the CPPC plan. Community partners include child welfare, schools, faith-based, community members, domestic violence, substance abuse and other providers. Native Americans have been involved in neighborhood networking activities and local communities continue to recruit involvement in the shared decision-making process

Regional Shared Decision-Making

Three regional Community Partnership Advisory Committees met eight times throughout the year to provide coordination, peer support, on-going education and provide feedback for policy and practice change.

Statewide Community Partnership Executive Committee (CPEC) met six times to provide policy and practice recommendations to IDHS administration based on the feedback for the Community Partnership Advisory Committees. This committee is comprised of representatives from local communities, public welfare representative from each service area, representatives from statewide organizations and agencies. There are 12 task teams that respond to recommendations developed through the community and regional shared decision-making process.

Shared Decision-Making:

Planned Activity: Seven new shared decision-making committees with representatives from private and state agencies and organizations, community-based programs, faith-based community, and community residents were developed. (total to date = 39 committees involving 97 counties)

New Strategies: Each shared decision-making committee will utilize the new CPPC evaluation form that includes surveying membership and setting goals for engaging the community, linking informal and formal supports, family team meetings, and policy and practice change.

Methods of Measures: The new CPPC Evaluation/Reporting form includes a shared decision-making section. Within this section, CPPC sites will identify the scope and number of representatives involved in each of the four strategies. Each shared decision-making committee members complete a survey to determine the function level of the committee. Baselines for the committee's level of functioning are being established this year. The survey will be completed each year and the results will be compared to the baseline to measure progress and committee functioning.

Family Team Decision-Making

Planned Activities:

- Each CPPC site has implemented family team meetings (FTM) and has access to an approved FTM facilitator.
- Six Family Team Decision-Making training (FTDM) were offered this year for a total of 53 Family team-meeting trainings to date. Each training is four days long and includes Building Trust-Based Relationships and Family Team Meeting Facilitation. This year, 120 individuals have attended FTDM training. To date, approximately 960 individuals have attended these trainings. All counties have had access to FTDM trainings.
- Through the CPPC train-the-trainer program, two trainers are being trained to be approved trainers for Family Team Decision-Making training (Building Trust-Based Relationships and Family Team Meeting Facilitation). To date, 11 individuals have been approved to train FTDM (2006). It is projected that by fall of 2007, 13 individuals will be approved to train FTDM.
- Annually trainers and the Family Team Meeting Task Team provide feedback on FTDM curriculum modification.
- Family Team Meeting Seminar teleconference calls are provided bi-monthly with 40-50 participants each time. The majority of these participants are family team meeting facilitation. Family Team Meeting Newsletters are developed and disseminated after each FTM Seminar.

New Strategies: Several sites are focused on developing community infrastructures for providing FTMs to non-DHS families. Several FTDM trainings will continue to be offered to the new CPPC sites. Existing CPPC sites are encouraged to coordinate and organize FTDM trainings as needed in their own communities. Guidance on how to contact approved FTDM trainers and training materials for FTDM training is available on the CPPC website. The development of a new video demonstrating a FTM is underway and will be incorporated into the training.

Method of Measure: On the new CPPC Evaluation/Reporting form, each CPPC site tracks the number of FTM held both for DHS and non-DHS involved families. After each family team meeting, participants are

asked to complete a survey. This information provides a feedback loop for FTM quality implementation issues. Each FTDM trainer must meet the criteria of a formalized evaluation process and participate in the train-the-trainer program. FTDM training participants complete an evaluation form and these are reviewed and monitored to maintain quality curriculum and trainers. Trainers need to maintain a specified level of positive scores on participant evaluations in order to remain approved trainers.

Neighborhood/Community Networks

Planned Activities: 10 additional counties have implemented neighborhood/community networking activities to empower communities to be involved in children safety and well-being. (total to 49 counties)

New Strategies: Three new programs are being implemented as part of the neighborhood/community network strategy. These programs are Parent Partners, Foster Care Youth Transitioning to Adulthood and Circles of Support.

DHS partnered with Prevent Child Abuse Iowa to create a new CPPC DVD to be used by communities for educational proposes.

Method of Measure: The new CPPC Evaluation/Reporting forms require CPPC sites to identify specific goals for the following areas:

Increase awareness and understanding of how communities through partnership can work together to keep children safe from abuse and neglect.

Increase linkages between informal and professional supports and resources for families in need.

Increase collaboration among domestic violence, mental health, substance abuse and child welfare partners.

For each of these goals, the sites will be required to track and report on performance measures (input, output, efficiency measures and outcomes). By tracking this information, sites will be able to determine the implementation level for the Neighborhood/Community Networks strategy.

Through a statewide decision-making processes, the CPEC Outcome Task Team facilitated the development of state guidelines that identify four levels of implementation for each of the four CPPC strategies. These levels of implementation relate to the evaluation form. It is anticipated that through the CPPC evaluation data collection process, we will be able to determine at what level each community has implemented each of the four CPPC strategies.

Community Education and Communication

Planned Activities:

- Prevent Child Abuse Iowa hosted the 5th annual statewide CPPC conference November 2, 2006 with 200 attending. To date, approximately 750 participants have attended this annual conference.
- Approximately 60 participants attended the CPPC site orientation January 25, 2006. To date 240 participants have attended three orientations.
- 75 participants attended two CPPC Immersion Workshops in July 2006 and March 2007. This workshop enables new CPPC sites to gain a comprehensive understanding of the CPPC approach. To date 185 participants have attended three CPPC Immersion Workshops.
- 55 individuals attended CPPC 101 Train-the-Presenters workshop. These individuals have been trained to present CPPC and are involved in CPPC speakers' bureau.
- Approximately 10 CPPC presentations and/or forums have been held throughout the state. (Total to date = approximately 55 presentations)

- Continue to disseminate the CPPC brochures and DVD throughout the state. (total to date = 9,000 brochures have been printed and disseminated and 600 DVD were printed with 260 disseminated)
- Continue to updated CPPC website (http://www.dhs.state.ia.us/cppc/).

New Strategies: Community Partnership's Newsletter highlights communities' success and gives event updates and is disseminated quarterly.

Method of Measures: Participants' evaluations are collected after each event and the Community Education and Communication Task Teams review the evaluations. Revisions are made to future events based on the task teams recommendations and participant evaluations.

Domestic Violence

Planned Activities: DHS contracts with Iowa Coalition Against Domestic Violence (ICADV) to provide technical assistance (TA) and/or training to DHS staff and communities. Domestic Violence technical assistance and/or training from the following items: Case consultation; Impact of Domestic Violence and Substance Abuse; Domestic Violence and Family Team Meetings; DV & Cultural Competency; Domestic Violence, Child Welfare and Substance Abuse Cross-Training; Community Partnership and DV Strategic Planning; Focus Groups, Batters as Parents. ICADV staff is available for telephone case consultation within 48 hours of request.

- Trainings provided by ICADV from March 2006 through Oct 2006 include:
- Two statewide domestic violence trainings for approximately 50 child welfare staff.
- 27 local trainings with 468 participants from DHS, DV programs and other professional**.**

New Strategies: ICADV representative is meeting with each service area supervisors to asses TA/training needs in order to individualize the TA/training to meet specific needs.

Method of Measures: Participant demographics and satisfaction data for each activity is collected and analyzed.

2008 Services

The CPPC goals and objectives will remain the same, however we continue to expand and refine tracking and measuring techniques. Due to the new CPPC evaluation form, more data will be collected and analyzed. This process may lead to new approaches. Please refer to Planned Activities descriptions under the previous section, Collaboration.

The statewide CPPC approaches and activities will be continued in FY 2008 with the addition of three new network programs. Listed below are the three new programs.

Parent Partner*:* The Parent Partner program is about parents helping parents who are involved with the child welfare system. Parent Advocates are parents who have been through the "system" themselves and have successfully reunified with their own children. They have come back to assist DHS to help engage parents who have had had their children removed. The primary goal is to help these parents get their children returned to them. Parent Partners provide support and motivation for those parents who need that extra push to begin their case plan activities. Currently, four pilot sites are involved in the Parent Partner program.

Youth Opportunities Initiative*:* CPPC will be promoting the Jim Casey's Youth Opportunities Initiative. The focus of this programming includes:

- Improves supports for foster care youth transitioning to adulthood
- Builds youth leadership, community supports and youth-adult connections

- Strengthen youth through financial literacy training and match saving accounts
- Create door openers, which connect youth to resources in community (employment, education, faith)
- Promote research-based tools and resources
- Expand initiative to other parts of the state
- Select interested Community Partnership sites to implement initiative

Circles of Support: consists of both participants and allies who volunteer their time, talents and gifts to build a community where everyone has enough money, meaning and friends. Participants are people who face barriers such as poverty, parenting skills or social isolation. Participants and allies work together to build community by coming together to share in a provided meal and evening programming

The DHS redesign and the PIP identified the goal to implement Community Partnerships for Protecting Children (CPPC) statewide by 2007. One of most significant CPPC accomplishment to date is the effort towards this goal. Starting in January 2007, CPPC has been expanded to 97 of the 99 counties in Iowa. As CPPC is expanded so does the understanding and implementation of the four CPPC strategies. These four strategies form a framework for communities to develop safety networks for children and families. To be identified as a CPPC site, communities need to organize a shared decision-making process, implement family team meetings, form neighborhood/community networks and address needed policy and practice changes.

The Community Partnership Executive Committee's (CPEC) Outcome task team developed a new CPPC Evaluation/Reporting form. This form identifies community goals, performance measures and provides implementation evaluation tools. This will enable the collection of a wide variety of data that can be used to demonstrate efforts and effectiveness of CPPC implementation. Each CPPC site will submit this data to Central Office who will use the data to guide future CPPC implementation.

Community Partnership will continue to implement and strengthen the new Parent Partner, Youth in Transition and Circle of Support programming.

Quality Service Review (QSR) Process

Description

In SFY 2006 a modified QSR Protocol was developed to focus on the Family Team Decision Making (FTDM) or Family Team Meeting process. This process focused on local capacity and qualitative aspects of the practice. The FTDM QSR reviewed a total of 30 cases statewide during January and February 2006. Information gained from this review was used to revise the Child Welfare QSR Protocol and to influence training, policy and practitioner support for the evolving practice of Family Team Meetings. (FTM) The revised Child Welfare QSR Protocol and process will be used statewide during SFY2007.

QSR was listed as a strategy in the CFSR PIP along with Community Partnership. In the final PIP submitted 6/5/06, Iowa committed to review 50 cases statewide using QSR. Funding was available for a maximum of 5 site reviews. Between January and December, 2006, a total of 52 cases were reviewed: 30 cases as part of the FTDM QSR; 12 cases in the Sioux City Service Area and 10 cases in the Cedar Rapids Service Area

Collaboration

During 2006, stronger connections were forged with DHS child welfare practice partners in the Juvenile Court Improvement Project (CIP) and the Early ACCESS (EA) program, part of the State Department of Education. The two QSR site reviews conducted during 2006 involved EA program staff and the join review of shared cases using both the EA and Child Welfare QSR Protocols. During 2007, the Department will continue working with EA to refine the shared review process and to share data, information and review findings. CIP staff was also involved in QSR reviews during 2006. This allowed special attention

to be given to the important state and local practice connections between DHS and the juvenile court. During 2007, the Department will work closely with CIP staff to develop a shared process that includes QSR case reviews as part of the ongoing Juvenile Court review process.

As the roles and functions of the QA Council and local QA Committees continue to evolve it is anticipated that important organizational links will be forged connecting QSR learning and practice development findings with system and practice improvement strategies. During 2007 there will be continued efforts to coordinate the QA/I processes with QSR and to cross train staff. The Results Based Accountability Division (RBA) and C&FS will continue working toward integrating the case reading and QSR review processes with Service Areas and better incorporate QSR into the ongoing QA/I process.

QSR Process Goals for SFY2008

QSR goals for SFY 2007 include using the QSR process to prepare for the 2009 CFSR, to identify areas for practice development specific to the Native American population and to bring the process into wider use on a case by case basis in at least one Service Area. During SFY 2007, C&FS will work closely with RBA, two Service Areas (Des Moines and Sioux City) and two agency partners (Early ACCESS and the Court Improvement Project) to tailor the process and Protocol to address specific program and local needs and to better coordinate QSR with other review processes.

In the Des Moines Service Area the process will be tailored to encompass a staggered review of cases in all 17 counties over a specified period of time. Whenever possible cases will be reviewed in conjunction with QS/I case reading.

In the Sioux City Service Area a special QSR Protocol and process will be developed to focus on the needs of the Native American population involved in the child welfare system. This Protocol will be developed in conjunction with the Native community and partner agencies in Wisconsin and North Carolina.

QSR Training Goals for SFY2008

Training opportunities will be made available in SFY2008 for Social Work Administrators (SWA) and all line supervisors to learn about the philosophy and practice principles that support the Department's Model of Practice that is reflected in the QSR Protocol. The purpose of this training is to reinforce and enhance clinical practice skills. Although priority will be given to supervisors, it is intended that this training will be made available to line staff as well during SFY2008 budget permitting.

Other practice development needs identified through QSR will be addressed through a series of research-based practice tools – or job aids. These tools will be developed, vetted and distributed during SFY2007 to support clinical practice supervision, reinforce the practice supported by the CFSR and QSR Protocol and provide all staff with user-friendly, easily accessible research based information to support better results for children and families. It is anticipated that these job aids will be accessible electronically via links within the child welfare manual through intranet postings and as part of the training curriculum.

7. Family Finding

See Child Welfare Program Service Descriptions, Other Planned Permanent Living Service, Youth Permanency.

8. Stakeholder Panel

See Section 2 : Collaboration

.2. COLLABORATION

A. Collaboration with the Court

Juvenile Courts play an active and critical role in decision making in abuse and neglect cases, and in overseeing agency efforts to protect children and achieve permanency. The involvement of Judges has been cited as one of Iowa's strengths both in the listening phase of the BR4K redesign work and in the recently completed federal Child and Family Service Review report.

DHS works closely with the Juvenile Court through the following:

- The BDPS Administrator is a member of the Oversight Committee of Iowa Court Improvement Project
- The BDPS Administrator and the 8 Services Area Managers meet quarterly with the 8 Juvenile Judges, one from each of the 8 Judicial Districts
- The BDPS Administrator is invited to meet with the Juvenile Laws Committee of the Iowa Judges Association on a regular basis
- The Director of the Court Improvement Project [CIP] is a member of the CFSR Oversight Group.

The CIP has identified several Action Steps that they will implement over the next several years to support Iowa's CFSR.

B. Stakeholder Panel

The Department of Human Services Division of Child and Family Services and the Iowa Judicial Branch have created the Child and Family Services Stakeholder Panel in order to more actively elicit input from a diverse group of Iowa citizens who have a stake in the child welfare system.

Purpose of Stakeholder Panel:

The purpose of the Child and Family Services Stakeholder Panel is to provide consultation and actively involve stakeholders in the Division and the Court's child welfare initiatives and programs:

- Child and Family Service Plan (CFSP), so that this plan reflects initiatives and activities going on through communities, private providers and other stakeholders that help the state meet federal expectations.
- Child and Family Service Review (CFSR) Statewide Assessment
- CFSR onsite review
- CFSR Program Improvement Plan (PIP)
- Achievement of federal outcome measures
- Review of local practice and our role in assisting children and families to achieve permanency
- Identification of emerging issues and/or needs and discussion of possible impact on child safety and permanency.

Membership:

The Stakeholder Panel represents and celebrates diversity in Iowa. Members include representatives from the following: consumers, court and legal representatives, service providers including domestic violence providers, state agencies that provide services or supports to children and families involved with the child welfare system, community partners, and public interest groups. Membership also represents diverse communities across Iowa, including rural and urban areas, and diverse racial and ethnic perspectives.

Concerted efforts have been made to seek and retain membership representatives of Tribes, Youth, and Parents.

The Stakeholder Panel will meets bi-monthly. A copy of the Stakeholder Panel Charter can be found in the Appendix. Attached in the Appendix are also examples of focus group questions presented to the Stakeholder Panel and responses by the department to concerns of the Stakeholder Panel.

[See Appendix 4: Response to Stakeholder Panel Concerns and Appendix 8 for Panel Membership]

Key Issues Identified by the Stakeholder Panel Regarding Systemic Factors:

- Concern regarding the frequency in which Court continuances occur. Suggestion was to schedule the next hearing at the current hearing.
- Need to education parents about the process (birth, foster, and adoptive).
- There are support services available for moms, but not dads – this was a concern.
- Generally, discussion centered on the need to approach service planning in an individualized way. For example, you will hear a provider say, "there is no code to pay for that."
- There is a need for crisis intervention services.
- Need for better partnerships with the education system.
- Need to explore different types of technology such as the ICN, tele-health type model, and phone conference capabilities.
- Need for more local planning to meet regional/community needs.
- It was suggested that there is a review of ways to support relatives who care for children in the system; also the need to provide supports for appropriate persons who can care for the children but need supports.
- To help in recruiting foster and adoptive families, the group suggested building additional partnerships with agencies such as the police department.
- Wraparound planning, family group conferencing, and family team meetings are a way for family and youth to be better involved in service planning.

Key Issues Identified by the Stakeholder Panel Regarding Outcomes:

- Need to build off the three counties that are piloting mentoring programs for birth parents who are experiencing the process of having their children removed.
- Emphasis on the importance of respite in reducing abuse; group suggested that we expand the availability of respite for families who are at low-risk and need some support to prevent abuse and neglect.
- Shared support for family team meetings as a way to develop a comprehensive and individualized approach to services.
- Need to identify foster and adoptive families as early as possible in the process; conduct diligent family-finding activity so that a placement can occur as quickly as possible; explore options for non-blood relatives to place children.
- Need to identify whether there is consistency among providers regarding the factors that they are able to control.
- Needs to be a better understanding of the data and trends regarding overrepresentation of minority children and families; important to make training available that would assist potential foster and adoptive parents.
- Concern about children with behavioral disorders in a typical foster placement; there should be greater consideration made regarding where these children are placed (not with an untrained or new foster

family); need additional training and technical support for families who are willing to take these children.

- Importance of ensuring that children are able to have opportunities to connect with siblings and parents; suggested setting standards for contacts made to family; this is more easily done when barriers of distance, misunderstandings about importance of relationship, and funding issues are addressed.
- The group commented that the Department and the Court are heading in the right direction with the new child welfare system changes; however they recognized that there are gaps in service for children with mental and behavioral health needs.
- Need to connect with Area Education Agencies and the education system, specifically with children with mental illness; need to collaborate.
-

C. Collaborative Initiatives:

Although DHS does have collaborative initiatives, e.g. Fatherhood and Youth Development Initiatives, there are no IV-B Funds used to support these initiatives.

3. PROGRAM SUPPORT

A. TRAINING

This section includes staff development and training plan in support of the goals and objectives in the CFSP that addresses the title IV-B and IV-E programs covered by the plan. DHS Training is an on-going activity and includes content from various disciplines and knowledge bases relevant to child and family services policies, program and practices. Training supports the cross-system coordination and consultation basic to the development of the CFSP.

IV-B and IV-E Training

IV-E Training

The "Basic Ordering Agreement" between Iowa Department of Human Services and Iowa State University was developed to provide access to professional services to DHS and for Iowa State University to act as the lead institution in a consortium of public and private organizations located in Iowa. The agreement was established in 1988 and a contract and revised list of task orders are finalized annually.

The consortium provides initial in-service training for newly appointed child welfare staff and continuing training opportunities focusing on the goals and objectives of Title IV-E of the Social Security Act.

In addition to the University and consortium training provided for DHS staff and partners, the Department will continue to provide additional training opportunities through contract trainers and DHS staff. These trainings will, as those in the past year, focus on the development of skills and behaviors that will support the achievement of permanency. The DHS staff curriculum development and trainings for DHS staff and partners may be in conjunction with the consortium and other contractors.

Through the educational resources of the consortium, contractors, and DHS staff, educational programs, courses, conferences, workshops, and seminars are offered which enhance and develop the employee's competencies and increase the effectiveness of IV-E services.

The department uses federal matching funds for training for foster care and adoption assistance under title IV-E at the rate of 75% times the penetration rate, for training personnel employed by the department and for current or prospective foster or adoptive parents and the members of the state licensed or approved child care institutions providing care to foster and adopted children receiving title IV-E assistance. The childcare

institutions are those licensed by the state to care for foster children receiving title IV-E assistance. The training funds are used for curriculum development and training delivery. Travel and per diem expenses are reimbursed only for department employees and for licensed foster parents and approved adoptive parents. Training for other child welfare partners uses 50% times the penetration rate. When contracted service providers attend training designed specifically as joint training for DHS and provider agency staff, the department may reimburse travel and per diem expenses. Otherwise, the department does not reimburse contracted service providers or community participants for their travel or per diem expenses.

Over 600 field staff have Title IV-E-related duties in foster care, adoption assistance, and transition living. Curriculum addressing the needed competencies for employees is developed and included in the Core Course Catalog. Course evaluations are reviewed and used in revising and upgrading course content. Future courses will focus on furthering the social work case management concepts, skill building, outcomes, and competency levels. The Iowa Department of Human Services contracts with the Iowa Department of Inspections and Appeals, through an interagency agreement with the Child Advocacy Board, for a State Foster Care Review Board that reviews foster care cases. Foster Care Review Board staff and citizen volunteers serving on local foster care review boards receive training through participation in DHS core courses and specialized training programs administered by the Foster Care Review Board.

Provider of Training

Title IV-E training is provided to DHS employees by contracting through a “Basic Ordering Agreement” with Iowa State University and its consortium, by contract trainers and by DHS staff. The consortium consists of the state’s public higher educational institutions under the leadership of Iowa State University. Other contractors may provide training for DHS staff and partners. DHS staff may provide training independently or in conjunction with the consortium or other contractors. Iowa State University and the consortium are the primary providers of child welfare training.

Duration Category and Administrative Functions the Training Addresses

The consortium, contractors or DHS staff provide initial in-service part-time training for newly appointed child welfare staff and continuing part –time training opportunities for on-going staff and partners. The training focuses on the Title IV-E administrative functions of referral to services, preparation for and participation in judicial determinations, placement of the child, development of the case plan, case reviews, case management and supervision, recruitment and licensing of foster homes.

Training is also provided to community partnership sites at 75% times the penetration rate for personnel employed by the department. CPPC training addresses engaging families through assessment and facilitation of family team meetings in which the case plan is developed. Community Partnership represents a philosophy and practice strategy for child welfare services which directly relates to practice and the development of the case plan. Training includes the practice skills of engaging families in the case planning process. There is a focus on informal supports for families as well as collaborative work with service providers as a case management strategy. Travel and per diem expenses are reimbursed only for department employees. Training for other child welfare partners uses the penetration rate and 50% federal funds. The department does not reimburse community participants for their travel or per diem expenses.

Setting/Venue for the Training Activity

Through the educational resources of the consortium, other contract providers and DHS staff, educational programs, courses, conferences, workshops, seminars, WEB course, phone delivered and on the job

guidebooks are offered which enhance and develop DHS employee competencies and increase the effectiveness and delivery of IV-E services.

The OJT training modules are developed using IVE funds (75%) as OJT tools. The only part of OJT that is funded at the 75% training match rate is curriculum development. The delivery of OJT by supervisors is at the 50% admin rate (times the penetration rate.) OJT training modules are provided as a part of the initial training when at the work site the worker has no caseload or a lower case load. OJT is self-learning with supervision that is not funded with any training funds. OJT prepares the worker for the foundation learning prior to attending the face-to-face class work and puts into practice those concepts learned at the face-to-face training. The OJT and the face-to-face training are blended providing sequential learning.

Audience to Receive Training

Over 600 field staff have Title IV-E related duties in foster care, adoption assistance and transition living for whom this training is conducted. Curriculum addressing the needed competencies for employees is developed and included in the training offerings. The training opportunities are also available to staff with child caring agencies providing foster care and adoption services to promote the expansion of knowledge and skills in their staff. Community Partnership training provides courses for community members and DHS staff.

Brief Syllabus Overview of Training

The training is designed to give employees a basic understanding of the major components and goals related to their role of a social work case manager. The courses are ordered in a sequential format to build competence and skill. The training utilizes a blended approach with foundational knowledge provided via WEB and experience on the job with classroom training used to enhance the higher-level job responsibilities. See the following table for a brief syllabus of individual courses.

Evaluation

Course evaluations are done for all courses and are reviewed and used in revising and upgrading course content. Future courses development uses this information to further family team concepts, skill building, and competency areas.

Description of Cost Allocation Methodology

Iowa does not use the automated cost allocation system to allocate costs to benefiting programs. Rather than allocate all training costs among all benefiting programs, Iowa determines, on a course-by-course basis, what federal programs benefit from the training. Expenditures for each course are distributed into one of the following categories:

- Any course (or portion of a course), which is not allowable for IVE match, is allocated to state only.
- Any course which benefits only foster care and/or adoption is charged using the IVE penetration rates and the training match rate.
- Any course (or portion of a course), which benefits all child welfare programs, is allocated to IVE and non-IVE based on client eligibility statistics.

For training which benefits only foster care or adoption assistance, the penetration rate is applied to the cost and then 75% of that amount is claimed under Title IVE. The penetration rates used are: % of adoption assistance cases that are IVE eligible, % of family foster care cases that are IVE eligible, % of all foster

care cases that are IVE eligible, and the % of all foster care and adoption assistance cases that are IVE eligible. The actual penetration rate used is based on the content of the training.

For training, which benefits all federal programs used to fund child welfare services, the IVE penetration rate is calculated using client eligibility statistics from the Foster Care Key Performance Indicator (KPI) 302 report and the Adoption Financial Summary Report. The penetration rate is based on the number of cases that are IVE eligible compared to all cases. The penetration rate is applied to total expenditures to first to determine the portion eligible for IVE. The IVE eligible amount is claimed at 75%.

Estimated Total Cost Per year

The 2007 per year total dollars for training: $2,221,449.24

Traineeship Programs

The Department is investigating the re-establishing of a BSW Traineeship practicum program for placements in Departmental professional settings for senior undergraduate students preparing for employment with Department of Human Services; and for a MSW Traineeship program to provide educational opportunities for current staff who wish to enhance their knowledge base and continue to provide Title IV-E related duties.

FY 08 Service Training Plan

Introduction

The 2003 Child and Family Service Review identified Iowa as not in substantial conformity in the systemic factor of training. Although the CFSR determined the State had a well-conceptualized and broad pre-service training curriculum for caseworkers, the training system was not functioning as it should. Key reasons included:

- High worker caseloads that prevented workers from attending classes;
- Cuts in spending resulted in fewer class offerings and a less fulsome array of classes, and
- Reliance on supervisors for sound “hand’s on” work with our staff without providing the statewide tools and expectations to guide those activities.

Since that time, we have implemented key strategies for improvement. We are:

- Working under a grant with the University of Iowa to provide supervisory training.
- Incorporating the evolving concepts of engagement, safety, risk, and outcomes into core class opportunities.
- Using sound data and research to drive discussions about what elements of practice lead us to success with our families.
- Firming up our framework for decision making from a model of practice through the life of a case beginning at the knock on the door and ending in safe case closure.

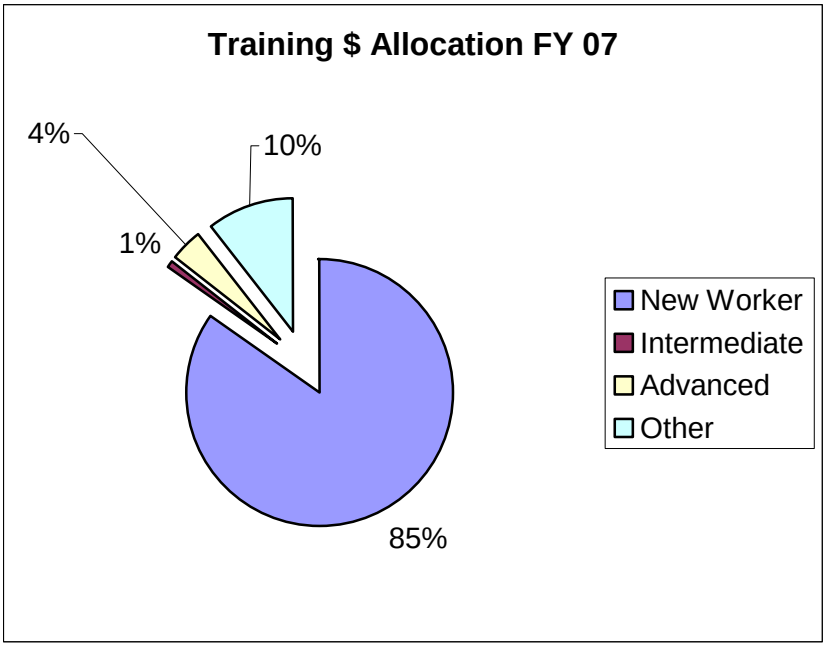
<u>Alignment of Resources</u> – a Challenge of Meeting Needs within Limited Funds

Background

- There are limited amounts of funds allocated to training and a limited number of trainers. Currently there are only 2 part time DHS Trainer positions allocated to field training. In addition, the

Department has 2 primary contract trainers and several part time trainers who teach core courses. These trainers are responsible for approximately 38 classes per year and touch 600+ workers in those efforts.

- The resources for supervisory training are almost entirely residing in current grants **scheduled to end in October 2008**. Supervisory quality depends on ongoing quality training.
- The training budget is currently primarily directed at new worker training (85%) in order to accommodate hiring whenever needed and orientating new workers to this complex position as there are no pre-employment education provisions nor social work required experience. Thus the current training allocation does not facilitate the development of experienced staff and supervisors. Nor does it allow for adequate training on practice initiatives.
- The training budget does not allow for identified unique training needs of service areas.



- The Department currently has no comprehensive assessment baseline of our ongoing staff competencies and training skill needs. This lack of information inhibits more long-range thinking when considering future resource, curriculum, and staff development needs. It also prevents strategic planning for use of training to target those competencies and skill needs.
- As was referenced in the introduction, traditional classroom-based training cannot be expected to meet the complex needs of the child welfare system. Child welfare workers must possess a wide range of knowledge and skills that require time and mentoring to develop. This means line supervisors, service area leadership teams, and central office units must all step forward to support line level practice development in creative and progressive ways.
- Training is ongoing and a copy of the Training Schedule FY 2007 is attached along with the Overview of FY 08 Training Plan. [See Appendix 7]

DHS is looking at a reallocation of resources in FY 08 to more fully offer training across the continuum of staff development.

- Shifting dollars from the current 85 % on new worker training to 60% so there are more opportunities for staff development across the continuum of skill levels. Also in order to accommodate this shift we are planning to improve hiring guidelines that enhance required education and/or experience and supports BSW level pre-employment opportunities in child welfare programs thereby enabling new worker training to appropriately target DHS strategies.
- Integrating DHS training staff for the purpose of aligned training efforts.
- Linking and aligning practice performance data with training offerings.
- Allocating in future years designated training dollars to service areas to enable staff to access appropriate training opportunities available through local communities.
- Continue discussion with the Iowa Higher Education system state opportunities for students at all levels to become more competent practitioners in the public child welfare arena with implementation in FY 09.
- Beginning to work to address the impending gap in supervisory training when the two supervisory training grants end in 2008.

Competency Development - A Strategy for Spreading Success

Background

- There is a commitment to quality training and mentoring of adequate duration provided to new Iowa Department of Human Services Supervisors and Social Workers to prepare them for their complex and challenging work with continued development opportunities for experienced workers in order to achieve a competent child welfare work force committed to ensuring safe, permanent, nurturing families for children at risk.
- Training is a continuum with the model of supervisory clinical consultation supported with mentoring and coaching, classroom training and on the job learning for each employee following the instituted yearly updated individual developmental plan.
- Supervisors have a clearly defined role, which is strength based, consultative, and provides monitoring and feedback to their workers and continuing assistance with policy and practice changes as they occur within the Department.
- Training uses a variety of training methodologies including face to face, on the job training, Iowa Communications Network, phone conference and computer-based training in addition to coaching and mentoring depending on the content.
- Training and employee development are based on identified competencies that are reviewed annually.
- Learners are responsible and accountable for their own learning.
- Requirements for training are clearly established by position with a minimum number of training required for experienced workers per year.
- Feedback is provided to the employee and their supervisors after initial orientation training and is ongoing to the employee by the supervisor.

Content of Training: A Dynamic Relationship for a Learning Organization

Background:

- Training has been refined and updated to reflect the CFSR recommendations. This plan is a continuation of the updating and refinement of the training.
- In addition, changes have been made to incorporate the BRFK practice changes.

- As changes are made either from policy, legislative or new initiatives such as Remedial Service Program, training is updated.
- Training is a component of the IVB State Plan and this report is submitted each year with the training goals and activities outlined for the federal partners for the next fiscal year. Also – a review of the previous year activities outcomes is part of this report. The training plan in the IVB State Plan is the document that is used to provide IVE funds for training.
- Training is not heavily resourced and is not at the 2000 level.

B. Technical Assistance Provided to Counties and Other Entities that Operate the State Programs.

This is not applicable for the State of Iowa.

C. Updated Systems

Management Information System: Statewide Automated Child Welfare Information System (SACWIS) Graphical User Interface (GUI)

Work on the modernization of Iowa's SACWIS system began in the summer of 2006 when a contract for the systems development work was issued.

Project Goals:

- •Create an automated, uniform process for the critical child welfare and child protective assessment functions
- •Streamline intake processes and service referral
- •Allow staff to have a comprehensive view of client history
- •Integrate the risk and safety assessment process with the case plans and case management processes
- •Provide much-needed support tools for case management decision-making using data from the SACWIS

When completed, the upgrades to the SACWIS system will make it appear to be a completely new program while retaining all of the backend functionality that has been developed over the years. This approach has allowed us to modernize the user interfaces while maintaining the value of past investments in the system.

Design and coding work is underway at this time. The new systems are scheduled to be available for use late in state fiscal year 08 or early in SFY 09.

Quality Assurance:

The statewide QA&I system has focused primarily on the Child Welfare system, working at becoming an established part of the Child Welfare system across all service areas during this fiscal year. Responsibilities have grown over the year, and the QA&I process has provided benefits in several areas.

The process for development of the QA&I initiative began with the Service Business Team identifying consistent statewide focus or priority areas across each of the Service Areas. QA&I teams in each area then began engaging local staff in assessing performance, and in identifying opportunities for improvement, including to improve consistency in practice strategies, in response to those priority areas. Although each service area has unique issues and approaches, there is consistency of focus and effort toward a defined result.

Data has been used consistently in determining direction of strategies and in evaluating the results of strategies. DHS gathers and uses several types of information:

- Quantitative and factual data are used to describe activities (e.g. percentage of individual service plans completed within policy time frames), service capacity (e.g. number of approved foster homes), trends (number of child abuse/neglect reports received), etc. These data enable QA&I to address questions such as "how many?" "how often?" and "at what level?" The answers to these questions enable the QA&I system to establish baselines, track progress over time and monitor trends and variation.
- Qualitative and outcome information is used to evaluate the functioning of children and families in light of services delivered. This information enables QA&I to address questions such as, "how well?" "How comprehensive?" "How consistently" and "What are the needs?".
- Information related to compliance with applicable standards, regulations, policies and laws are used to review Department and service provider functions in order to determine conformity with Federal, State and Department program requirements.
- Mathematical methods are used to evaluate the direction and strength of trends, and to evaluate which performance differences are normal variation, or beyond normal variation to help to create focus about what might deserve additional focus and evaluation.

Each type of information is useful in determining the direction and focus of strategies to impact outcomes.

In general, QA&I activities regarding Child Welfare (as well QA&I activities in other DHS program areas including Food Assistance and TANF Work Programs) involve examining administrative data to understand overall performance and differences by geography or by sub-groups of the population, and then more detailed review of specific cases using case reading and interviews to identify practice strengths and opportunities. For example, the findings of the QA&I review of the Child Protective Services system reinforce the fact that there are more similarities across service areas than differences, and illustrates the need for some statewide supports and solutions in addition to more local strategies to address more unique issues. Additional illustrations of how data is used to influence outcomes are included in this up-date.

DHS staff, including Child and Family Services policy staff, organized and conducted a review of the Child Protective Services (CPS) system in six service areas between January and June 2006. These reviews were conducted utilizing two person review teams, each consisting of a supervisor and a QA/MA staff. The peer review approach worked very well and was well received by supervisors and workers. Nearly all of the supervisors who took part as reviewers stated they benefited greatly from the participation and would be more effective in their supervision within their own service areas. For this project 583 cases were reviewed, 70 staff interviewed, and the review utilized 47 supervisors trained as peer reviewers. The review process and tool recorded the quantitative and qualitative findings in a web-based tool designed by QA&I. QA&I staff developed a second-level QA review that targeted areas that appeared questionable in order to assure reliability of data. Through this second-level review, unintended differences were identified in review process and clarifications were made to staff and to reviewers regarding policy expectations, the review process, and evaluation of documentation. The CPS reviews identified strengths, opportunities for improvement, and system issues for each service area reviewed, as well as compiling the information into a statewide summary report following completion of the last Service Area to be reviewed. The Service Business Team is coordinating the response to the statewide issues identified in the Statewide Summary.

Policy and Field staff also developed a Child and Family Services Review (CFSR) case reading system, which was designed and implemented during FY2006, reviewing 144 cases. In addition, a web-based reporting system was developed to compile the information using the same technology/platform and with the same look and feel of the tool designed for the CPA review. Due to this, the Department was able to report on case reading items for the first time in the 6th quarter of the Federal PIP. Initial case reading results appeared to be inconsistent with other data, and the staff developed a second-level QA review that targeted areas that appeared questionable in order to assure reliability of data. Through this second-level review, unintended differences were identified in review process and clarifications were made to staff and to reviewers regarding policy expectations, the review process, and evaluation of documentation. Errors

identified in the initial reviews were corrected, follow up training provided, and more accurate and representative results were reported each subsequent quarter. Due to this second level QA, all remaining areas on the PIP related to case readings were met by the seventh quarter except for worker visits with parents; which was met in the 9th quarter. While this QA process targeted specific questions, a comprehensive QA review will be developed and implemented as an integral part of an on-going look at quality issues with the case readings and will be built into this and all other case reading processes.

DHS staff have also contributed to helping a variety of audiences to better understand the role and performance of the Child Welfare system in Iowa. Those efforts include; involvement in the development of a Child Welfare Digital Dashboard available publicly via the state internet web page, identification of staff who "Make a Difference" for the child and families in Iowa and a collection of their casework stories is now displayed on the front page of the DHS web page, and staff have been involved in an effort that in the future will result in a Digital Dashboard for Child Welfare service providers to show their unique contributions to better results for kids.

Based upon the improvements of the past year, the Service Business Team revised statewide focus or priority areas for the year, and Policy and Field staff developed plans to target those areas for FY 07. To increase efficiency and share learning across Service Areas, in recent statewide quality meetings, consistent strategies were identified for each of the focus areas in order to create a more unified statewide approach; this is in addition to whatever unique strategies may be implemented within individual areas. This activity was very helpful in sharing not only what has been tried in various locations, but in understanding which activities worked, which didn't work as well and why, so we don't repeat unproductive strategies.

DHS staff and local committee members also designed, developed, administered, and analyzed a number of Surveys during the year. Some examples of this work include; 800 FTM Satisfaction Surveys, 286 DHS staff Satisfaction Surveys, 500 Foster Family Satisfaction Surveys, a Bureau CIDS Survey, and Shelter Care Survey, and others. Results of these surveys will provide guidance regarding areas upon which the Department can improve.

Quality Assurance & Improvement activities have already made positive contributions in several areas, even though the processes are still new and will themselves become more efficient and effective with time and experience. Clarity of expectations (Defining Quality) remains the lynch pin of all QA&I activities. Only after clarifying expectations can systems, processes and results be assessed for alignment and measurement of performance and results. With clarity of focus and consistent understanding of performance, effective strategic improvement plans can be developed focusing on the goal of continuing improvements.

Over the next year, DHS will continue to build into all QA&I work of all our staff, meaning that QA&I is not a sporadic look back performed by a few individuals, but rather builds and supports a new way of doing the business of DHS.

4. TRIBAL CONSULTATION

This update includes an assessment of the level of ICWA compliance and progress made to improve compliance during the past year, as well as a description of future plans, including information about applicable laws, policies, and training related to ICWA issues.

A Overview of Iowa's Native Children in the Child Welfare System

- Native children represent roughly .04% of Iowa's total child population and roughly 2.4 % of the total children in out-of-home care. This represents an overrepresentation factor of roughly 6 for Native children.

- Nearly one-third of Iowa's Native children reside in Woodbury County and approximately 88% of Iowa's Native children reside in either Woodbury or Tama County- where the Meskwaki Settlement, headquarters of the Sac and Fox Tribe is located.
- Based on these statistics, DHS has placed special focus on designing interventions in these geographic areas; specifically creation of a Minority Youth and Family Initiative [MYFI] project in Woodbury County and negotiation and execution in July, 2006 of a Tribal/State Child Welfare Agreement with the Sac and Fox Tribe. More information on these two major activities is provided later in this section..

Information on Laws

- Iowa remains one of the handful of states that has enacted a state Indian Child Welfare statute to demonstrate state commitment to protect and uphold the rights of Indian children, families, and Tribes; and underscore the protections provided by the federal Indian Child Welfare Act legislation.
- The Iowa ICWA statute became effective in July 2003 and provides protections that exceed the requirements of the federal ICWA statute for Indian children, families, and Tribes. The statute has remained intact since then and there have been no modifications that would weaken its protections for Native children and families.
- DHS partners with the State Judiciary through the Children's Justice Initiative [formerly Court Improvement Project] to distribute information for judges and attorneys concerning state and federal ICWA statutory requirements.
- DHS provides funding to the State Attorney General's Office for the services of an assistant attorney general who can represent DHS in certain child welfare court proceedings and has developed considerable expertise in understanding and interpreting ICWA legal requirements.

Policies and Procedures

- DHS has redesigned its child welfare Employees Manuals and placed links to information concerning ICWA requirements in multiple locations at various points in the Life of a Child Welfare Case- from child abuse intake to in-home services- to out-of-home placement- where information on meeting ICWA requirements is needed. This redesigned approach makes it easier for DHS staff to understand and follow ICWA procedures.
- DHS makes contact information for all recognized Tribes available for child welfare staff on an internal electronic share to enhance their ability to contact and consult with a child's tribe.
- DHS also maintains a list, developed in consultation with Tribes, on this electronic share of tribally recognized expert witnesses for staff to use in meeting the ICWA expert witness provisions; this list is also a valuable resource to share with Judges and county attorneys dealing with ICWA cases.
- For the past three years, including FY 06 and 07, DHS has maintained a contract with the Sac and Fox Tribe, through their social services agency Meskwaki Family Services [MFS], to provide technical assistance and support related to the compliance with the Indian Child Welfare Act. Under this contract, MFS provides: training for DHS field office staff on ICWA requirements and best practices, recommendations to DHS on actions to improve the clarity of DHS ICWA policies and procedures and recommendations on strategies to improved recruitment and retention of Native foster and adoptive homes, and other technical consultation relevant to promoting ICWA compliance. Supports provided under this contract have been well received by DHS staff and supervisors and are especially helpful in localities that do not frequently experience ICWA cases.
- DHS provides direct, immediate access to consultation and support for field staff and supervisors through 2 Central Office staff persons- the ICWA contact person with the Field Operations Support Unit [FOSU] Help Desk and the ICWA policy person in the Division of Child and Family Services.

Staff have immediate access by phone and/or e-mail to these supports whenever they are involved with a case involving a Native child and family.

- Within the DHS Ames Service Area, which includes Tama County where the Sac and Fox Tribe at the Meskwaki Settlement is headquartered, DHS has partnered with the Tribe in FY 2007 to implement joint case planning sessions on Tribal children involved in the State court system to promote collaboration at the case-specific level and to allow for communication concerning cases that may be transferred to Tribal Court.
- Within the DHS Sioux City Service Area, which includes Woodbury County, the Minority Youth and Family Demonstration Project began as part of the Department of Human Services Child Welfare Redesign initiative. The goal is to decrease the number of Native American children who are involved in the child welfare system. Of those who do become involved in the system the goals, in order of priority, are to keep children at home if it is safe to do so, to otherwise temporarily place the child with relatives pending reunification, or to find culturally appropriate placements pending reunification. The key strategies are:
    - Create a process whereby relatives are identified earlier and are approved as placement options.
    - Review the Interstate Child Placement Compact to increase border state placements.
    - Recruit and retain Native American foster homes.
    - Utilize Family Team Meetings as the primary service delivery process.

  As part of the initiative, the department developed a Specialized Native American Unit of child welfare staff to provide services to Native American children and their families. This unit consists of social workers and other support staff that understands and is sensitive to the issues and concerns of the Native American families and work closely with the various tribes to ensure that the mandates of ICWA are being carried out. This unit functions as a team that handles family services, child protective services and adoptions. They are focusing their attention on two decision points, placements and reunifications. A unique component of the team is two staff members who serve as liaisons to the Native American community. One is the tribal liaison communicating and facilitating matters between the department and the tribes. The other staff member is the family liaison and supports the families by helping them to meet agency and court dates and in obtaining resources that are needed. The unit was established in January 2005 and has been given additional funding to support additional activities such as providing transportation, stipends and other incentives to support individuals who want to become foster parents, and for training on cultural diversity and understanding the Iowa ICWA provisions.

Training Activities

- DHS continues to include segments concerning the Indian Child Welfare Act statutes in its new child welfare worker training curriculum.
- As mentioned above, DHS contracts with Meskwaki Family Services to provide ICWA technical assistance and support activities; these activities include ICWA basis training sessions for local DHS field offices.
- DHS, in collaboration with Iowa State University, the University of Northern Iowa, the Sac and Fox Tribe, and other groups, plans and presents an annual statewide ICWA training event for DHS and tribal staff, private providers and other interested persons. This year's conference is scheduled for June 18 in Ames.
- As part of the DHS Minority Youth and Family Initiative, DHS partners with the University of Iowa School of Social Work to plan and present an annual statewide Disproportionate Minority Overrepresentation Conference designed to draw attention to the overrepresentation of various minority groups, including Native children and families, within Iowa's child welfare and juvenile justice system. This year's conference was held on November 30 and December 1, 2006 in Des Moines

and featured several sessions highlighting Native overrepresentation issues and strategies being undertaken in the Woodbury County MYFI project to address the issue. Over 240 persons attended this training, including more than 50 DHS representatives.

- Representatives, including DHS and tribal advocates, from the Woodbury County MYFI project in Sioux City have been invited by the National Indian Child Welfare Association to present at its annual national conference for several years. This year's presentation occurred in April 2007 in Oklahoma City. The innovative nature of the DHS Native Child Welfare Unit implemented by DHS in this project, and the state/Native representative's partnerships in project planning and operation are the primary reasons for these presentation invitations.

Special Initiatives/Activities

- As part of the 2004 Child Welfare Redesign, DHS implemented the Minority Youth and Families Initiative [MYFI], which established 2 geographic locations in which to begin pilot projects designed to reduce the overrepresentation of minority children and families within the child welfare system. A pilot project targeting African American children was begun in Polk County and a project targeting Native American children and families was begun in Woodbury County [Sioux City].
- Native children represent approximately 2.8% of Woodbury County's child population but comprise approximately 15.4% of the total number of children in out-of-home care; their overrepresentation factor is roughly 5.5
- The Woodbury County MYFI project developed through a broad-based community planning process, with significant and ongoing input being provided from Native groups and advocates. Foundational values and strategies that have been used by this project include: creation of a specialized DHS Native Child Welfare Unit to serve all Native cases in the county, provision of enhanced training for this unit on Native culture and ICWA practice requirements, employment of Native staff persons to serve as family advocates and tribal liaisons to help support the work of the Native Unit, flexible funding availability to help Native families, ongoing involvement by Native groups on Unit functioning, and evaluation of program effectiveness.
- The Woodbury County MYFI project began with $75,000 in support funding in 2004 and has been awarded $150,000 annually each fiscal year since then. This additional funding serves as a "seed" or catalyst resource to keep project momentum going forward and is predominantly used to fund the family advocate and tribal liaison positions, staff training, and concrete supports for Native families.
- The success of the Woodbury County MYFI project attracted national attention from The Alliance- national consortium of organizations that includes: The Casey Family Foundation, Center for the Study of Social Policy, and the Alliance on Racial Equity- Race Matters Consortium. The Alliance is interested in providing technical assistance and support to promising locations across the country. In the Fall of 2006, the Alliance selected Woodbury County to be one of their pilot sites and is providing technical and financial support to the MYFI activities there. The goals of the Alliance support to Woodbury County are to: increase efforts to monitor ICWA compliance and measure the rate of disproportionality, implement practice changes to support placement prevention for Native families and implement Native supports for Native children and families involved in the child welfare system, increase cultural competence among stakeholder groups, and increase local capacity to understand and analyze qualitative and quantitative data to track progress and modify planning. This additional support allows the MYFI project to enhance the scope of their strategies. For example, they will be providing Undoing Racism training for key leaders and conducting Quality Service Reviews on Native cases to monitor progress and track ICWA compliance.

Barriers to Compliance and Future Plans

- With the exception of a few counties, such as Woodbury- Sioux City area- and the Ames Service Area which includes the Meskwaki Settlement, that have a larger Native population, many counties and juvenile court systems within Iowa infrequently work with ICWA cases. This often makes achieving compliance more difficult because of lack of awareness of ICWA requirements. DHS has worked to target these issues through; enhancing access to case consultation, partnering with the Court Improvement Project to provide information for judges and county attorneys, and supporting statewide ICWA training events.
- Monitoring case level compliance with ICWA requirements requires the availability of a pool of trained case reviewers who understand ICWA requirements and can evaluate case decision-making and documentation to see if these requirements were met.
- DHS often lacks access to sufficient legal representation, from the Attorney General's office or other sources, to advocate for DHS positions in all cases in which either local county attorneys are not familiar with ICWA mandates or do not agree with the recommended DHS strategies to comply with ICWA.

Identification Of Indian Children By The State Child Welfare Services Agency.

- DHS child welfare policy, reinforced in training and supervision, requires staff to inquire about Native heritage and tribal affiliation when assessing children and families involved in the child welfare system.
- The DHS Case Plan format has a section concerning Indian Child Welfare Act issues in which staff have to document that they have asked clients about Native heritage and tribal affiliation. This section requires staff to document the specific tribe or tribes if clients do have any tribal connections and/or membership.
- The DHS Employees Child Welfare Manual contains instructions and "tips' for inquiring about Native heritage and tribal connections and links to the ICWA manual section are prominently displayed in the various points in a child welfare case so that the importance of identification of Indian children is underscored.
- DHS provides staff with easy access through an internal electronic Share to contact information for all recognized Tribes in the United States to enhance their efforts to involve Tribes in case planning.

Notification:

Notification of Indian parents and Tribes of State proceedings involving Indian children and their right to intervene.

- DHS policy requires that child welfare staff, once they have determined that a child has potential tribal affiliation and/or membership, make an initial contact if possible with the child's tribe, or tribes, and inform them of DHS involvement. This begins the process of collecting information on the child's tribal connection and gives tribes an opportunity to determine whether the child involved with DHS is in fact, considered a child of their tribe.
- DHS child welfare policy requires staff to provide the county attorney, who serves as the state's legal representative in child welfare proceedings, and the court with all relevant information concerning a child and family's Native heritage and potential or confirmed tribal affiliation.
- Required ICWA legal notices concerning court action are issued by county attorneys or Clerks of Court to tribes and become part of the official court record.
- DHS staff document their activities to identify Indian children and make contact with tribes in the DHS case record and court reports.

- DHS collaborates with the State Judiciary Department- through the Court Improvement Project- to provide judges and attorneys practicing in Juvenile Court with information about state and federal ICWA child welfare practice requirements.

Special Placement Preferences For Placement Of Indian Children.

- DHS child welfare policy and child welfare staff manuals contains information about the ICWA placement preference requirements outlined in the state and federal ICWA statutes.
- DHS child welfare staff training includes information about the ICWA placement preference requirements for both foster and adoptive placements of Indian children.
- The only Indian tribe based in Iowa, the Sac and Fox of the Mississippi in Iowa, adopted a specific placement preference order in FY 2006 that differs somewhat from the orders in state and federal statute. DHS provided training and Employees Manual for staff concerning this different order.
- Iowa, like may states, experiences significant barriers to fully complying with the placement preferences because of the shortage of Native foster and adoptive homes. DHS is addressing this problem by undertaking ongoing collaboration with the Sac and Fox Tribe, and tribal representatives in other areas of Iowa such as Sioux City, on outreach efforts to recruit more Native foster and adoptive homes.
- DHS initiated a Resource Family Recruitment and Retention contract with the Four Oaks agency in the fall of 2006; one goal of this contract is to enhance effectiveness in recruiting minority foster and adoptive resources.

Active efforts to prevent the placement of Indian children.

- The Iowa Indian Child Welfare Act, in Iowa Code Chapter 232.B.5. became effective July 1, 2003 and remains in effect. This statue provides more stringent protections for Native children and families in several areas than does the federal ICWA statute.
- The Iowa ICWA statute defines “active efforts” as a more intense and comprehensive level of effort than “reasonable efforts”. The statute, in Iowa Code Section 232. B.5 [19] lists specific activities that the state needs to make in order to meet the active efforts standard.
- DHS child welfare policy and staff manuals list and give examples of these specific activities that must be undertaken and documented to meet the active efforts requirement.
- ICWA active efforts requirements are included in DHS staff training.
- DHS provides case consultation for staff to help them plan for active efforts through the Central Office ICWA policy specialist and the Field Operations Support Unit [FOSU] Help Desk.
- DHS has embraced the Family Team Meeting strategy, which holds considerable promise in promoting active efforts because it encourages both family and tribal involvement in case planning and identification of resources and services needed by children and families.
- The Minority Youth and Family [MYFI] project in Woodbury County [Sioux City] has shown considerable effectiveness at enhancing provision of active efforts by: creating a distinct DHS unit to work with Native children and families, securing Family Advocate and Tribal Liaison positions to support the work of this unit, and having flexible funding to provide concrete supports for families when necessary.

Tribal Courts

Use of Tribal Courts in child welfare matters, including recognition of the Tribes right to intervene in State proceedings, or request the transfer of proceedings to the jurisdiction of the Tribe:

- Iowa only has one tribe headquartered within its borders, the Sac and Fox tribe of the Mississippi in Iowa based at the Meskwaki Settlement. This Tribe created a Tribal Court in May, 2005; the Department engages in active, regular collaboration with this Tribe for several years and worked with the Tribe as their Tribal Court unfolded.
- The Sac and Fox Tribe and DHS worked for several months to negotiate a Tribal/State Child Welfare Agreement that was executed in July, 2006; under this Agreement, the State through DHS agrees to fund child welfare services, including foster care and in-home services, for children under Tribal Court jurisdiction to the same degree as it does for children under jurisdiction of a state court. In addition, DHS and the Tribe agreed to collaborate to obtain federal Title IV-E- funding for eligible children under the jurisdiction of Tribal Court.
- The Iowa Indian Child Welfare statute provides more stringent protections than the federal ICWA statute to protect the rights and authority of Tribes to intervene and request transfer of cases from state court to Tribal Courts. This statute more narrowly limits the "good cause" grounds under which state courts can refuse to transfer cases to tribal courts.
- DHS policy, staff manuals, and training activities contain information concerning the authority of tribes to intervene in child welfare cases and to request transfer of cases to their Tribal Courts.
- DHS has stated to tribes in neighboring states its willingness to enter into negotiations on Tribal/State Child welfare Agreements similar to the arrangement with the Sac and Fox Tribe.

B. Protections for Tribal Children

Description of the understanding, gathered from State/Tribal consultation, as to who is responsible for providing the protections for Tribal children delineated at Section 422[b][10] of the Act, whether they are in State or Tribal custody:

- When an Indian child is in state custody, the State through DHS is responsible for providing all the protections and procedural safeguards for the child. In carrying out that responsibility, the State has an obligation to work in collaboration and partnership with the child's tribe so that the Tribe's legitimate interest in the child's welfare and preservation of the child's Tribal connection is acknowledged.
- When an Indian child is in Tribal custody, the Tribal/State understanding is that the Tribe is responsible for providing all necessary protections and safeguards.
- The Tribal/State Child Welfare Agreement with the Sac and Fox Tribe expands on and more clearly defines respective responsibilities in these cases.

Determining Eligibility

Explain the results of the Indian Tribe consultation [Section 477[b][3][G] of the Act] specifically as it relates to determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth in care under the CFCIP:

- DHS provides Indian children in care under state court jurisdiction with benefits and services under the same eligibility criteria as for all other children in the State.
- These children and their families have the same access to due process protections and appeal rights as all other children and families served by DHS.

Tribal Programs

Description of how Tribes have been consulted about the programs to be carried out under the Chafee Program. This description includes efforts to coordinate the programs with Tribes, how the State ensures that benefits and services under the programs are made available to Indian children in the State just as they are to other children in the State, and the Chafee benefits that are currently available and provided for Indian children and youth:

- DHS regularly consults with tribal organizations and groups within Iowa and neighboring areas about child welfare programs for Tribal children through the State- this includes information about the Chaffee Program.

C. Information on Tribal Consultation [Also see Chafee Section]

- DHS has collaborated and consulted with the Sac and Fox Tribe of the Mississippi in Iowa at the Meskwaki Settlement, the only Tribe based in Iowa, on issues related to the Indian Child Welfare Act for several years. This consultation has been usual in identifying barriers to ICWA compliance, suggestions for areas where additional ICWA training for state staff is necessary, collaborative strategies to recruit more Native foster and adoptive homes, and joint case planning strategies to implement for Tribal children involved in the state system.
- This ongoing consultation resulted in negotiation and execution of a Tribal/State Child Welfare Agreement with the Sac and Fox Tribe in July 2006. The cases of over 25 children have been transferred to the Tribal Court since its inception in May 2005.
- The DHS state child welfare administrator, and the service area administrator, are regular participants in monthly meetings of the Community Initiative for Native Children and Families [CINCF] Native advocacy organization in Woodbury County [Sioux City]; ongoing consultation through this forum has been extremely successful in improving communication, identifying ICWA concerns, and developing collaborative plans to improve performance.
- Since 2004, DHS has continued a special pilot initiative, called the Minority Youth and Family Initiative [MYFI], in Woodbury County- Sioux City that is designed to address the disproportionate overrepresentation of Native children and families in the child welfare system. Planning and implementation for this initiative from the beginning has been undertaken in consultation and collaboration with the CINCF group. More information about this project is contained in the Special Initiatives/ Activities section below.
- DHS has consulted with the CINCF group in Sioux City concerning their observations of ICWA compliance by the State and also their impressions of additional ICWA training needs for child welfare staff. DHS has also obtained consultation from CINCF on ICWA information that should be contained in the DHS Employees Manuals.
- These consultations have resulted in productive suggestions on educating child welfare staff to: be more thorough in their efforts to identify Native children, uncover information about potential relative placement options, gather information about relatives in a less culturally-biased manner, and consider making exceptions to home approval standards on a case-by-case basus, such as square footage requirements or number of bedrooms, that do not jeopardize the safety of children.
- In addition, consultation from CINCF has been obtained concerning barriers to making relative placements for Native children and barriers to recruiting more Native foster and adoptive homes.
- DHS has also consulted with the Sac and Fox Tribe concerning these issues and is working in collaboration with the Tribe to recruit additional foster and adoptive homes. The Tribe is also working to develop its capacity to create licensing standards and license its own foster homes. When the Tribe begins licensing its own foster homes, DHS has agreed to perform child abuse record checks on prospective tribal foster parents and provide this information to the Tribal social services agency.

5. CONSULTATION WITH PHYSICIANS OR APPROPRIATE MEDICAL PROFESSIONALS

Active Consultation and Involvement of Physicians in Assessment and Treatment of Foster Children

Children entering foster care are required by policy to have a physical before they are placed or within 14 days of placement into foster care. In assessing the child's need for foster care services, the assessment encompasses medical, psychiatric, and psychological services. A Physical Record form is submitted to the child's physician to complete and ask for any identification of chronic illness and medications prescribed to treat any chronic health condition. Immunization records are obtained from the child's family or school or the child's physician. Annual medical exams by a physician are required as are immunizations, dental, eye and ear exams. Emergency medical care is also provided should an emergency arise. The information is summarized in the Family Case Plan as well as being available to the foster care provider and the child when they age out of foster care. For children with mental health diagnosis, the caseworker consults with the medical professional at least every six months.

As Federal law requires states to provide "early and periodic screening, diagnosis, and treatment" (EPSDT) services to Medicaid-eligible children (under age 21), Iowa calls the program "Care for Kids" and recommends that children receive health, vision, and hearing screenings.

The child well-being permanency measure of **children receive services to meet their physical health needs** has a midterm goal of 81.2%. For the 8th quarter the goal was achieved at 60%, increased to 74% in the 9th quarter, 55% in the 10th quarter, and 53% in the 11th quarter. Strategies to address this issue have been developed by each service area and Quality Assurance staff in each service area is currently completing an evaluation of performance in this item. Other strategies to address this issue include:

- A review of all Foster Care Cases to evaluate current health status of children and whether appropriate medical treatment has been to completed and documented.
- Development of a worker visitation checklist that includes inquiry and assessment of medical needs and follow-up.
- Supervisors are meeting with staff as part of the current review of foster care cases to educate staff about the importance of critical and timely child well-being examinations (physical/developmental, dental, vision). In addition they are stressing the need for staff to meet this expectation.
- Some service areas are developing data reports and a baseline performance measure on meeting the medical needs of children. For example, Cedar Rapids Service Area has a matrix of each county's method of obtaining timely physicals for children entering foster care. This provides a baseline for current practice with which to set required improvement goals. Systemic issues are being identified to develop greater capacity where needed and overcome barriers, e.g. availability of medical care in more rural areas, medical providers willing to accept XIX payment, getting children in for appointments within 14 days, etc.
- DHS has added emphasis for Child Protective staff to address medical and mental health screenings as part of their functional assessment for cases to be referred to Child Protective Services.

6. DISASTER PLANS

The Iowa Department of Human Services' Continuity of Operations (COOP) and Continuity of Government (COG) Implementation Plan allows the Iowa Department of Human Services (DHS or Department) to maintain its ability to continue services for persons under its care who are displaced or adversely affected by a natural or man-made disaster. Procedures and actions to be taken by the Department's Division of Child and Family Services (Division) in response to a crisis are described in the COOP/COG Plan.

Included in this Section are selected sections from the COOP/COG Plan in addition to supplemental procedures that specifically relate to the disaster plan federal requirements of the following:

- Identify, locate and continue availability of services for children under State care or supervision who are displaced or adversely affected by a disaster;
- Respond to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases;
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster; and
- Preserve essential program records and coordinate services and share information with other States (Section 422(b)(16) of the Act).

Operationally, the COOP/COG Plan focuses on the following: emergency authority in accordance with applicable law; safekeeping of vital resources, facilities and records; and establishment of emergency operating capacity. It also follows executive and legal directives under Iowa law. Additionally, the Division developed supplemental procedures related to communications with local, state, and federal entities.

Iowa Code, Chapter 29C.5 and 29C.8 both require comprehensive evacuation planning. In addition, the Iowa Severe Weather and Emergency Evacuation Policy, adopted December 2001, states: *"It is the Governor's philosophy that there must be plans to ensure that State Government can operate under exceptional circumstances. Therefore, Executive branch departments must deploy plans to ensure staffing and provisions of essential services to the public during severe weather or emergency closings."* [1]

Updates to the Foster Care and Protection of Adults and Children sections of the COOP/COG Plan concentrate on individuals and families to whom services are provided by the Department and provide guidelines for foster care providers to develop emergency procedures that are responsive to accidents or illness, fire, medical and water emergencies, natural disasters, acts of terror and other life threatening situations for children in out-of-home care. As the Division's service procurements proceed and contracts are initiated or renewed over the next 18 months, each contracted foster care provider will be expected to develop crisis response procedures as a part of their scope of service.

Disaster Communications with Federal Department of Health and Human Services (DHHS) Partners

If Iowa is affected by either a natural or man-made disaster that affects the clients of the Department or inhibits the ability of the Iowa Department to provide services, the following communication steps shall be followed:

- The Director of the Iowa Department of Human Services or his/her designee(s), the Administrator of the Division of Child and Family Services, or the Chief of the Bureau of Protective Services shall call Sue Bradfield, the state's Program Specialist in the DHHS Regional Office, at her office (816) 426-2261 or on her cell phone (816) 916-6324.
- If Ms. Bradfield is unavailable, the Director or designee shall call the main number at the DHHS Regional Office at (816) 426-3981.
- If there is no response from the Regional Office, the Director or designee shall call the Children's Bureau at (202) 205-8618.
- The content of the call shall be a summary of the situation and a request for any assistance that may be necessary or appropriate.

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[1] State of Iowa Continuity of Operations (COOP) & Continuity of Government (COG) Implementation Plan, Page 2 (July 1, 2005)

Disaster Communications with Other State and National Organizations

If Iowa is affected by either a natural or man-made disaster that affects the clients of the Department or inhibits the ability of the Iowa Department to provide services, the following communication steps shall be followed related to notification of other states and national groups:

- The Director of the Iowa Department of Human Services or his/her designee(s), the Administrator of the Division of Child and Family Services, or the Chief of the Bureau of Protective Services shall call the administrative office of the American Public Human Services Association (APHSA) at 202/682-0100 and the Child Welfare League of America (CWLA) at 703/412-2400.
- The content of the calls shall be a summary of the situation and a request for any assistance that may be necessary or appropriate.

The following are referred to in the COOP/COG plan and the following table:

- Kevin W. Concannon, Iowa Department of Human Services Director, 515/281-5452
- Sally Titus, Deputy Director of Field Operations, 515/281-6360
- Thomas Huisman, Chief Information Officer, 515/281-8303
- James Krogman, Field Operations Support Unit (FOSU), 515/281-3526
- Joe Finnegan, Bureau Chief, Child Welfare Information System (CWIS), 515/281-5126
- The Division or Bureau Policy Team:
  Mary Nelson, Administrator of the Division of Child and Family Services, 515/281-5521
  Laverne Armstrong, Chief of the Bureau of Protective Services, 515/281-6802
  Jim Chesnik, Group Care Program Manager, 515/281-6004
- Central Abuse Hotline, 1/800/362-2178

State Procedures Related To The Identified Federal Requirements

The actions reported in the following table are either taken from the existing COOP/COG Plan or are supplemental to that plan, and they identify the personnel needs, equipment needs, vital records and databases, and facility and infrastructure needed for each action. These actions encompass the four federal requirements that are identified at the beginning of this Section.

Action	Personnel/Special Skills	Equipment/Systems	Vital Records/Databases	Facilities or infrastructure
Foster Care				
1 Communicate with Foster Care providers regarding status and assistance needs and any initial instructions, determine if there is an initial need to relocate clients, through Deputy Director for Field Operations	Division/Bureau Policy Team	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	Foster care database	Primary/alternate location conference room
2 Determine potential relocation sites (other institutions or Foster Care homes) to use if needed and offer assistance with placement and transportation logistics if needed	Division Policy Team Institution/foster care providers (DHS Field Office responsibility)	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	Foster care database	Primary/alternate location conference room
3 Contact IT to transfer the Central Abuse Hotline from the Hoover State Building to the Alternate location	Division Administrator Field Office Managers locally	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	Foster care database	Primary/alternate location conference room
4 Support staff and providers by making policy clarification available through the Central Abuse Hotline Help Desk	Bureau Policy Team	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	Foster care database	Primary/alternate location conference room
5 Coordinate responses to staffing	Bureau Chief, IT	Cellular/telephone system,	Foster care database	Primary/alternate location

Action	Personnel/Special Skills	Equipment/Systems	Vital Records/Databases	Facilities or infrastructure
needs for abuse allegations identified through the Central Abuse Hotline. Coordinate with FOSU for response Respond to abuse allegations; assign local staff to respond to local site	manager	email, internet/intranet		conference room
6 Coordinate staffing and assign as necessary to back-up inoperable service areas to respond to foster care providers' needs	IT Liaison, Bureau Chief	Cellular/telephone system, email, internet/intranet, Mainframe	Foster care database	Primary/alternate location conference room
7 Ensure care provider payment system continues by contacting IT and transferring system to alternate location (ensure mainframe STAR database and fax are operational) Implement paper back-up payment system if necessary	Bureau Chief, Program Manager	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	Foster care database	Primary/alternate location conference room
8 Provide staffing to back-up inoperable service areas to respond to foster care providers' needs	Bureau Chief	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	Foster care database	Primary/alternate location conference room
Protection of Children and Adults				
1 Determine status of group homes or institutions in affected area Assess the affected area and determine the nearest institution that's able to	Bureau of Protective Services	Cellular/telephone system, email, internet/intranet	Foster care database	Primary/alternate location conference room

Action	Personnel/Special Skills	Equipment/Systems	Vital Records/Databases	Facilities or infrastructure
accept persons if needed				
2 Coordinate with C4-CWIS team and ICN to ensure the Abuse Hotline Phone Number is transferred to alternate location site Provide staffing to receive abuse allegations Forward reports to the specific area where abuse may have occurred If no phone lines: phone assessment will be completed by policy division	Bureau Policy team	Cellular/telephone system, email, internet/intranet	Foster care database	Primary/alternate location conference room
3 Contact C4-CWIS team to ensure foster care payroll system continues to issue monthly payment checks to care providers If not available, implement paper issuance system using the most recent database back-up	Bureau Policy team, Chief Information Officer	Cellular/telephone system, email, internet/intranet, Mainframe	Foster care database/Mainframe, Payroll list, STAR database	Primary/alternate location conference room
4 Organize and provide emergency responders to respond to providers requesting assistance or policy clarification	Bureau of Protective Services and Field Support Offices	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	Foster care database	Primary/alternate location conference room
5 Ensure access to the Central Abuse Registry and MIS systems are available (STAR) Determine need to modify current	Bureau of Protective Services and Field Support Offices, Chief Information Officer	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline, Servers, Mainframe	Foster care database	Primary/alternate location conference room

Action	Personnel/Special Skills	Equipment/Systems	Vital Records/Databases	Facilities or infrastructure
policies regarding child abuse allegation response times	Bureau of Protective Services and Field Support Offices, Bureau Policy team			
6 Provide staffing to respond to abuse allegations Assess the availability of field staff to conduct abuse assessments and make staff re-assignments as needed	Bureau of Protective Services and FOSU	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	Foster care database	Primary/alternate location conference room
7 Assist new placement of children and provide transportation if required	Bureau Policy Teams/Field Support Offices	Cellular/telephone system, email, internet/intranet, Central Abuse Hotline	Foster care database	Primary/alternate location conference room

6. DISASTER PLANS

Plans for alternate sites of the Department of Human Services/Division of Child and Family Services Central Office (current location is the SW corner 5th Floor of the Hoover State Office Building on the Iowa State Capitol Complex in Des Moines, Iowa)

Dependent on what areas of the Hoover State Office Building and Department are affected by an event, multiple strategies will be used to ensure the continuity of business operations.[2] The potential strategies that will be used to continue operations include, but are not limited to, the following:

- The Department/Division will transfer work to another of its own locations that has available facilities within the Des Moines Metro Area, such as the Iowa Medicaid Enterprise office located on Army Post Road; the Child Support Recovery Central Office located on 7th Avenue; or, the Regional Child Support Recovery Office located on Bell Avenue in Des Moines. Several alternative site locations currently operated by the Department have been identified to accommodate critical function continuance and/or recovery depending on the extent of the affected area within the Capitol Complex. Alternate site locations include the eight state institutions located in the cities of Woodward, Glenwood, Independence, Cherokee, Eldora, Toledo, Mt. Pleasant, and Clarinda. Locations leased by the Department in each county across Iowa provide the capability to relocate to other locations.
- Internal Arrangement: Space currently used for training and conference rooms within the Hoover State Office Building on the 5th or First floors will be used as available.
- Reciprocal Agreements: Other department and business unit space in the Des Moines Metro Area or Capitol Complex may be re-designated to accommodate those affected, including the temporary suspension of non-critical functions usually conducted in the areas not affected by the event.
- Due to the nature and scope of work the Department performs for Iowans, redundant computer systems have been established. The Department operates on a day-to-day basis from the Hoover State Office Building, with back-up operating capability through designated servers located off-site at the State Emergency Operation Center.
- External Suppliers: A number of external companies offer facilities covering a wide range of department recovery needs.
- Community Support Partners: The Department has developed partnerships with county and city governments and school systems across Iowa for the use of space in emergency situations.
- In some cases, the Department may not need to provide alternative location arrangements because certain business activities would be considered non-essential and ceased until routine business operations are resumed.

Considerations for foster care and other service providers contracted with the Department:

As the opportunities present themselves (e.g., new or renewed contracts due to future procurement activities or renewal of certification or licensure) the Department will clarify expectations that contractors must meet. Influenced by procedures in other states with which Iowa is familiar, these will include, but not be limited to, the following: Each foster care provider will be expected to develop emergency procedures that are consistent with state and local guidelines. These written procedures must be submitted to the Department prior to contracting, licensing or certification approval and they and must be made available to persons served by the contractor and updated at least every six months.

These procedures will be expected to describe the ways in which the provider will respond to the following:

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[2] These strategies explain what could occur if the central office of the Department were affected by an event. Similar local protocols would be used when the Department's local offices found in county-based sites throughout Iowa and the Department's eight regional Service Areas are affected by an event.

- Accidents or illness;
- Fire, medical or water emergencies;
- Natural or man-made disasters;
- Acts of terrorism; and,
- Other life threatening situations for children in-out-of-home care.

At the very least, each foster care provider shall develop procedures that address the following:

- A description of the provider's responsibilities;
- Provisions for evacuation and identification of a common meeting place for all family members or others in care if, and when, a disaster occurs;
- Detailed emergency contact information related to local, state, and federal law enforcement and others;
- A plan to communicate with the Department's local and state level staff; and,
- Supplies for various needs like first aid, medications, a change of clothing, battery powered radio or television, food, bottled water, and tools.

These procedures will be expected to address steps to be taken if the child is in school or the provider is otherwise separated from the child.

7. MONTHLY CASEWORKER VISIT AND STATE PLAN REQUIREMENT

A. Monthly Caseworker Visits

Definition:

Visit means planned, in-person contact between the child or young adult and one or more family members.

Caseworker means the person responsible for either the case or for visitation of the child.

Caseworker visit means a face-to-face contact between foster child and the caseworker. The caseworker visit focuses on issues pertinent to child safety, case planning, service delivery, and goal attainment. When the department has an open case, face-to-face visits with the child/ren should occur at least monthly. The actual frequency of visits should be determined based on the individual needs of the child and family. When the child's needs dictate more frequent contact, visits need to be made more frequently than monthly.

Child's residence is defined as the home where the child is residing, whether in-state or out-of-state, and can include the foster home, child care institution, or the home from which the child was removed if the child is on a trial home visit.

Use of Funds: Additional funds under IV-B 2 will be used to support monthly caseworker visits with children in foster care through activities designed to improve caseworker retention, recruitment, training, data collection, and performance monitoring.

Procedures to tract and report: Management information system service requests have been completed to require tracking and reporting caseworker visit baseline data to our federal partners by October 31, 2007. Caseworkers record client visits in FACS and in the future the entry will include location of visit. Reporting per the federal requirements will be developed so that each month a report will be generated for the prior 12 months (rolling 12 months) by month. The N [number] will be determined by the number of children and youth who were in out of home care (which does include THV) for at least one full calendar month within the prior 12 months. The numerator will be the subset of the denominator [number of

children] who had a face to face visit during each full month in care in the prior 12 (excluding months on runaway or children placed out of state).

Our SACWIS system will report data on caseworker visits, including the percentage of children in foster care under the responsibility of the State, who were visited on a monthly basis by the caseworker handling the case of the child and the percentage of the visits that occurred in the residence of the child. At this time, staff record visits in our SACWIS system which counts caseworker visits with the child every 30 days and does not record the location of the visit.. The SACWIS system will be revised as follows:

1. Change in visit definitions to count:

- one visit per calendar month
- only those months in which a child has been placed in foster care for the entire month should be reviewed to determine if a visit had been made during that month;
- include children considered on "trial home visit."
- exclusion of months during which the child or youth have run away should not be counted.
- identify location of the visit
- exclusion of children out of state [who have a different visitation requirement].

2. Add to the visit screen:

- the visit location [categorical menu including "the residence of the child"]
- a statement whether case plan issues were discussed [CFSR]
- whether time during the visit was spent alone with the child, [CFSR] and
- whether, at the time of the visit, safety is assessed and the child is considered safe [the child is considered safe using the safety constructs].

3. Change alerts to match the new definitions and requirements.

Reporting Monthly Caseworker Visit Data for FY2007

1. Collect the following data for the 12 month period beginning October 1, 2006 to September 30, 2007 and use the data to calculate the required percentages:

- the aggregate number of children served in foster care,
- the number of children visited each and every calendar month that they were in foster care
- the total number of visit months for children who were visited each and every month that they were in foster care,
- the total number of visit months in which at least one child visit occurred in the child's residence.

2. Perform the following calculations to obtain:

- The percentage of children in foster care who were visited during each and every calendar month – determined by dividing the number of children who were visited each and every full calendar month that they were in care as reported by the State by the number of children served in foster care during FY 2007. The quotient is multiplied by 100.
- The percentage of visits that occurred in the residence of the child – determined by dividing the number of visit months that occurred in the child residences by the total number of visit months for

children visited each and every full calendar month they were in care as reported by the State. This quotient is multiplied by 100.

State standards: Caseworker visit means a face-to-face contact between foster child and the caseworker. The caseworker visit focuses on issues pertinent to child safety, case planning, service delivery, and goal attainment. When the department has an open case, face-to-face visits with the child/ren should occur at least monthly. The actual frequency of visits should be determined based on the individual needs of the child. When the child's needs dictate more frequent contact, visits need to be made more frequently than monthly. Preference shall be given to visiting the child in the "child's residence" defined as the home where the child is residing, whether in-state or out-of-state, and can include the foster home, child care institution, or the home from which the child was removed if the child is on a trial home visit.

Baseline Data: Since our current SACWIS system does not track the location of the visit; we will utilize available administrative data and supplement that data with a case review sample of cases to develop our baseline information. In the future we will use exclusively administrative data, which is expected to improve the accuracy and include data on all foster care children.

The percentage of children in foster care under the responsibility of the State who were visited on a monthly basis by the caseworker handling the case of the child can be reported with administrative data.

For this baseline period only, the percentage of the visits that occurred in the residence of the child will be measured using a random statistical sample of 50 cases that will be drawn from the universe of children in care during the FFY.

From administrative data a report will be generated that identifies the a) total children in care in FFY, b) total children visited in each and every month in care, and c) the total full months in care of children reported in "b". This measure will be determined from the total number of months in care for sample cases determined from administrative visit data, and case reading will determine of the total months the number where the visit occurred in the child's residence.

Total Months for 50 Sample Cases with a Visit Occurring at the Child's Residence
Total Months In Care for 50 Sample Cases Visited Each and Every Month In Care

The State will use this data as its baseline for establishing its annual targets to achieve its 90 percent goal of monthly visits for all children in foster care by October 1, 2011

A case reading tool will be established to gather information on location:

CFSR Worker Client Visit SPECIAL CASE READING	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07
Mark full months in Out of Home Placement												
Mark Months with Visit with client												
Mark months visit in the "child's residence"												

Visit Goal: By June 30, 2008, an outline of steps to ensure 90 percent of children in foster care are visited monthly by October 1, 2011 and visits occur in the residence of the child by 10/1/11will be submitted to our federal partners.

8. CAPTA STATE GRANT

Child Abuse, Neglect, Prevention and Intervention Services

A. Accomplishments and Progress

The core assumption supporting ICAPP is that child abuse is preventable and that children can be made safe from it if families receive appropriate and timely social support, respite child care, and education. Social support breaks down the isolation that many parents experience and help them build the connections they need. Respite childcare enables them to survive periods of high stress. Education teaches children how to protect themselves from sexual abuse and parents how to communicate effectively and manage better their children's behavior.

The Iowa Child Abuse Prevention Program (ICAPP) uses a network of community-based nonprofits to provide this social support, care, and education for families and children in order to reduce the risk of child abuse. In fiscal year 2006, local councils received grants to develop and operate programs in one or more of five major areas: crisis nursery, parent education, respite care, sexual abuse prevention, and young parent support. Here is a brief summary of the major program areas, with a table summarizing the services offered.

Crisis nursery programs provide care and support at any time to families facing emergencies or crises, offering a temporary, safe environment for children at times of great stress. Crisis nursery program staff and volunteers conduct intake interviews, provide placement and transportation for the children, offer advice and support for parents, and connect them to needed community resources.

Parent education programs provide instruction and support to help parents face the many challenges in raising children. Programs teach communication and listening skills, positive discipline techniques, appropriate expectations for children, and strategies for better handling stress and crises. Programs provide instruction using any of several different curricula and offer instruction in-group settings or in homes on a one-to-one basis.

Respite care programs support families by offering a temporary break from care-giving responsibilities, thus reducing the stresses of parenting before they overwhelm a family. These services offer a safe and nurturing environment for children in homes, childcare facilities, or recreational sites. Children also have the opportunity to participate in activities and make new friends.

Sexual abuse prevention programs offer instruction, primarily for children, on how to recognize the risks of sexual abuse and how to act to receive protection. These projects offer instruction on sexual abuse, problem solving, and assertiveness skills.

Young parent support programs provide education for young parents on topics like child development, age appropriate expectations, stress management, and discipline. Programs also provide the support that many young parents lack, while helping to connect them to needed community supports.

In state fiscal year 2006, local ICAPP-funded programs provided 87,508 hours of crisis nursery and respite childcare to 1,592 families with 3,019 children. Almost 3,500 parents attended parent education classes, and 856 participated in young parents groups. A total of 50,314 children and 5,792 adults attended sexual abuse prevention classes. Prevention services overall helped 62,251 children. Table 1 summarizes these services.

TABLE 1

Child Abuse Prevention Services Provided in Fiscal Year 2006

8. CAPTA STATE GRANT

Program	*No. of Projects*	*Parents/Adults Served*	*Families Served*	*Children Served*	*Hours of Care*	*Volunteers*	*Volunteer Hours*
Crisis Nursery	6		204	394	18,860	107	30,790
Parent Education	53	3,690		4,889		1,007	7,301
Respite Care	22		1,315	2,208	57,131	664	5,395
Sexual Abuse Prevention	33	4,585		42,866		574	3,835
Young Parent Support	24	1,391		1,553		746	5,715
Other Funded Projects	6	170		5,174		37	2,074
TOTALS	**144**	**9,836**	**1,519**	**57,084**	**75,991**	**3,135**	**55,110**

ICAPP strives to reduce family stress, improve family functioning and increase knowledge about parenting and self-protection in order to reduce the risk of child abuse. As a way to assess whether these changes occur, councils ask participants to complete service evaluations. Here is a summary of the outcomes noted from the surveys:

Crisis Nursery

- 98% of parents (134 of the 136 responses) strongly agreed or agreed that services helped reduce the level of family stress.
- 84% of parents (113 out of 135 responses) reported using more community resources because of information provided.

Parent Education

- 87% of parents (1,267 out of 1,448 responses) reported improved family functioning after parenting instruction.
- Respondents, on average, reported more than a one-point increase (on a five-point scale) in knowledge on six different topics, including stress management, child development, positive ways to discipline a child, and using community services.

Respite Care

- 98% of parents (529 out of 536 responses) strongly agreed or agreed that services helped reduce the level of family stress.
- 80% of parents (413 out of 513 responses) reported using more community resources because of information provided.

Sexual Abuse Prevention

- 98% of teachers (1,360 out of 1,381 responses) strongly agreed or agreed that students had more knowledge about ways to prevent sexual abuse after instruction.

- 98% of teachers (1,341 out of 1,367 responses) strongly agreed or agreed that students understood better after instruction how to talk about sexual abuse.

Young Parent Support

- Parents, on average, reported more than a one-point increase (on a five-point scale) in confidence in their parenting ability.
- Parents, on average, reported more than a one-point increase (on a five-point scale) in knowledge on six different topics, including stress management, child development, and infant/toddler care.

B. Steps to Expand and Strengthen the Range of Services

In the coming year, Prevent Child Abuse Iowa (PCA Iowa) hopes to undertake a major ICAPP initiative to expand child sexual abuse prevention programming. With $200,000 in additional legislative funding, this initiative will expand and strengthen child-focused instruction, while taking to scale adult-focused sexual abuse prevention (SAP) instruction

The program initiative will expand ICAPP child-focused, SAP programs to some of the 52 Iowa counties (out of 99) that do not have them. Additional ICAPP funding will also improve the scope and intensity of SAP child-focused instruction by expanding the number of SAP instruction sessions for children. Making instruction available more often and at greater intensity is consistent with research showing that this instruction is most effective when it takes place over several years in multiple sessions.

A unique feature of the ICAPP initiative will be expanding through many parts of Iowa instruction for parents and other adults on how they can protect children from sexual abuse. Recent high-profile cases in Iowa have highlighted the failure of parents and other adults to recognize the risk of child sexual abuse and offer protection to children. It is clear that, to be effective, SAP efforts must engage parents and community members to take greater responsibility for protecting children from being sexually abused.

Toward those ends, PCA Iowa and its ICAPP council network have begun to offer instruction for some parents and community members on how to prevent their children from being sexually abused. These efforts have included piloting an evidence-based program in eight to ten counties, called *Nurturing Healthy Sexual Development*, which offers SAP instruction for parents and other adults. More ICAPP funding will increase the number of communities where parents and other adults can receive this kind of instruction. It will also support general community education efforts to protect children from sexual abuse.

C. Revisions to Existing Goals and Objectives.

The major revision for fiscal year 2008 will be the planned expansion in sexual abuse prevention services. Assuming continued expanded funding in the years ahead, here are the expanded service goals in this area:

TABLE 2

Projected ICAPP-Funded Sexual Abuse Prevention Instruction, FY 2008-2011

	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Counties with ICAPP-funded SAP programs	34	47	65	77	88	92
Children attending	42,866	48,000	64,000	82,000	95,000	110,000
Parents/adults attending	4,585	5,000	8,000	10,000	12,000	14,000

8. CAPTA STATE GRANT

Number of child and adult classes	2,516	3,000	5,000	6,300	7,800	9,000
Funding allocated from regular ICAPP grant	$153,000	$187,000	$200,000	$210,000	$220,000	$225,000
New SAP supplemental funding for ICAPP	NA	NA	$200,000	$300,000	$400,000	$500,000
Total SAP funding allocated through ICAPP	$153,000	$187,000	$400,000	$510,000	$620,000	$725,000

D. and E. Services to Be Provided

Prevent Child Abuse Iowa expects that ICAPP services will assist children and their families in 94 of Iowa's 99 counties in the forthcoming fiscal year. These services will be offered through child abuse prevention councils. A chart with the services offered, inputs and activities, outputs, short-term objectives, and indicators is on page 12.

Collaboration

As a key part of its management of ICAPP, PCA Iowa works with a broad array of community groups, faith-based institutions, businesses, and professional groups. Because of this extensive collaboration, ICAPP offers help to parents and children in 94 of 99 Iowa counties. This is a successful collaborative achievement, especially given the relatively minimal financial support for ICAPP: $1.2 million, or little more than $1.50 for every child in Iowa.

PCA Iowa has also shown an ability to collaborate effectively to tackle particular issues or challenges. Most recently, PCA Iowa organized a statewide workgroup of sexual abuse prevention providers and child and family service agencies to discuss how to improve programming and ensure we use evidence-based strategies. This workgroup helped develop guidelines for child-focused, school-based sexual abuse prevention programs funded through the ICAPP. The committee further organized a two-day training on instructional programs for parents and young children that identify healthy and problematic child sexual development.

PCA Iowa's major collaborative effort has been its work in support of Iowa's Community Partnership for Protecting Children (CPPC). For seven years, PCA Iowa has been a key partner in Iowa's expansion of the CPPC from the first site in Cedar Rapids. Over this time, PCA Iowa has substantially expanded its role in supporting the Partnership. PCA Iowa now has a full-time staff person who serves as associate coordinator for the CPPC, working closely with the DHS staff person responsible for overall coordination of the CPPC. PCA Iowa's associate coordinator participates extensively in state-level administration of the Partnership, including communicating with CPPC sites, coordinating state-level support activities, consulting on changes in policies and practices, and assisting in the designation and orientation of new CPPC local sites.

For the past three years, PCA Iowa has also operated an annual grant program providing financial support to six to eight local CPPC sites to enhance neighborhood networking and community connections. These grant-supported local activities have helped new CPPC sites build a sense of community connectedness, enhance parenting skills and reduce isolation, support local child and youth safety and development efforts, and develop community networks to support CPPC networking.

8. CAPTA STATE GRANT

CAPTA

A. Update of Program Areas for Improvement Section106(A) of CAPTA

In the Five-Year Plan (2005 – 2009) the Iowa Department of Human Services (IDHS) identified the areas and strategies targeted for improving Iowa's child protection system. Of the fourteen-program areas set forth in section 106(b)(2)(C) of CAPTA, IDHS identified the six program areas listed below for improvement:

1. Intake, assessment, screening, and investigation of reports of abuse and neglect;
2. Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols;
3. Developing, strengthening, and facilitating training including (A) Training regarding research-based strategies to promote collaboration with the families; (B) Training regarding the legal duties of such individuals; (C) personal safety training for case workers;
4. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level;
5. Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems;
6. Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health ends, of children identified as abuse or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

Under the program area of intake, assessment, screening and investigation of reports of abuse and neglect IDHS implemented Centralized Intake in March 2006. Intake is centralized within each Service Area. The move to Centralized Intake has improved the consistency of practice and decision-making regarding the acceptance and rejection of child abuse intakes. It has also enhanced the Department's capabilities in gathering pertinent information to better analyze the intake data around referrals of Child Abuse, CINA, and Dependent Adult Abuse. In the 2006 calendar year the statewide total of child abuse referrals received was 33,225. DHS also implemented a quality assurance system in 2005. [See description in Updated Systems: Quality Assurance.]

IDHSalso has enhanced the child protective system by developing, improving and implementing risk and safety assessment tools and protocols in Iowa. These protocols have streamlined and strengthened the child abuse assessment and planning process for children and families involved in Iowa's child protection system. These tools are now being used in the field to better determine the safety level of children. The child welfare information system has also improved as result of this initiative. The child protective safety assessment factors have been automated to correlate with the family functioning domains. The ability to now correlate this information has had a positive impact on the CFSR outcomes. Work continues with the focus now moving to risk factors during an assessment and the refinement of DHS Risk Assessment Tool. Results of this work have included: a continued priority on ensuring the safety of children, assessment information based on the behavioral needs of children and families, case planning focused on measurable results, and improved data gathering regarding children served by IDHS.

8. CAPTA STATE GRANT

In the program area involving training, IDHS has developed and strengthened the training around research-based strategies that promote collaboration with families. IDHS continues to provide training to child welfare staff through a Basic Ordering Agreement with Iowa State University. The Agreement provides access to professional resource training services to IDHS. In the Agreement, Iowa State University is the lead institution in the consortium of public and private organizations to provide such services. The consortium, that includes all three of Iowa's Universities, offers research based educational programs, courses, conferences, workshops and seminars for IDHS staff. This includes the initial in-service training for new child welfare staff and continued training opportunities for experienced staff. The training uses a blended approach of both face-to-face instruction and on the job training to provide and enhance the knowledge and skills of the service workers. The curriculum of the trainings include promoting collaboration with families, the legal duties of the individuals, and personal safety training for case workers. To enhance the effectiveness of supervision the Department's training committee teamed with the University of Iowa School of Social Work to develop a curriculum for service supervisory training. Through a grant process the University of Iowa School of Social Work has provided a series of Supervisory training modules to all IDHS supervisors via a series of 4 co-hort training groups. The first three modules were implemented in FY 06 to all service supervisors. Additional training modules are ongoing.

The fourth program area for improvement involves the development and enhancement of the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level. [See PSSF: Planning and Service Coordination "Community Partnerships for Protecting Children" – CPPC.]

IDHS has also continued to support the enhancement of interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment. This has included methods for continuity of treatment plans and services as children transition between the two systems. IDHS continues to work in collaboration with the Crime Victim Assistance Program to better serve child abuse victims. The Crime Victim Assistance Program is a division of the Iowa Department of Justice. Collaborative record and information sharing between these agencies facilitates the determination of eligibility regarding crime victim's reparations. Another effort under this area is the monthly Service Area Managers and Chief Juvenile Court Senior Officers Meeting. IDHS Service Area Managers meet monthly with the Chief Juvenile Court Service Officers to collectively plan around services available to children in the child protection and juvenile justice systems and to discuss and improve outcomes for children.

The sixth program area that IDHS identified for improvement involves the enhancement of collaboration among public health agencies, the child protection system and private community-based programs. The focus of the collaboration is to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health ends, of children identified as abuse or neglected. This includes supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports. IDHS continues to support the Healthy Opportunities for Parents to Experience Success (HOPES)/Healthy Families Iowa (HFI). HOPES/HFI is a collaborative program among various agencies. It is a home visiting program targeting pregnant women and new families with social and economic risk factors, limited parenting skills, and barriers to accessing family support services available in their community. The HOPES/HFI is modeled after the Healthy Families America (HFA) program designed by Prevent Child Abuse America. The goals and objectives of the program include: promoting optimal child health and development, improving family coping skills and functioning, promoting positive parenting and family interaction and preventing child abuse and neglect, as well as infant mortality and morbidity. A Memorandum of Understanding has been established between IDHS and the Iowa Department of Public Health. This agreement has helped to facilitate collaboration between interstate agencies.

8. CAPTA STATE GRANT

Iowa Community Empowerment is another collaborative activity that IDHS supports. Currently, there are 58 Community Empowerment Areas representing the 99 counties in Iowa. Each area has a citizen-led board to support activities that promote the collaboration and early care within the health and education systems in the communities for young children and their families. During the past year, Community Empowerment, Prevent Child Abuse Iowa and Community Partnerships for Protecting Children have developed and deployed a number of collaborative training opportunities for boards, councils, partnerships and providers across the state. During the past year, ongoing support was provided to the cadre of trainers to train others, especially home visitors, in the use of Edinburgh Postnatal Depression Scale. In addition, regional trainings were held on professional boundaries for the Home Visitor Program. Training was also provided to 165 practitioners, local board administrators and board members on fiscal accountability, understanding evidence-based practices and family-driven, effective goal setting.

IDHS now contracts with five Child Protection Centers located throughout the state. Child Protection Centers provide assistance to Child Protective Services Assessment Workers and local law enforcement officials who conduct assessments of cases of child abuse such as those involving sexual abuse, physical abuse, and substance abuse. The Child Protection Centers conduct interviews with suspected child abuse victims, complete all necessary medical examinations of child victims, provide written documentation of the findings, and make their staff available for the purpose of providing expert court testimony upon request.

Another collaborative effort is the Iowa Child Abuse Prevention Program (ICAPP). ICAPP uses a network of community-based nonprofits across the state to provide support and education for families and children in order to reduce the risk of child abuse. In fiscal year 2006, local councils received grants to develop and operate programs in one or more of five major areas: crisis nursery, parent education, respite care, sexual abuse prevention, and young parent support. The core assumption supporting ICAPP is that child abuse is preventable and that children can be made safe if families receive appropriate and timely social support, respite childcare, and education.

IDHS entered into a single statewide performance-based contract in February 2005 for the development and delivery of Community Care services in all rural and urban areas of the state. The purpose of Community Care is to reduce child abuse and neglect in Iowa. This is innovative service was developed as part of the IDHS's “Better Results for Kids” Redesign Initiative. Community Care is defined as child and family focused services provided to families referred from IDHS. The services are geared to keeping the family intact, preventing the need for further and future intervention by IDHS, including removal of the child from the home, and to identify and build on-going linkages to community-based resources that improve the safety, stability and well-being of the children served.

The National and State Offices of Drug Control initiated the Drug Endangered Children (DEC) program in response to the Methamphetamine crisis that was occurring in Iowa. It was believed that a multidisciplinary team approach is required to address this issue as it was clear from the magnitude of the problem that no single agency or discipline could effectively intervene to address the multiple needs and concerns involved. Through the Drug Endangered Children (DEC) initiative, law enforcement, IDHS child protection workers, public health officials, medical practitioners and prosecutors have united to assist children who are endangered by being exposed to Methamphetamine manufacture or use in their environment. This collaborative, multidisciplinary effort in Iowa was initially formed in three counties in Iowa and has since continued to spread across the state with individual counties identifying the need for such the team.

Iowa Code 235A.13, subsection 8 mandates that all Iowa counties in which there are more than 50 reports of child abuse annually must develop and utilize Multidisciplinary Teams. The teams function as a county or multi-county consortium of agencies to identify the need for such things as health services, counseling, economic assistance, education, law enforcement, or therapeutic services in individual cases of child abuse.

The teams offer more effective planning and delivery of services to a child or family involved with Iowa's child protection system. Upon a request from IDHS, a multidisciplinary team shall assist the department in the assessment, diagnosis, and disposition of a child abuse report.

Revisions to CAPTA legislation in 2004 required the determination of eligibility for Part C services for all abused and neglected children under the age of three. In Iowa, the Early ACCESS (IDEA Part C) initiative provides for a partnership between state agencies (Iowa Department of Human Services, Iowa Department of Public Health, Iowa Department of Education and Child Health Specialty Clinics) to promote, support, and utilize the services of Early ACCESS through child protection referrals. Early ACCESS works with clients to identify, coordinate and provide services and resources to families with children age birth to 3 years that may have a health condition that affects his or her growth and development, or may have delays in the children's ability to interact with their environment. Early ACCESS assists children in achieving their maximum developmental status and assist families in providing a permanent home. DHS staff are working with Area Education Agencies and the court and community in two areas of the state to increase the number of parents that take advantage of Early Access Services for their children.

B. & C. Implementation of New State Activities and Changes in Activities for FY 2007

Beginning on October 1, 2007 the Iowa Department of Human Services will implement two new child welfare service packages to children and families. The two new service packages are Safety Plan Services and Family Safety, Risk, and Permanency Services. These two new services reflect the Department's movement toward child welfare services that are more family-focused. The services are designed to build on family strengths and to enhance the parent's or other caregiver's protective capacities to safely care for their children. The services will connect families to community resources and identify and utilize informal family support systems. The services are aligned with the Department's Model of Child Welfare Practice and the child safety, permanency and well-being focus of the federal Child and Family Services Review process. They are intended to encourage greater flexibility, innovation and the use of evidence-based practices in service delivery.

Safety Plan Services is a time-limited service package that helps maintain child safety while Department staff are completing a child protective or Child in Need of Assistance assessment in which children are determined to be conditionally safe. Safety Plan Services are provided in the child's home or in locations as specified in the child's Safety Plan. These services involve provision of a flexible array of monitoring activities and interventions that will be used to supplement the family's protective capacities needed to keep children safe. The goal of the services is to move the child's safety status from conditionally safe to a safe status by providing a culturally sensitive assessment and interventions designed to remediate the circumstances that brought the child to the attention of the Department.

Family Safety, Risk, and Permanency Services is intended to become the primary family-centered service intervention. Family Safety, Risk, and Permanency Services are targeted to children and families that have an open child welfare case, following a child abuse or CINA assessment or juvenile court action. The focus is on promoting safety, permanency, and well-being for children through interventions targeted at preserving families and reunifying children who have been removed from their homes and/or achieving alternative permanent family connections through making and maintaining an adoptive or guardianship placement for children who can not return home. Regardless of the setting in which a family's children reside, Family Safety, Risk, and Permanency Services are designed to deliver a flexible array of interventions and supports that promote safety, preservation of the family unit, strengthen the protective capacities of the children's parents or caretakers, reduce risk of maltreatment and prevent placement. For children in placement the goal is to achieve permanency through either safe reunification with their family, permanent placement with a relative, placement in an adoptive or guardianship arrangement, or movement toward another alternative planned permanent living arrangement

8. CAPTA STATE GRANT

Safety Plan Services and Family Safety, Risk, and Permanency Services provided through IDHS are primarily focused on promoting safety, permanency, and well being of children. This family-focused philosophy of intervention is consistent with the expectations of the federal government under the Child and Family Services Review process and the Department's Child Welfare Model of Practice adopted in June 2004. The Child Welfare Model of Practice embraces a strength-based approach and promotes active engagement and collaboration of families in the development of their treatment plans. The new service array reflects the guiding principles of the Model of Practice as it is intended to be responsive to child and family cultural considerations and identities, connect families to informal support systems, bolster their protective capacities, and maintain and strengthen family connections to neighborhoods and communities.

In regard to any changes in activities for FY 2007 there are none to report at this time.

D. Updates to Services and Training : Section 106(b)(2) (C) of CAPTA)

As stated above, IDHS continues to provide training to child welfare workers through a Basic Ordering Agreement with Iowa State University. This Agreement provides professional training services to IDHS staff. Iowa State University is the lead institution in a consortium of public and private organizations that are contracted to offer educational resources and programs, courses, conferences, workshops, and seminars that enhance and develop the employee's competencies. The training offers a blended approach of both face-to-face instruction and on the job training to provide and enhance the knowledge and skills of the service workers. The consortium provides initial in-service training for newly appointed child welfare staff and continuing training opportunities to experienced staff.

In the past year, IDHS has added 2 part-time positions to assist in the development and delivery of training for child protection workers. They have been involved in the revision and updating of the introductory and intermediate levels of Child Protection Training with the goal of improving efficacy. The training has been updated and aligned with policy practice and procedures in coordination with the IDHS initiative, Better Results for Kids. The updated curriculum for each training now include the Life of the Case information, family domains and family assessment procedures. Mandatory Reporter Training has also been revised and enhanced to better instruct staff at the critical point of initial contact with the community at large and to keep mandatory reporters informed of any changes or additions in Iowa's child abuse laws and procedural changes in the child protection system. The Employees Manual has also been redesigned and aligned in terms of policy, procedures and guidance around the life of the case.

Several new IDHS training courses are being offered or scheduled to roll out. These include Centralized Intake and Safety Plan Services Training. As noted earlier, DHS implemented centralized intake to better facilitate child protective intakes and Child In Need of Assistance referrals. The goals and objectives of this initiative were to provide consistency of practice and decision-making through a centralized intake system that would enable better gathering and measuring of critical information that will ensure that referrals of child abuse, CINA, and dependent adult abuse are accepted or rejected in accordance with state law and policy. Training around Centralized Intake was developed and is currently being offered to strengthen and support the intended outcomes of this system change. The training presents intake as a critical point in the life of a case and highlights the importance of moving beyond the accepting and rejecting of a referral to assisting the family, child and community providers in accessing resources to address the identified needs. The targeted audience for the training is intake workers, supervisors, SW III's, and back up staff who process after hours intakes. The curriculum delivery structure of the class includes interaction, lecture with power point, small and large group discussions, role modeling, and didactic instructions. In addition to policy issues, the staff is instructed in accessing ten different computerized system programs required to process child abuse checks. It is estimated that approximately 150 persons have or will participate in this training. It is planned that the curriculum for this training will continually be updated as a result of the findings from the IDHS Quality Assurance program. The Quality Assurance

program is analyzing and evaluating the information and data gathered from the new intake units. Any problems or system issues are being identified and when needed the training is being amended to reflect the needed corrections in procedures or changes within the system.

Training around Safety Plan Services is currently being offered across the state. This training is related to the new service array initiative that is scheduled to begin in October 2007. The training is being offered in each of the eight service areas across the state. The primary population targeted for this training is all Social Worker III's, who complete child abuse assessments, Social Workers II's who provide ongoing case management services, and their supervisors and administrators. Other potential participants in the training are community professionals who work with families served by IDHS and central office staff. Approximately 30 participants have or will be trained per session to maximize understanding and participation. The focus of the training is on the differences between safety and risk, the key constructs around safety, safety assessment and planning, development of family safety plans and safety issues throughout the life of the case. The goal and objectives of this training is an improvement of the safety assessment that is completed at the initial visit and on-going assessment of safety with the child and family.

E. Substantive Changes in Iowa Law Affecting Eligibility: Section 106(b)(1) (B)

There were no substantive changes in Iowa State law this legislative session that would affect IDHS eligibility regarding CAPTA.

F. Iowa's Citizen Review 2006 and State Response Section 106 (c) (6) of CAPTA

In 2003, the Child Abuse Prevention Treatment Act (CAPTA) was reauthorized and amended by the Keeping Children and Families Safe Act of 2003. A requirement of the Act is that states that receive a Basic State Grant must establish and maintain at a minimum three child protective services citizen review panels.

In Iowa there are currently four Citizen Review Panels; a Statewide Citizen Review Panel, The Child Protection Council that is centrally located in Des Moines, Iowa and three regional Citizen Review Panels located throughout the state. Bridges, An Iowa/Illinois Family Violence Coalition is out of Davenport, Iowa, which is located in the eastern part of the state. The Cerro Gordo County Family Violence Response Team is located in northern Iowa in Mason City and the Northwest Iowa Citizen Review Panel represents the western side of Iowa and meets in Sioux City. While each of these groups meet at least quarterly, it must be noted that Bridges, An Iowa/Illinois Family Violence Coalition has suspended their meetings this past year while they determine a new focus and recruit new membership. As a result, the group did not submit an annual report.

The membership of the State Citizen Review Panel is comprised of a multidisciplinary group of persons from across Iowa who are involved in Iowa's child protection system. The membership of the three Regional Citizen Review Panels represents a broad range of community members who have expertise in the child abuse and treatment field along with local citizens who have interests in the child abuse area. The Iowa Department of Human Services provides coordination and staff support services for the four panels within the state. The confidentiality standards that the members are held to are governed by Iowa Code 235A.

The Annual Citizen Review Reports can be found in the Appendix.

G. Criminal Background Checks for Foster Parents, Adoptive Parents, and other in the Household.

There have been legal and policy changes in Iowa regarding criminal background checks for foster parents. The State of Iowa requires criminal background checks for prospective foster and adoptive parents and

other adult relatives and non-relatives residing in a household where a child may be placed. In addition, new 2007 legislation requires fingerprinting of foster parents. Following are the mandates under the Iowa Administrative Rules and the law as stated in the Code of Iowa regarding criminal background checks for prospective foster and adoptive parents and fingerprinting requirements.

Foster care

Administrative Rules 441-113.13(237) Records checks

441—113.13(237) Record checks. The department shall submit record checks for each applicant and for anyone who is 14 years of age or older living in the home of the applicant to determine whether they have any founded child abuse reports or criminal convictions or have been placed on the sex offender registry. The department shall use Form 470-0643, Request for Child Abuse Information, and Form 595–1396, DHS Criminal History Record Check, Form B, for this purpose.

113.13(1) Evaluation of record. If the applicant or anyone living in the home has a record of founded child abuse, a criminal conviction, or placement on the sex offender registry, the department shall not license the applicant as a foster family, unless an evaluation determines that the abuse or criminal conviction does not warrant prohibition of license.

EXCEPTION: An individual applying to be a foster parent shall not be granted a license and an evaluation shall not be performed if the applicant or anyone living in the home of the applicant has been convicted of a felony offense as set forth in Iowa Code section 237.8(2)"a." The person making the investigation shall not approve a prospective applicant and shall not perform an evaluation if the applicant or anyone living in the home of the applicant has committed a crime in another state that would be a forcible felony if the crime would have been committed in Iowa, as set forth in Iowa Code section 237.8(2)"a."

The evaluation shall consider the nature and seriousness of the founded child abuse or crime in relation to the position sought or held, the time elapsed since the circumstances under which the abuse or crime was committed, the degree of rehabilitation, the likelihood that the person will commit the abuse or crime again, and the number of abuses or crimes committed by the person.

The person with the founded child abuse or criminal conviction report shall complete and return Form 470–2310, Record Check Evaluation, within ten calendar days of the date on the form to be used to assist in the evaluation. Failure of the person to complete and return Form 470–2310 within the specified time frame shall result in denial of licensure.

113.13(2) Evaluation process. The service area manager or designee shall make the evaluation and decision. Within 30 days of receipt of the completed Form 470–2310, the department shall mail to the individual on whom the evaluation was completed and to the registrant for an employee of the registrant Form 470–2386, Record Check Decision, that explains the decision reached regarding the evaluation of an abuse or a crime. The department shall also issue Form 470–2386 when an applicant fails to complete the evaluation form within the specified time frame.

Code of Iowa 237.8 (2) a (2)

237.8 Personnel.

2. a. (1) If a person is being considered for licensure under this chapter, or for employment involving direct responsibility for a child or with access to a child when the child is alone, by a licensee under this chapter, or if a person will reside in a facility utilized by a licensee, and if the person has been convicted of a crime or has a record of founded child abuse, the department and the licensee for an employee of the licensee shall perform an evaluation to determine whether the crime or founded child

abuse warrants prohibition of licensure, employment, or residence in the facility. The department shall conduct criminal and child abuse record checks in this state and may conduct these checks in other states. The evaluation shall be performed in accordance with procedures adopted for this purpose by the department.
Iowa Legislation effect July 1, 2007; Sec. 12. Section 237.8, subsection 2, paragraph a, Code 2007, is amended by adding the following new subparagraphs: NEW SUBPARAGRAPH. (1A) For an individual subject to licensure under this chapter as a foster parent, in addition to the record checks conducted under subparagraph (1), the individual's fingerprints shall be provided to the department of public safety for submission through the state criminal history repository to the United States department of justice, federal bureau of investigation for a national criminal history check. The cost of the criminal history check conducted under this subparagraph is the responsibility of the department of human services. NEW SUBPARAGRAPH. (1B) If the criminal and child abuse record checks conducted in this state under subparagraph (1) for an individual being considered for licensure as a foster parent have been completed and the individual either does not have a record of crime or founded abuse or the department's evaluation of the record has determined that prohibition of the individual's licensure is not warranted, the individual may be provisionally approved for licensure pending the outcome of the fingerprint=based criminal history check conducted pursuant to subparagraph (1A).

(2) An individual applying to be a foster parent licensee shall not be granted a license and an evaluation shall not be performed under this subsection if the individual has been convicted of any of the following felony offenses:

(a) Within the five-year period preceding the application date, a drug-related offense.

(b) Child endangerment or neglect or abandonment of a dependent person.

(c) Domestic abuse.

(d) A crime against a child, including but not limited to sexual exploitation of a minor.

(e) A forcible felony.

b. Except as otherwise provided in paragraph "a", if the department determines that a person has committed a crime or has a record of founded child abuse and is licensed, employed by a licensee, or resides in a licensed facility the department shall notify the licensee that an evaluation will be conducted to determine whether prohibition of the person's licensure, employment, or residence is warranted.

c. In an evaluation, the department and the licensee for an employee of the licensee shall consider the nature and seriousness of the crime or founded child abuse in relation to the position sought or held, the time elapsed since the commission of the crime or founded child abuse, the circumstances under which the crime or founded child abuse was committed, the degree of rehabilitation, the likelihood that the person will commit the crime or founded child abuse again, and the number of crimes or founded child abuses committed by the person involved. The department may permit a person who is evaluated to be licensed, employed, or to reside, or to continue to be licensed, employed, or to reside in a licensed facility, if the person complies with the department's conditions relating to the person's licensure, employment, or residence, which may include completion of additional training. For an employee of a licensee, these conditional requirements shall be developed with the licensee. The department has final authority in determining whether prohibition of the person's licensure, employment, or residence is warranted and in developing any conditional requirements under this paragraph.

d. If the department determines that the person has committed a crime or has a record of founded child abuse which warrants prohibition of licensure, employment, or residence, the person shall not be licensed under this chapter and shall not be employed by a licensee or reside in a licensed facility.

3. In addition to the record checks required under subsection 2, the department of human services may conduct dependent adult abuse record checks in this state and may conduct these checks in other states, on a random basis. The provisions of subsection 2, relative to an evaluation following a determination that a person has been convicted of a crime or has a record of founded child abuse, shall also apply to a random check conducted under this subsection.

4. On or after July 1, 1994, a licensee shall inform all new applicants for employment of the possibility of the performance of a record check and shall obtain, from the applicant, a signed acknowledgment of the receipt of the information.

5. On or after July 1, 1994, a licensee shall include the following inquiry in an application for employment: "Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime, in this state or any other state?"

[C81, §237.8]

Adoptive Parents

Code of Iowa 600.8 Placement Investigations and Reports

600.8 Placement investigations and reports.

1. a. A pre-placement investigation shall be directed to and a report of this investigation shall answer the following:

(1) Whether the home of the prospective adoption petitioner is a suitable one for the placement of a minor person to be adopted.

(2) How the prospective adoption petitioner's emotional maturity, finances, health, relationships, and any other relevant factor may affect the petitioner's ability to accept, care, and provide a minor person to be adopted with an adequate environment as that person matures.

(3) Whether the prospective adoption petitioner has been convicted of a crime under a law of any state or has a record of founded child abuse.

b. A post placement investigation and a report of this investigation shall:

(1) Verify the allegations of the adoption petition and its attachments and of the report of expenditures required under section 600.9.

(2) Evaluate the progress of the placement of the minor person to be adopted.

(3) Determine whether adoption by the adoption petitioner may be in the best interests of the minor person to be adopted.

c. A background information investigation and a report of the investigation shall be made by the agency, the person making an independent placement, or an investigator. The background information investigation and report shall not disclose the identity of the biological parents of the minor person to be adopted. The report shall be completed and filed with the court prior to the holding of the adoption hearing prescribed in section 600.12. The report shall be in substantial conformance with the prescribed medical and social history forms designed by the department

pursuant to section 600A.4, subsection 2, paragraph "f". A copy of the background information investigation report shall be furnished to the adoption petitioners within thirty days after the filing of the adoption petition. Any person, including a juvenile court, who has gained relevant background information concerning a minor person subject to an adoption petition shall, upon request, fully cooperate with the conducting of a background information investigation by disclosing any relevant background information, whether contained in sealed records or not.

2. a. A pre-placement investigation and report of the investigation shall be completed and the prospective adoption petitioner approved for a placement by the person making the investigation prior to any agency or independent placement of a minor person in the petitioner's home in anticipation of an ensuing adoption. A report of a pre-placement investigation that has approved a prospective adoption petitioner for a placement shall not authorize placement of a minor person with that petitioner after one year from the date of the report's issuance. However, if the prospective adoption petitioner is a relative within the fourth degree of consanguinity who has assumed custody of a minor person to be adopted, a pre-placement investigation of this petitioner and a report of the investigation may be completed at a time established by the juvenile court or court or may be waived as provided in subsection 12.

b. (1) The person making the investigation shall not approve a prospective adoption petitioner pursuant to subsection 1, paragraph "a", subparagraph (3), and an evaluation shall not be performed under subparagraph (2), if the petitioner has been convicted of any of the following felony offenses:

(a) Within the five-year period preceding the petition date, a drug-related offense.

(b) Child endangerment or neglect or abandonment of a dependent person.

(c) Domestic abuse.

(d) A crime against a child, including but not limited to sexual exploitation of a minor.

(e) A forcible felony.

(2) The person making the investigation shall not approve a prospective adoption petitioner pursuant to subsection 1, paragraph "a" , subparagraph (3), unless an evaluation has been made which considers the nature and seriousness of the crime or founded abuse in relation to the adoption, the time elapsed since the commission of the crime or founded abuse, the circumstances under which the crime or founded abuse was committed, the degree of rehabilitation, and the number of crimes or founded abuse committed by the person involved.

c. If the person making the investigation does not approve a prospective adoption petitioner under paragraph "a" of this subsection, the person investigated may appeal the disapproval as a contested case to the director of human services. Judicial review of any adverse decision by the director may be sought pursuant to chapter 17A.

3. The department, an agency or an investigator shall conduct all investigations and reports required under subsection 2 of this section.

4. A post placement investigation and the report of the investigation shall be completed and filed with the juvenile court or court prior to the holding of the adoption hearing prescribed in section600.12. Upon the filing of an adoption petition pursuant to section 600.5 the juvenile court or court shall immediately appoint the department, an agency, or an investigator to conduct and complete the post placement report. Any person who has gained relevant background information concerning a minor person subject to an adoption petition shall, upon request, fully cooperate with

the conducting of the post placement investigation by disclosing any relevant information requested, whether contained in sealed records or not.

5. Any person conducting an investigation under subsection 1, paragraph "c" , subsection 3, or subsection 4, may, in the investigation or subsequent report, include, utilize, or rely upon any reports, studies, or examinations to the extent they are relevant.

6. Any person conducting an investigation under subsection 1, paragraph "c" , subsection 3, or subsection 4, may charge a fee which does not exceed the reasonable cost of the services rendered and which is based on a sliding scale schedule relating to the investigated person's ability to pay.

7. Any investigation or report required under this section shall not apply when the person to be adopted is an adult or when the prospective adoption petitioner or adoption petitioner is a stepparent of the person to be adopted. However, in the case of a stepparent adoption, the juvenile court or court, upon the request of an interested person or on its own motion stating the reasons therefore of record, may order an investigation or report pursuant to this section.

8. Any person designated to make an investigation and report under this section may request an agency or state agency, within or outside this state, to conduct a portion of the investigation or the report, as may be appropriate, and to file a supplemental report of such investigation or report with the juvenile court or court. In the case of the adoption of a minor person by a person domiciled or residing in any other jurisdiction of the United States, any investigation or report required under this section which has been conducted pursuant to the standards of that other jurisdiction shall be recognized in this state.

9. The department may investigate, on its own initiative or on order of the juvenile court or court, any placement made or adoption petition filed under this chapter or chapter 600A and may report its resulting recommendation to the juvenile court or court.

10. The department or an agency or investigator may conduct any investigations required for an interstate or interagency placement. Any interstate investigations or placements shall follow the procedures and regulations under the interstate compact on the placement of children. Such investigations and placements shall be in compliance with the laws of the states involved.

11. Any person who assists in or impedes the placement or adoption of a minor person in violation of the provisions of this section shall be, upon conviction, guilty of a simple misdemeanor.

12. Any investigation and report required under subsection 1 of this section may be waived by the juvenile court or court if the adoption petitioner is related within the fourth degree of consanguinity to the person to be adopted.

Community Based Child Abuse Prevention Grant [CBCAP]

2006 CBCAP Update

During SFY2006 the Department contracted with three umbrella agencies – Prevent Child Abuse Iowa, Family Directions of Iowa (formerly Parents Anonymous) and the Iowa Respite & Crisis Care Coalition to offer a variety of child abuse prevention programs throughout the state. These agencies provide a range of comprehensive in-home and community based parent support that include education and support services, respite and crisis childcare. The goals of these programs include reducing child abuse, increasing family stability and improving family access to other resources. These prevention activities are intended to influence three outcomes addressed in Iowa's PIP Plan:

8. CAPTA STATE GRANT

Safety Outcome 1 Children are first and foremost protected from abuse and neglect.

Safety Outcome 2 Children are safely maintained in their homes when possible and appropriate and

Permanency Outcome 1 Children have permanency and stability in their living situations.

Specific Accomplishments in SFY 06

Programs and services delivered through CBCAP grants emphasize community collaboration, parent and family leadership, cultural sensitivity, and ethnic and minority involvement. During SFY06 programs and services have been delivered in 64 of Iowa's 99 counties. All three agencies utilize satisfaction surveys and results based accountability to determine participant satisfaction with the quality and accessibility of programs and to measure increased knowledge/skills as a result of program participation. Although program quality and participant satisfaction has remained high over the past three years, services are not uniformly available, and the current funding strategy has not facilitated a substantial expansion of services.

Total # Participants Served by Iowa CBCAP Programs in SFY06		
Families: 2,582	Children with disability: 76	Parents with disability: 211
Ethnicity: • Caucasian 81.2% • African American 10.7%	• Hispanic 4.2% • Native American 2.8% • Asian 1.4% • Other .7%	

Program Services for 2007

In SFY07 the Department plans to broaden the scope of child abuse prevention services and increase community involvement in the decision-making by allocating CBCAP funds to through the 40 existing Community Partnership Sites covering 98 of Iowa's 99 counties. Through the fund allocation process Community Partnership sites will be offered the opportunity to use CBCAP funds to sustain, maintain, expand or create child abuse prevention programs/services as part of the prevention network to meet local needs.

At the state level, this new approach will enhance the Department's capacity to support community-based programs, coordinate-funding streams and compliment the IV-B PSSF planning process. A separate, competitive bid contract will be written to continue respite and crisis care services in SFY07 using CBCAP funds.

Collaboration

By using the umbrella of Community Partnership, Neighborhood Networks and Shared Decision Making bodies have the opportunity to forge new agency partnerships and assure the involvement of their parent/consumer members in all aspects of program services and evaluation. Community Partnership sites are, by design, inclusive of consumers, public and private child welfare partners and in tune with community desires to protect children and prevent child abuse and neglect. These community-based

partnerships have an increased potential to leverage interagency funding and program resources to fill identified gaps in services and unmet needs in the continuum of preventive programs and to influence policy development and practice change at the state and local level.

Program Goals and Evaluation Requirements

- The goals and objectives for the CBCAP funds will remain the same in SFY07. Each Community Partnership site will determine – through Shared Decision Making and Neighborhood Networks – the prevention programs/services that best meet the needs of their local community. As specified in the grant, local programs and services will include a meaningful commitment to parent leadership and involvement – including parent input in program evaluation. An emphasis on including parents with disabilities, parents of children with disabilities, racial and ethnic minorities, and representatives of underserved groups.
- Local prevention programs and services will be required to meet CBCAP grant and evaluation requirements to assure that community-based prevention programs are having a positive impact on the families and children they are designed to serve. Specifically, programs must be designed to strengthen and support families, prevent child abuse and neglect, maximize funding, provide public information activities and foster public-private partnerships wherever possible. Additionally, programs and services must be accessible, effective and culturally appropriate.

9. CHAFEE INDEPENDENT LIVING

1. Service Description

The specific accomplishments and progress have been achieved to date in the past fiscal year toward meeting each goal and objective in the CFSP Chafee Foster Care Independence Program:

- A transition planning component has been embedded within Iowa's case plan, to be completed for each youth in foster care, beginning by the time the youth reaches 16 years of age; review of the transition plan is a part of the overall review of the case plan, at a minimum of every 6 months. Statewide training on usage of the transition plan has been completed and continues to be a training component of new worker training. Effective transition planning, involving a family team approach, will significantly improve the overall outcomes of youth aging out of the foster care system. Embedding transition planning into the overall case planning has made for a more coordinated and effective continuum of services for youth.
- Each of the Iowa Department of Human Service's (IDHS) 8 service areas has established local transition committees, operative since 2004. Committee review and approval of each youth's transition plan prior to the youth reaching 17 ½ year of age must occur and be documented as such in the case file. Statewide, transition committees reviewed plans for 611 youth in SFY '06. Localized transition committees have become an interconnected part of the transition process at the community level. Committee membership includes a wide array of key stakeholders within the community, including representation from not only the IDHS, education staff, juvenile court services staff, adult services staff, provider representation, and others knowledgeable about community resources. When a plan is not approved for various reasons, the committee makes recommendations as to what additional services, resources and referrals need to be addressed in order for successful transition.
- Notable improvements in the transition process during this last year include: visits with youth and parents every 30 days; training emphasizing the importance of permanency for youth regardless of placement setting or transition plan; weekly supervision for IDHS case managers; monitoring of CFSR outcomes down to the individual caseworker level; PIP case reading conducted to provide CFSR data at the state level, inform supervisors of the current level of practice within their team in order to

develop training plans tailored to the team; case managers, who carry adult cases, have proven to be excellent resources for those supporting youth in transition. Those experienced with the pitfalls of transition from this perspective are able to help youth system case managers avoid potentially devastating mistakes as youth face potential adult world perils around finances, mental health care and monitoring, housing, etc; Iowa's redesigned child welfare system places increased emphasis on family team meetings (transition staffings) for youth transitioning from foster care into adulthood, particularly difficult, complicated cases, pulling in "experts" system-wide for a holistic perspective. Utilizing a youth-centered team approach has increased youth engagement in their plan.

- The IDHS has utilized Chafee funding to support "Elevate," a grass roots youth council that has set up 5 chapters thus far across the state. The chapters are youth driven and facilitated by a foster youth alumni. Elevate is a group of youth, ages 13 to 21, in or formerly in foster care, who seek to inspire others to new levels of understanding and compassion to the life connection needs of foster care and adoptive teens by sharing their personal stories. Additionally, this past year, Elevate has produced 2 DVDs focusing on the court system from a youth perspective and youth sharing their stories in regards to what has made a difference while in care and what needs to be improved. Elevate is preparing to produce a 3rd DVD based upon educational needs of youth in care. Elevate has presented to an array of key stakeholders, including judges, attorneys, CASAs, foster parent trainings, staff trainings, and legislators. During this past fiscal year, Elevate youth identified sibling visitation when children are not placed together as their greatest concern and with the help of Drake University law school students, designed and drafted the details of a bill to change Iowa's current practice around sibling visitation. The bill passed during this past legislative session unanimously, awaiting signature by the Governor. This is but one of many initiatives occurring in Iowa to promote permanency for youth.
- Iowa expanded aftercare services and supports to youth aging out of foster care this past fiscal year, with the creation of the Preparation for Adult Living (PAL) program and initiation of the Chafee Medicaid option for youth aging out of foster care, providing Medicaid to youth aging out of foster care, up to the age of 21. The PAL program (100% state funded) complements Iowa's aftercare program (Chafee funded), providing eligible youth with a monthly stipend to assist youth with costs of living, in addition to providing case management services to assist youth with goals leading to self-sufficiency and linking youth to community resources.

Analysis and evaluation of the above follows in the report below specific to the Chafee Foster Care Independent Living Services.

The IDHS plans to expand and strengthen existing services and develop, implement and measure new services and strategies as follows:

- Services and strategies specific to increased permanency for older youth aging out of foster care. A request for technical assistance from the Casey Center for Effective Child Welfare Practice will be made to assist Iowa evaluate current efforts, identify gaps and complete action planning centering on creating a common, comprehensive, clear vision setting context and parameters around permanency (i.e., definition of youth permanency, unified vision statement/goal for Iowa's permanency for youth effort). A "Family Finding and Connections" is currently being piloted in the Ames and Dubuque service areas for youth with a permanency goal of APPLA or who are waiting adoption; if outcomes are similar to other such projects in the nation, it is expected that Iowa will further expand this strategy into other parts of the state, at least partially through Chafee funds.
- Increased training around effective transition planning for older youth to key stakeholders, including staff, care providers, youth and community partners. Iowa received a 3-year grant (Improving Outcomes for Youth in Transition) from the Department of Health and Human Services to develop and implement a training curriculum focused on the transition needs of adolescents and how to meet those needs. Training will be rolled out from July through September '07 to IDHS supervisory staff, with

additional joint training sessions planned for supervisors and workers during the fall and winter of '07-'08. During '08, a statewide one-day training will be conducted for key stakeholders and community partners.

- New strategies are underway to equip resource families (foster families) with methods for assisting youth in their care for effective transitioning; this initiative has been built into the recruitment and retention provider's contract. Additionally, with the de-linking of Medicaid from foster care, group homes are now required to provide child welfare services to youth that include efforts to achieve permanency and basic living skills. With these initiatives only in place for the past few months, data is not available to determine improvement in outcomes for youth at this point but will be able to be measured by youth outcomes upon discharge (i.e., completion of high school, employment skills, permanent connections, etc).
- Expanded partnering with Iowa Workforce Development (Workforce Investment Act and job training centers) to better coordinate employment training skills and job placement for youth in care and leaving care. Continued participation in Iowa's Shared Youth Vision; Iowa is applying for a grant from the Department of Labor to pilot collaborative community efforts to address needs of system involved youth in 2 Iowa counties, including efforts to connect these youth with permanent, positive relationships.

Existing goals and objectives of the CFCIP remain the same while allowing for flexibility based upon outcomes of training, research projects (including the 3 state study that Iowa is a part of in collaboration with the Chapin Hall Center for Children and the Jim Casey Youth Opportunities Initiative in which Polk County, Iowa is a participant in) and best practices emerging from other states and entities, such as Casey Family Foundation.

Updated goals and objectives:

- Increased understanding of transition planning by supervisors and workers as evidenced by pre and post evaluation of the "Improving Outcomes for Youth in Transition" training; evaluation component will be conducted by University of Iowa.
- Increased youth satisfaction with transition planning as evidenced by pre and post evaluation of the "Improving Outcomes for Youth in Transition" training.
- 100% review and approval of transition plans by local transition committees, per administrative rules.
- Increased efforts for ensuring permanency for all youth aging out of foster care.
- Increased youth engagement within the child welfare system.
- Follow-up training to local transition committees around best practices and innovative approaches for transition planning for difficult cases.
- Training to the Recruitment and Retention for resource families contractor and group home staff around transition needs assessment, planning and methods for effective transition of youth to self-sufficiency.
- Expanded partnering with Iowa Workforce Development and WIA statewide programs to better coordinate employment training skills and job placement for youth in care and leaving care. Continued and expanded participation in Iowa's Shared Youth Vision on behalf of youth in care.
- Enhance services and supports, centered on evidence-based practice, in the aftercare program to ensure better outcomes, targeted at decrease of at-risk behaviors.
- Enhance links to educational services within the community for all participants to exit foster care/aftercare with a high school diploma or GED.

9. CHAFEE INDEPENDENT LIVING

- Enhance services/supports and community links for youth exiting care to pursue postsecondary education and training programs.
- Enhance services/supports and community links to increase % of participants in the aftercare program who are employed.

Services to be provided in FY 2008 and how the services will achieve program purposes include those highlighted above in addition to those outlined in #4 below.

Population to be served regarding transition planning includes all youth in foster care, ages 16 and older, on a statewide basis. This is approximately 2000 youth. Additionally, training specific to the Transition Training grant that Iowa received from DHHS will be targeted to all IDHS supervisors, approximately 100 in addition to case managers on a statewide basis, approximately 500. Training curriculum to resource families is estimated to be those families who have teens in their care; training specific to transitioning will be on a statewide basis. All group homes in Iowa are expected to provide the necessary child welfare services to youth in their care, including transition services. During FY '08, an estimated 2,848 youth will be served in family foster care and 1,180 youth will be served in-group care. There are approximately 1,500 licensed families statewide at anytime which have children placed with them.

There are no planned changes to the structure of the CFCIP program at this time, however, changes in specific programming do occur as directed by indicators and outcomes. Iowa allows for the program to be flexible enough to change and adapt as necessary to best meet the need of the youth served.

2. Collaboration

Collaboration with key stakeholders in conjunction with the service delivery system for older youth is not only necessary but also a vital part of the overall CFCIP in Iowa. Extensive collaboration and partnering has occurred to date in the past fiscal year to implement the Preparation for Adult Living Program (PAL) and MIYA (Medicaid for Independent Young Adults – Chafee option Medicaid coverage for youth who have aged out of care, up to the age of 21). Program design, implementation and program success early on are a result of significant collaboration with youth in care, court stakeholders, foster and adoptive parents, providers, aftercare providers, education system, disability system, and IDHS staff.

CFCIP partners with IDHS selected contractor to ensure application is made and followed up on for youth potentially eligible for disability benefits through the Social Security Administration. Additionally, better partnering has been occurring with Iowa Workforce Development (specifically around the Workforce Investment Act) as a result of Iowa's Shared Youth Vision initiative, including how the CFCIP program and the WIA program better align resources serving the same population.

Partner involvement in the review of progress made and updates for the coming year includes input from foster and adoptive parents, providers, juvenile court services staff, IDHS staff, and most importantly youth in care. Input was received based upon a set of specific questions for foster/adoptive parents, providers and staff and another set of questions specifically geared to the youth. Additionally input was received from the Iowa's Child Welfare Stakeholder panel, which consists of a cross-section of key stakeholders within Iowa's child welfare system, which includes 5 youth member.

Specific meetings were held during this FY with youth on a statewide basis to gain input for development of a youth-centered youth council in addition to over 100 questionnaires provided to foster parents, providers and youth: based upon the input, IDHS contracted with "Elevate" to expand their council in the Des Moines area to a statewide regional basis.

For development of the "Improving Outcomes for Youth in Transition" training curriculum, a total of 16 focus groups were held among IDHS supervisors, staff, youth, transition planning specialists, Native

American families in Sioux City, and aftercare providers. Based on key findings, a set of competencies was developed to build the training.

The court has arranged several youth panels for judges, which resulted in judges in some districts setting the expectation for Guardian Ad Litems to prepare and encourage youth for court participation. The court has also hosted web casts from Chapin Hall Center for Children, University of Chicago on Youth Permanency to which stakeholders have been invited. The Supreme Court, through the Iowa Children's Justice Summit has identified youth permanency as an area of focus and the Chief Justice has identified positive outcomes for foster children as a priority, promoting the one judge for one family concept. Elevate has presented at statewide juvenile judges conferences, conferences with the American Bar, and produced a DVD on court proceedings from the youth perspective.

3. Program Support

- Training on transition planning for youth in foster care and for those who have aged out is part of the new worker-training curriculum (for terms of course offering, numbers and positions of prospective trainees and estimated cost see Training Plan incorporated within the APSR). During this reporting period, a total of 14 "Lifelong Connections" trainings (each a 6 hour training) were conducted by IFAPA throughout the state, with an additional 6 trainings scheduled for the remainder of FY '07; total number trained (primarily foster/adoptive parents) was 248. One "Teaching Life Skills" training was offered by IFAPA during this reporting period, with a total of 21 (primarily foster/adoptive parents) trained. An additional 2 trainings are schedule for the remainder of FY '07.
- State technical assistance specific to transition planning, CFCIP, aftercare options for youth 18 and older is provided on a statewide basis to IDHS staff, JCS staff, foster parents, providers, youth and other public (i.e., education system, vocational rehabilitation staff, workforce development staff, public health staff) and private (community-based resource programs) entities by the 8 IDHS transition planning specialists and central office transition staff.
- It is anticipated that technical assistance will be requested from the National Resource Center for Youth Services around best practices for improving permanency options/permanent connections for older youth in care and aging out of care. Additionally, technical assistance may be requested to develop curriculum targeted for group care staff and resource families to provide transition services as needed by the youth placed with them, per IDHS contract expectations.
- Iowa is participating in the 3 state study (along with Wisconsin and Illinois) being conducted by the Chapin Hall Center for Children, University of Chicago. This is a longitudinal study assessing outcomes of youth in care at the age of 17, again at the age of 19 and finally at the age of 21. Wave 3 of the study (interviewing at age 21) is currently underway. Research results were partially responsible for passage of the PAL program legislation last year, indicating that youth who remained in care at age 19 have significantly better outcomes than youth who age out at 18 with little or no support, particularly financial support.
- An evaluation piece is being built into the "Improving Outcomes for Youth in Transition" training, that includes 50 youth (and their case worker) being interviewed prior to training being conducted this summer/fall and another 50 youth (and their case worker) interviewed next summer/fall to see if transition planning/youth preparation has improved from the perspective of the youth and case worker.

9. CHAFEE INDEPENDENT LIVING

4. Specific Program Improvements for 2007 and Plans for 2008

a) Assist youth to transition from dependency to self-sufficiency;

Specific accomplishments achieved in FY 2007:

- To assist youth to transition from dependency to self-sufficiency, it is critical for the process to be youth-centered, dependent upon youth engagement and input not only on an individualized basis but also on a system-wide basis. To support this philosophy, Iowa has funded a foster care youth council since 2001 via a contract for implementation and facilitation. While the original youth council did promote an agreed upon mission of the youth council and coordinated several statewide teen conferences, in addition to meeting with key stakeholders and promoting the mission of the council, there were barriers with having a statewide council that met on a quarterly basis in central Iowa that led to low turnout for council meetings and retreats. Chief among the barriers where transportation issues for youth along with youth schedules relating to work and extra-curricular school activities that often prevented youth for setting aside an entire Saturday for a meeting or a whole weekend for council retreats. One excellent product that came from the original council was a "rights and responsibilities" booklet for teens coming into foster care. However, given the increasing low turnout and participation, IDHS did not extend the contract for FY '07 and instead put out a request for bids for a vendor to administer and facilitate a youth council on a regional basis.

  IDHS contracted with a private provider, Children and Families of Iowa (CFI), who had already begun a grass roots foster care youth group, named Elevate, already operating in the Des Moines area, with the stipulation that there would be a minimum of 4 regional such councils throughout the state. The contract was effective beginning in 2/07 and already there are 5 chapters of Elevate throughout the state, with the expectation to have a total of 8 chapters by end of year. Elevate is funded not only with Chafee funds, but CFI funds, private donations and Elevate projects that raise money (i.e., selling jewelry made by members, bake sales, t-shirt sales). Elevate chapters are facilitated by foster care alumni, with group members ranging in age from 13 to 21 who are or were formerly in foster care.

  This past year, Elevate has produced 2 DVDs, one focusing on the court system from a youth perspective and another focusing on youth sharing their stories and the impact of being in foster care has had own their life. Additionally, Elevate has presented and trained to an array of key stakeholders, at conferences, meetings and on a one to one basis (including juvenile judges, attorneys, staff, providers, foster/adoptive parents, legislators). Outcomes from the DVD presentations and meetings/training have included select juvenile judges with requirements that youth be present in court (or if unable, to address their concerns/issues in written format), guardian ad litems participating more in the transition planning and meeting more with youth, and more adults interested in fostering teens. Additionally, Elevate was key in drafting and passage of the 2007 Sibling Bill legislation, encouraging siblings to be placed together and when not possible, the necessary supports are put into place to allow for regular sibling visitation. This legislation becomes effective July 1, 2007 and increases permanency for youth in care. Elevate will be conducting a statewide teen conference in April 2007 for youth in care and care providers. Key sessions for care providers center on permanency and sibling relations, while key sessions for youth center of skill building. Approximately 150 youth and 100 adults (foster/adoptive parents, group care staff, the Supreme Court Chief Justice, judges, legislators, and other stakeholders) are expected to attend, increasing partnering on a cross-section basis to improve practice and outcomes for youth in care.
- IDHS contracted with The Iowa Foster and Adoptive Parents Association (IFAPA) to offer statewide training on effective permanency planning for adolescents in foster care in FY 2006. During this reporting period, IFAPA has offered a total of 14 "Lifelong Connections Training" trainings (each a 6

hour training) on a statewide basis, with a total of 248 trained (primarily foster/adoptive parents). An additional 6 trainings are scheduled for the remainder of FY '07. "Lifelong Connections" is a training that focuses on life long permanent connections for older youth. Permanency is discussed on many levels, along with barriers to permanency. Specific strategies are discussed on ways to help facilitate these permanent connections. One "Teaching Life Skills" training (a 6 hour training) was offered by IFAPA during this reporting period, with a total of 21 (primarily foster/adoptive parents) trained. An additional 2 trainings are schedule for the remainder of FY '07. The class trains foster and adoptive parents how to administer the Ansell-Casey Life Skills Assessment to youth in their care along with strategies and resources available to meet the youth's transition needs. Although these trainings are open to social workers and other mental health professionals, priority is given to foster/adoptive parents.

- In order to best help youth make the transition to self-sufficiency, collaboration with various agencies and community resources continues to be critical in order to deliver a comprehensive statewide program of services and supports which is community-based. During FY '07, there have been a number of stakeholder meetings/focus groups to provide input into development of Iowa's youth council, development of transition training curriculum and the APSR (see #2 above).
- During FY '07, a transition plan (that aligns with the domains of the ACLSA), to be completed for youth in care ages 16 and older, has been embedded into IDHS's case plan. The detailed formalized transition plan as part of the overall out-of-home case plan in addition to the Improving Outcomes for Youth in Transition training (see #1 above) to be conducted in FY '07-'08 is expected to greatly enhance outcomes for youth transitioning to self-sufficiency, with greater knowledge of and attention to the service and support needs of older youth for effective transition. Additionally, the purpose of the legislatively mandated local transition committees is starting to take hold, with a total of 611 transition plans reviewed in SFY '06 (see #1 above).

Planned Activities for FY 2008:

- Increased understanding of transition planning by supervisors and workers as evidenced by pre and post evaluation of the "Improving Outcomes for Youth in Transition" training; evaluation component will be conducted by University of Iowa.
- Increased youth satisfaction with transition planning as evidenced by pre and post evaluation of the "Improving Outcomes for Youth in Transition" training.
- 100% review and approval of transition plans by local transition committees, per administrative rules.
- Follow-up training to local transition committees around best practices and innovative approaches for transition planning for difficult cases.
- Training to contracted providers on transition needs assessment, resources available to meet needs, working in partnership with IDHS on youth's transition plan (inc. who's doing what by when).
- Printing of the 4th edition of the Transition Information Packet (TIP), an extensive resource/curriculum (in binder format) to youth in care ages 16 and older; the TIP includes chapters on skill building and resources on employment, education, housing, money management, home management, heath, and transportation. Additionally, care providers are given this tool to work with the youth in their care. It has been immensely popular not only within the child welfare system but is being used by several school districts in Iowa, especially for youth with disabilities.

9. CHAFEE INDEPENDENT LIVING

b) Help youth receive the education, training and services necessary to obtain employment;

Specific accomplishments achieved in FY 2007:

- During FY '07 the Education and Training Voucher (ETV) program materials were distributed to Iowa's high school guidance counselors, DHS case workers, college and university financial aid offices, Iowa's foster parent network and Iowa's Aftercare Services Network. In addition, program materials are available on the Internet for easy access by youth and their care providers.
- The Iowa Jobs for America's Graduates (I-JAG) is a program that exists in 13 high schools around the state. The program identifies youth who possess a significant number of barriers to stay in school, complete a high school diploma, secure an entry-level quality job that leads to a career, and/or pursue a postsecondary education. Chafee staff met with I-JAG representatives regarding whether or not the I-JAG program could serve youth in foster care. I-JAG representatives were enthusiastic about including foster youth in their population and staff are collaborating with I-JAG to promote the program to youth in care. I-JAG offers students the opportunity to experience work environments through job shadowing, internships, and part-time employment. Students in the I-JAG program regularly exceed a 90% graduation rate with at least 80% of graduates experiencing a positive outcome (i.e., employed, in the military, or pursuing a postsecondary education) during the 12-month post-graduation follow-up period. Additionally, the I-JAG program provides support and monitoring for twelve months after high school graduation to ensure a successful school-to-career transition.
- Chafee staff meet with Workforce Investment Act (WIA) staff to not only share information about programs but to brainstorm on ways to collaborate to better serve youth and to avoid duplication. WIA provides serves to youth, including youth in foster care, that supplement the ETV program, such as child care assistance, transportation, and employment skills, while the ETV program brings funding specific to youth receiving postsecondary education and training.

Planned Activities for FY 2008:

- The Iowa Department of Education has a Community College Division, which compiles and publishes the Career Options and Career/Technical Programs that are offered at the community college level. Many youth in care seek these career/technical paths, rather than the traditional 2 or 4-year degree programs and Iowa recognizes the importance of promoting the fact that these technical programs exist. Each of Iowa's 15 community college campuses offers a variety of vocational/technical career training and during FY '08 Chafee staff will be promoting these career preparation programs to youth, staff (IDHS and JCS), foster/adoptive parents, care providers, and others in a variety of means.
- The Department of Education has a matrix of programs offered in the high schools that serve disadvantaged youth (similar to I-JAG). During FY '08, Chafee staff will be reviewing the list and determine how best to connect youth in care to the program(s) in their area school district. Through conversations with community members and stakeholders it is recognized that there is a need to reach youth in the middle school and high school levels to begin preparing them for adulthood. It is our intention to partner with existing programs in the school systems to wrap multiple support systems around each student and thus have better education/employment outcomes.
- Expanded partnering with Iowa Workforce Development and WIA statewide programs to better coordinate employment training skills and job placement for youth in care and leaving care. Continued and expanded participation in Iowa's Shared Youth Vision on behalf of youth in care.

9. CHAFEE INDEPENDENT LIVING

c) Help youth prepare for and enter post-secondary training and educational institutions;

Specific accomplishments achieved in FY 2007:

See #4.b above and Education Training Vouchers section below.

Planned Activities for FY 2008:

See #4.b above and Education Training Vouchers section below.

d) Personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults;

Specific accomplishments achieved in FY 2007:

- IDHS contracted with The Iowa Foster and Adoptive Parents Association (IFAPA) to offer statewide training on effective permanency planning for adolescents in foster care in FY 2006. During this reporting period, IFAPA has offered a total of 14 "Lifelong Connections Training" trainings (each a 6 hour training) on a statewide basis, with a total of 248 trained (primarily foster/adoptive parents). An additional 6 trainings are scheduled for the remainder of FY '07. "Lifelong Connections" is a training that focuses on life long permanent connections for older youth. Permanency is discussed on many levels, along with barriers to permanency. Specific strategies are discussed on ways to help facilitate these permanent connections.
- Efforts to collaborate and partner with a non-profit organization, *Circles of Support*, initiated during FY '06 has faltered during FY '07 with funding cuts to *Circles of Support* and current goals of the program aligning more with support and services to families to move them out of poverty as opposed to the youth population we are working with. Certainly this is a program that could connect well with TANF. However, after communication and meeting, youth have not been served via this program due to goals and anticipated outcomes targeted at a different population.
- The Supreme Court has identified youth permanency as an area of focus, promoting the one judge for one family concept.
- Elevate was key in drafting and passage of the 2007 Sibling Visitation Bill legislation, encouraging siblings to be placed together and when not possible, the necessary supports are put into place to allow for regular sibling visitation. This legislation becomes effective July 1, 2007 and increases permanency for youth in care. Elevate will be conducting a statewide teen conference in April 2007 for youth in care and care providers. Key sessions for care providers center on permanency and sibling relations, while key sessions for youth center of skill building. Additionally, speaking engagements and trainings (especially to foster parents, judges, and staff) have been effective in promoting increasing numbers of foster parents to foster teens and in the adoption of teens.
- "Family Finding and Connections" is being piloted in 2 IDHS service areas with program purpose to locate relatives/kin who will provide a life long connection, and a potential placement, for youth in care. The National Resource Center for Foster Care and Permanency Planning has provided training to IDHS staff and contracted staff.
- The "Improving Outcomes for Youth in Transition" training to be rolled out during the latter part of FY '07 to IDHS supervisors and workers (see #1 above) includes a training module dedicated to permanency for youth in care.
- Iowa is applying for a grant from the Department of Labor to pilot collaborative community efforts to address needs of system-involved youth in 2 counties through Iowa's Shared Youth Vision team, with

one of the goals centering on improving and integrating strategies to connect these youth with permanent, positive relationships (see #1 above).

- Iowa's Aftercare program, including the new PAL component, focuses on the obtainment of key outcomes for participants, including a support system with permanent connections. Additionally, the program links youth with mentors as needed in relation to the youth's self-sufficiency goals, including employers, faith-based mentors, education mentors, and members of the community.

Planned Activities for FY 2008:

- Increased efforts for ensuring permanency for all youth aging out of foster care, including: increased number of staff have had training related to the skills of achieving permanency;
- Increased number of transition plans of youth have goals related to achieving permanency;
- Increased number of youth "aging out" participate in a team planning process for permanency and adult living and agree with their plan; increased number of youth have a family relationship or a committed adult to help prepare them for adulthood.
- Based upon outcomes achieved through the "Family Finding and Connections" pilot project, expand the project to other areas of the state, partially through Chafee funds.
- Increase peer-to-peer mentoring in the ETV program and through the Elevate chapters.

e) Financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age;

Specific accomplishments achieved in FY 2007:

Iowa's statewide aftercare program, implemented in April 2002 and known as the Iowa Aftercare Services Network (IASN), has continued to expand in numbers of youth served and program objectives during this reporting period. The program provides appropriate support and services to former foster care youth between the 18 and 21 years of age; the primary goal being for participants to achieve self-sufficiency and to recognize and accept their personal responsibility to prepare for and transition from adolescence to adulthood. The Preparation for Adult Living (PAL) bill, signed into law June 2006, further expands services and support to former foster care youth (who leave state paid care at age 18 or older after May 1, 2006), including a monthly stipend to youth, with eligibility dependent upon full-time employment or attendance in an education/training program. Activities undertaken in FY '07 have included implementation of the PAL program, working out the process and dealing with new program issues, including program promotion, smooth referral process, further training with staff and providers on the program components.

Funding for the Aftercare program continues to come from a combination of CFCIP funds and Mental Health Block Grant funds that the state receives. FY '07 funding totaled $800,000, with $700,000 of that coming from CFCIP funds and $100,000 coming from the MH block grant funds. In order to utilize the MH block grant funds, youth must have been diagnosed with a Serious Emotional Disorder while in care. The PAL program is 100% state funded and is a component of Iowa's overall aftercare program.

During the first quarter of FFY '07, the program served 255 unduplicated youth, of which 78 participated in the PAL program. Of this number, a total of 159 youth received services in all 3 months (did not admit or discharge during the quarter) and had the following goals and progress:

9. CHAFEE INDEPENDENT LIVING

N = 159 Goals on Self-Sufficiency Plan	% of youth with goal on their self-sufficiency plan	% of youth making progress
Employment	84%	67%
Education	72%	75%
Housing	80%	81%
Life Skills	56%	79%
Supportive Relationships/Community Connections	69%	84%

In addition to case management services received in the aftercare program, PAL recipients can receive a monthly maximum stipend of $539.29 per month, based upon a budget detailing income received and expenses. For those aftercare participants that don't participate in the PAL program (due to the work/school requirement or because of aging out prior to May 1, 2006) are eligible for vendor payments that relate to their self-sufficiency goals of up to $1200 per calendar year. For the first quarter of FY '07, vendor payments averaged $61 per month per participant. The largest percentage of vendor payments goes toward housing. Vendor payments are used for a variety of things, including food, clothing, transportation, costs related to employment, utilities, and deposits. During the first quarter of FY '07, the average PAL stipend paid out was $509.04.

In order to get a handle of year-to-year progress of the aftercare program, the contract now requires not only quarterly reports on demographics, network activities (i.e., community outreach and partnerships established, innovative practices) but also annual comparative reports for initial interviews and planned exit interviews, using the "Core Client Outcomes Survey" (detailed in past APSR reports), detailing outcomes achieved. To begin breaking down the on-going data collected and reported on since program inception (April 2002), the first report covered 10/01/03 through 09/30/06. Annual reports will be collected beginning this FY with same reporting requirements in addition to continued 3 year comparative reports, the next one due January 2008 for the period of 10/01/04 through 09/30/07. Taking this approach, we can compare outcomes on a year-to-year basis.

The first report covering October 2003 through September 2006 was received during this FY. The number of unduplicated participants served during this period was 652. For purposes of this report, data is reported on those participants who had planned exits during this time frame, comparing core client outcomes survey data on initial intake and upon exit, including those who returned to the aftercare program after a planned exit.

Interview type by planned exit only	Count
Initial Interview (first time ever receiving services)	214
Return Intake (return after previous exit)	24
Planned Intake	238

9. CHAFEE INDEPENDENT LIVING

Participants have a monthly budget to cover expenses	Initial	Return	Planned Exit
Yes	46%	36%	67%
No	54%	64%	33%

Current Employment Status	Initial	Return	Planned Exit
Employed full time (30+ hours per week	21%	4%	30%
Employed part time	25%	30%	26%
Unemployed, looking for work	36%	44%	21%
Unemployed, long term disability	0%	0%	2%
Not in work force	15%	13%	18%
Other	3%	9%	3%

From employment data above, finding employment is significant to participants returning to the program. Increase of participants exiting with full time employment is significant along with % of participants exiting the program no longer unemployed, looking for work.

Housing for past 30 days	Initial	Return	Planned Exit
Shelter	4%	4%	3%
Street/outdoors	1%	0%	0%
Institution (hospital, jail/prison)	3%	0%	0%
Housed (own or someone else's)	83%	87%	91%
Other (group home, transitional living center)	9%	9%	4%

Housing data does not indicate significant changes overall, other than those housed in their own or someone else's living arrangement, most likely due to the drop in participants housed in institutions or group homes/transitional living centers.

High-risk behaviors:

Use latex condom or prophylactic when having intercourse	Initial	Return	Planned Exit
Yes	59%	43%	55%
No	41%	57%	45%

9. CHAFEE INDEPENDENT LIVING

During past 30 days have you used (select all that apply	Initial	Return	Planned Exit
Any Alcohol	32%	20%	31%
Alcohol to intoxication (5+ drinks in one setting)	13%	4%	8%
Tobacco	45%	17%	42%
Prescription drugs	28%	12%	15%
Marijuana	8%	8%	7%
Methamphetamine	>1%	0%	>1%
Illegal other drugs	0%	0%	1%

In the past 6 months have you (select all that apply)	Initial	Return	Planned Exit
Made plans to commit suicide	8%	21%	4%
Attempted suicide	5%	20%	3%
Been hospitalized for suicide attempt	5%	4%	1%
Ever inflicted self-harm in other ways (cutting, burning, etc.)	8%	20%	6%

Clearly from the above data, the aftercare program needs to focus more intently on services and supports related to high-risk behaviors. It is disturbing that unprotected sex actually increased at exit. Additionally, usage of alcohol, tobacco and illegal drug usage remained relatively the same and actually increased for "other" illegal drugs. Particularly of concern is the drop in participants using prescription drugs at point of exit, indicating lack of health insurance or resistance to taking prescribed drugs (most linked with mental health issues). Given the 2006 passage of Medicaid coverage for youth aging out of care, up to the age of 21 (effective 07/01/06), it is expected that more youth will continue on prescribed drugs. The data on self-harm does show some improvement in outcomes at exit, while again indicating an explanation of why participants returned to the program.

Have a positive relationship with supportive adult	Initial	Return	Planned Exit
Emotional Support	40%	59%	83%
Help in a crisis	40%	57%	84%
Job/School advice/guidance	40%	57%	81%
None	0%	5%	1%

9. CHAFEE INDEPENDENT LIVING

Assisting participants with positive, supportive relationships with adults increased significantly by time of exit. However, the goal is to have all youth exit with a positive permanent adult connection, so even 1% exiting with no connection is of concern.

Have obtained degree	Initial	Return	Planned Exit
High School Diploma	60%	65%	73%
GED	8%	9%	7%
Vocational certificate or license	1%	4%	1%
Associates Degree	1%	0%	3%
Bachelors Degree	0%	0%	0%
None of the above	30%	22%	16%

Data above indicates significant increase in % of participants that obtain a high school diploma while in the program, and significant decrease in % of participants who have obtained none of the above education goals. Note the GED rates even out when you factor in the 1% increase of those returning to the program. Total % of participants with a high school diploma or GED is 80%.

Planned Activities for FY 2008:

- Enhance services and supports, centered on evidence-based practice, to reduce high-risk behaviors.
- Increase numbers of participants on Chafee option Medicaid (known in Iowa as MIYA – Medicaid for Independent Youth Adults) and who understand the importance of and participate in preventative physical, mental and dental health care along with mental health assessments as needed. Assist youth in understanding the importance of taking needed, prescribed drugs and receiving medication management services.
- Employing innovative approaches to ensuring permanency for all participants that involves a variety of means.
- Enhance links to educational services within the community for all participants to exit with a high school diploma or GED.
- Enhance services/supports and community links for youth exiting care to pursue postsecondary education and training programs.
- Enhance services/supports and community links to increase % of youth employed.

5. Collaboration Activities Achieved with other Federal and State Programs for Youth

This is to update efforts for transitional living youth projects funded under Part B of Title III of the Juvenile Justice and Delinquency Prevention Act of 1974), abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops) and school-to-work programs offered by high schools or local workforce agencies in accordance with Section 477(b)(3)(F).

Specific accomplishments achieved in FY 2007:

See #2 above for collaboration activities achieved in FY ’07.

Additionally, collaboration and partnering occur on a statewide basis through the IDHS Transition Planning Specialists (TPS), each covering a section of the state. The TPS meet regularly with WIA staff, educational staff, youth, providers, IDHS and Juvenile Court Services staff, vocational rehabilitation staff, community partners, and aftercare provider staff to ensure effective and efficient transition planning processes.

The IDHS local transition committees continue to refine committee membership to ensure various public and private programs and agencies are represented. Additionally, collaborative efforts are increasing through Iowa's Shared Vision for Youth team, with the Chafee coordinator part of the team.

Planned Activities for FY 2008:

- Expanded partnering with Iowa Workforce Development and WIA statewide programs to better coordinate employment training skills and job placement for youth in care and leaving care. Continued and expanded participation in Iowa's Shared Youth Vision on behalf of youth in care.
- Expanded collaboration and partnering with Iowa's education system, including the Department of Education, Area Education Agencies, and school district staff.
- Increased collaboration with Department of Public Health on teen/young adult prevention programs.
- Collaboration with Chambers of Commerce throughout Iowa to increase employment opportunities and outcomes for youth who have aged out of care.

6. Training Conducted During FY 2007 and FY 2008

See Service Description and Program Support above for specific training conducted or to be conducted during FY '07 in support of Iowa's CFCIP goals and objectives. To highlight:

- Training on transition planning for youth in foster care and for those who have aged out is part of the new worker-training curriculum.
- IDHS contracted with The Iowa Foster and Adoptive Parents Association (IFAPA) to offer statewide training specific to transitioning of youth from foster care. IFAPA has continued to offer "Lifelong Connections Training" trainings (each a 6 hour training) on a statewide basis; in addition to "Teaching Life Skills" training (a 6 hour training) during FY '07 (see #4.a above for more specifics).
- Via a 3-year training grant (Improving Outcomes for Youth in Transition) IDHS and University of Iowa received from DHHS, training focused on the transition needs of adolescents and how to meet those needs will be rolled out from July through September '07 to IDHS supervisory staff, with additional joint training sessions planned for supervisors and staff during the fall and winter of '07-'08.
- "Family Finding and Connections" is currently being piloted in 2 of the IDHS service areas to increase option for youth with a permanency goal of APPLA or who are waiting for adoption. The National Resource Center for Foster Care and Permanency Planning provided training to IDHS and contracted staff to implement this project.

Planned Activities for FY 2008:

- Follow-up training to local transition committees around best practices and innovative approaches for transition planning for difficult cases.
- Training provided to the Recruitment and Retention for resource families contractor and group home staff around transition needs assessment, planning and methods for effective transition of youth to self-sufficiency. It is anticipated that either technical assistance will be requested from the National

Resource Center for Youth Services for this initiative, or contracted out, using curriculum developed through the "Improving Outcomes for Youth in Transition" grant.

- It is anticipated that technical assistance will be requested from the National Resource Center for Foster Care and Permanency Planning to continue work surrounding permanency for older youth and in conjunction with the "Family Finding and Connections" project.

7. Update on Trust Fund Program

At this time, Iowa has not established a trust fund program for youth receiving independent living services or transition assistance and does not anticipate doing so in FY '08.

8. Youth Involvement in State Agency Efforts

The following identifies effort to involve youth up to 21 years old:

- Youth input was actively sought in for the APSR, with a set of specific questions that youth statewide were asked, based upon primarily what was working and what needs improvement around preparation for self-sufficiency.
- Youth input is regularly received from youth participating in the Aftercare program, with a survey tool administered to participants on a semi-annual basis.
- Elevate is youth-driven, giving youth a voice and opportunities to give input into the overall child welfare system for system-wide improvements. With Elevate continually growing and more chapters forming across the state, they will be a vital part of youth involvement into Iowa's CFSR/PIP process.

9. Medicaid Services to Youth Ages 18 to 20 Years Old Who Have Aged Out of Foster Care

During FY '06, IDHS proposed legislation expanding Medicaid coverage to youth leaving foster care at 18 years of age or older, up to their 21st birthday; legislation was passed and signed into law in June '06. The new Medicaid coverage, known as Medicaid for Independent Young Adults (MIYA), was effective July 1, 2006 for youth that leave state paid foster care on or after their 18th birthday, with a countable income under 200% of the Federal Poverty Level. FY '07 activities have included continued training to staff, youth and care providers for continued Medicaid coverage for eligible youth as they leave foster care.

Processes are in place to ensure the caseworker submits to the Medicaid worker the correct address where the youth will be living once they leave care. As this first year has rolled out, staff have reviewed the success of youth maintaining Medicaid coverage once they leave care. The process to roll youth onto MIYA once they age out of care seems to be working well. However, it has been discovered that there is a breakdown in the process when the youth's Medicaid case is up for annual review. The youth is mailed the automated Medicaid Review/Recertification Eligibility Document (that serves for all Medicaid coverage groups) the month prior to their annual review to determine continued coverage. Unfortunately, many youth are not returning the review form resulting in their Medicaid coverage being terminated. IDHS staff are reviewing methods to prevent this from happening. The review form (6 pages in length), since it pertains to all Medicaid coverage groups, can be quite daunting, especially to this population; additionally, the vast majority of the review form does not pertain to eligibility for continued MIYA coverage. Based upon the little information the youth must supply to continue to be eligible for MIYA, staff have "drafted" a simple one-page review form to be reviewed as a substitute for the current form. However, since the review form is meant to cover all Medicaid coverage groups and is automated, it is unlikely that this effort will go far. For the time being, the Chafee coordinator is being sent a monthly listing of youth who are due for review the following month; this list goes out to the TPS to link with the youth to ensure they complete the form or to the aftercare worker if the youth is participating in aftercare. Additionally, TPS and aftercare staff have been trained on completion of the form in order to familiarize youth with the form (and what

parts they need to complete) prior to leaving care and to provide additional follow-up training once the youth are out of care.

IDHS staff will continue to review this issue and work on ways to ensure that youth continue MIYA coverage. Additionally, this population is not a population that routinely utilizes health care coverage for preventative care but rather during crisis. As stated above, a planned activity for FY '08 is to increase the understanding of youth on the importance of preventative physical, mental and dental health care and to assist youth in understanding the importance of taking needed, prescribed drugs and receiving medication management services.

10. Chaffee Services for Indian Youth

a) IDHS Efforts to Consult with Tribes

The highest concentration of Indian children within the state is in the northwest region of Iowa (Woodbury County and surrounding counties – while there is no official tribal presence in Sioux City/Woodbury County (i.e., tribal offices), non-governmental programs have been established to identify and address the challenges affecting Indian families) and in Tama County, with the settlement of the Sac and Fox Nation. Transition Planning Specialists (TPS) serving these areas, in addition to case managers, meet on a regular basis to share information on new and on-going programs carried out under the Chafee Program. Additionally, the IDHS Woodbury County office has established a team of specialized case managers to work exclusively with Indian families and children. The team includes two liaisons to the Native American community, who are also representatives on the Community Initiative for Native Children and Families (CINCF), and to Native families involved in the state's child welfare system. In addition to the above, the TPS meets with the liaisons to educate them on Chafee funded programs, in addition to educating them on the role and process of the Transition Committee(s) within each IDHS service area. A goal of FY '08 is to ensure Indian Tribe representation on those transition committees serving areas of the state with Indian youth populations.

Further follow-up with Indian Tribes has recently occurred with the implementation of additional aftercare benefits via the Preparation for Adult Living Program (PAL) and extended Medicaid coverage for youth leaving state-paid foster care at the age of 18 or older. Additionally, a focus group of Native American families in Sioux City, with 11 participants was held in order to get input in designing the "Improving Outcomes for Youth in Transition" curriculum, which all IDHS supervisors will be trained on (see #1 above).

b) Coordination of Programs with Tribes

The State of Iowa ensures that Chafee benefits and services are made available to eligible Indian youth on the same basis as all other eligible youth. The IDHS provides IDHS with a monthly list of all youth in foster care who have turned 15 years and 11 months (and older teens who have just entered foster care). This list does not indicate race. The TPS use the list to determine which youths need to complete an Ansell-Casey Life Skills Assessment (ACLSA). In addition, youths with a Native American Team case manager are provided with the American Indian Supplement of the ACLSA. The assigned case managers on the list are also notified of the requirement to hold a transition staffing to plan for and address the needs of these youth, per the IDHS service area policy and procedure manual. As a result of this staffing, there is to be a written plan identifying how the youth's need will be addressed, who will be responsible for completing each task, and by when. The person responsible for assuring overall completion of the process

is also to be identified. The written plan is then made part of the case permanency plan and shared with the parties, the providers, the youth, the family (if applicable), and the Court.

The IDHS also receives a monthly list of all youth in foster care who have turned 16 years and 11 months or older, which again does not indicate race. Youths on this list are to have their transition plans reviewed and approved by the Service Area Transition Committee. Additionally, the TPS attempt to make contact with youth and/or the case manager and explain the benefits and services available to all youth who "age-out" of the state's foster care system. This includes Aftercare/PAL services, ETV and MIYA.

c) Benefits and services under the programs made available to Indian children

In addition to in-service benefits and services described above, Chafee benefits and services available to Indian youth (the same as to all other Iowa foster care youth) who "age out" of foster care are:

- Iowa Aftercare Services Network, which addresses the needs of all eligible youth who have "aged-out" of foster care through services, supports, and opportunities designed to help them meet the challenges of living independently and achieve self-sufficiency. This assistance includes finding and keeping a safe place to live, paying for emergency and unexpected bills, finding a doctor, dentist, or counselor, going to college or getting job training, finding a job or career, setting and reaching personal goals, and connecting with other community resources and opportunities. Eligibility for Aftercare services is based on former foster care placement status, age, and Iowa residency, not by race or ethnicity. Additionally, as of 07/01/06, eligible youth are eligible for the PAL component of the aftercare program, which provides a monthly stipend based on need in addition to case management services described above. Eligibility for PAL is based upon youth leaving state paid foster care on or after their 18th birthday, working or attending a school/training program, and Iowa residency, not by race or ethnicity.
- Iowa Education and Training Voucher grants, which provide financial assistance for post-secondary education or vocational training opportunities to eligible youth who have "aged-out" of foster care. For this program too eligibility is based on former foster care placement status, age, and achievement of a high school diploma or GED, not by race or ethnicity or even by high school grade point average and not by race or ethnicity.
- MIYA (Medicaid for Independent Young Adults) as of 07/01/06; eligibility criteria for MIYA is based upon youth leaving state paid foster care on or after their 18th birthday and whose income is under 200% of the federal poverty guideline, not by race or ethnicity.

d) Fulfillment of the Law Regarding Chafee Benefits and Services for Indian Children

All benefits and services indicated above are currently available and provided for Indian children and youth in fulfillment of this section and the purposes of the law.

11. Financial and Statistical Information Reporting

At state option, provide actual expenditures of Chafee allocated funds for FY 2005 (final) and FY 2006 (year-to-date). Identify the amount of Chafee funds used to provide room and board for youth ages 18-21 in the last fully reportable year – FY 2005 (CFS-101, Part III at Attachment C). Report how the funds were used and any planned changes in the APSR.

FFY '05 Chafee grant award was $1,288,685.00. Funds were spent accordingly:

9. CHAFEE INDEPENDENT LIVING

Personnel - (salary/benefits) for 8 DHS transition planning specialist positions (social worker 2 classifications) and 1 program manager (program planner 3 classification) – $566,669.59

Indirect Costs - (administrative – calculated through cost allocation) - $53,734.00

Direct Costs – office supplies, administrative costs for staff (i.e., phone service, IT services, travel) - $27,197.88

Contracted Services – funding: to the Iowa Aftercare program serving youth formerly in foster care, between 18 and 21 years of age ($600,000); the IFAPA for training specific to permanency planning for teens in foster care; to support the Iowa foster care youth council; specific to application process to secure SSI benefits for eligible youth "aging out" of foster care – Total: $641,083.53

FFY '06 Chafee grant award was $1,384,031.00 Funds spend year-to-date (through 03/31/07) are:

Personnel (salary/benefits) for 8 DHS transition planning specialists and 1 program manager - $302,401.66

Indirect Costs - (administrative – calculated through cost allocation) $40,035.00

Direct Costs – administrative costs for staff (i.e., phone services, IT services, travel) - $11,875.78

Contracted Services – funding: to support the Iowa foster care youth council; to the Iowa Aftercare program serving youth formerly in foster care, between 18 and 21 years of age; specific to application process to secure SSI benefits for eligible youth "aging out" of foster care – Total year-to-date: $800,415.51

A total of $110,423 Chafee funds were used to provide room and board for youth ages 18-21 in the last fully reportable year – FY 2005. 8.5% of CFCIP funds were spent on room and board. These funds were used to provide payment for housing and any meals included as a part of the living arrangement in addition to rent subsidy payments made to eligible youth.

In addition to room and board costs, the aftercare program provides vendor payments to assist youth with various needs indicated within their self-sufficiency plan, including transportation related costs (i.e., car repairs, insurance, bus passes, gas, payments, etc.), start-up costs for an apartment (food, cleaning supplies, bedding, kitchen equipment), clothing, etc.

Overall, Chafee funds were used through Chafee funded Transition Planning Specialists (TPS) to provide transition-planning services to youth while still in care, including working with staff, youth, and care providers on utilizing the ACLSA tool to assess needs and strengths, work with the above-mentioned on effective means to provide for needs identified, and working with the overall transition process, including needed services and supports are addressed within the youth's case plan. Additionally, TPS are routinely involved in transition staffings and in the overall process of the local transition committees, ensuring that youths transition plans are reviewed and approved through formalized local committees with representation not only from IDHS and juvenile court services but also a cross-system representation, including education staff, adult disability service staff and community resource staff.

Chafee funds were used to print and distribute the resource/curriculum "Transition Information Packet" (TIP) that is distributed to youth ages 16 and older and to care providers (see "Assist youth to transition from dependency to self-sufficiency; Planned Activities" above).

Chafee funds were also used to support youth who have "aged out" through Iowa's aftercare program, which serves youth between the ages of 18 and 21, which was improved when PAL was passed into legislation in 2006 (see "Service Description, bullet 5); to supplement training to staff and care providers on transition needs and effective methods of assessment and service delivery in addition to training specific

to ways to achieve permanency for teens. Additionally, funds were contracted out specific to the application process with Social Security Administration to secure SSI benefits for eligible youth "aging out" of foster care.

10. EDUCATION TRAINING VOUCHERS

Service Description for ETV

The Education and Training Voucher (ETV) program is a key resource for youth seeking post-secondary education and training opportunities. The ETV, in combination with other grant and scholarship aid, specifically the Pell Grant, usually subsidizes a majority of the expenses associated with post-secondary education, thus reducing or eliminating the stress associated with financing college education/career training. By reducing or eliminating the burden of paying for education/training, the youth can focus on academics and developing other life skills.

The ETV program is available statewide to youth who age out of care, youth who were adopted after the age of 16 and youth who enter a subsidized guardianship placement after the age of 16. Currently 137 youth have received awards during the 2006-07 academic year.

We anticipate increasing our awards to youth for the upcoming 2007-08 academic year. In order to stretch our previous allocation, we implemented a graduated scale of awards based on a student's grade level and enrollment status. College freshmen enrolled full-time received $3,000/year; sophomores $4,000/year; and juniors/seniors $5,000/year. (Students enrolled less than full-time received a prorated amount). As a result of an increase in our state allocation for FY07 and FY2008, we plan to eliminate the levels and award each eligible youth the maximum $5,000/year, provided they are eligible.

Secondly, we are reviewing expanding our eligibility criteria to include not only those youth adopted after age 16, but also those who were in foster care and exited anytime after age 17. Currently, our rules state that youth must have exited care no sooner than 30 days prior to turning 18. We believe by broadening our criteria we will increase our eligible population by approximately 75 students.

Additionally, the increase in FY07 and FY08 allocations will allow us to add some much needed support services to our ETV program. Just because a student enrolls in college doesn't automatically mean they will be successful. There are many academic, social, economic and emotional obstacles that can derail a student; especially those students that spent time in the foster care system. Additional ETV funding will give us the opportunity to create peer to peer support that could include tutoring, improving study skills, etc., enhance our seasonal care packages to ETV students, organize activities on campuses with a sizeable ETV population so students can meet, connect and be a support to each other, and coordinate a summer symposium where ETV students can gather and attend sessions on topics such as accessing and maintaining financial aid (including the ETV program), study/work programs, resume writing, interviewing skills, student loan repayment, investing, buying a house/car, graduate and doctoral programs, receiving performance reviews, TRIO programs on campus, and getting along with a roommate.

We believe that by enhancing our ETV program with these support services, we will decrease the number of students who drop out of school and better equip our youth to transition to the next phase of their lives, beyond college.

Collaboration

The ETV program has a history of collaborating with professionals in many disciplines to ensure that as many people as possible are aware of the existence of the ETV program. The ETV program outreaches to high school guidance counselors, college financial aid staff, front-line caseworkers, the Iowa Aftercare

Network, Workforce Investment Act program staff and many more. This year, input was sought and received from the Child Welfare Stakeholder Panel, a group that provides review and feedback on the CFSR and 4B Plan.

Future collaboration plans include the ETV coordinator traveling with the IDHS Transition Planning Specialists to meet with the Federal TRIO staff on each college campus where ETV students attend. Our intention is to connect ETV youth to the TRIO support programs on campus to ensure academic and social success. The Federal TRIO Programs are outreach programs designed to support students from disadvantaged backgrounds. TRIO includes six outreach and support programs designed to serve and assist low-income, first-generation college students, and students with disabilities to progress through high school and college. Iowa is considering the possibility of requiring our ETV youth to provide proof that they have visited the TRIO office at their campus in order to receive ETV funds.

Iowa also has a College Planning Center (CPC), a not-for-profit entity that assists individuals in attaining their educational and career goals. The CPC provides free information and support to a diverse population of students and their families as they plan for their education and apply for financial aid. The CPC will also provide services to community organizations, businesses and schools as they help individuals seek additional education and training. The CPC is interested in reaching out to underserved populations, including youth in care, to provide guidance in career and college preparation. Future collaboration activities will include CPC staff and the ETV Coordinator.

Additionally, we want to collaborate with the community colleges and trade unions to determine what kind of 'pipeline' exists between the two. We are actively seeking ways to promote the existence of vocational/career programs to our youth – we recognize that not all students have the interest, skills or ability to pursue associate and/or bachelor's degrees and we want our youth to know there is a large variety of career/vocation training available in Iowa's community college system.

Program Support

The ETV program is administered statewide by a single coordinator. Technical assistance is offered to college/university staff, caseworkers (via new caseworker training) and the Transition Planning Specialists via regular face-to-face meetings.

ETV Progress

In Iowa, the ETV program is administered through an interagency agreement between the Department of Human Services and the Iowa College Student Aid Commission (Commission). The Commission administers other post-secondary federal and state grant and scholarship programs and has existing relationships with the post-secondary institutions in the state and has the ability to do Electronic Funds Transfer (EFT) with the institutions. ETV staff offices out of the DHS offices and has daily contact with Chafee IL staff.

The ETV program assists youth with entering college since it provides the financial support which many times is missing for youth aging out of care. Young people from all family structures have to deal with the burden of paying for college; this process is compounded for youth who don't have parental support. The ETV program helps fill the gap that parental support would normally provide

The ETV application process includes information on the availability of other grant and scholarship aid available by completing the Free Application for Federal Student Aid (FAFSA). Before the youth is considered for an ETV award, they must complete the FAFSA to exhaust other grant and scholarship opportunities. By encouraging youth to exhaust all sources of grant and scholarship aid, and thereby

reducing debt load upon graduation, not only will the youth have adequate funding for college, but they will leave college with an advantage as well – minimal student loan debt to repay after graduation.

While the ETV program is the primary means of education funding for youth aging out of care, the Commission and DHS continue to support eight youth with the Iowa Foster Child Grant (IFCG). The IFCG was created in 1999 as a pilot program to assist youth aging out of care. The main objective of the program was to subsidize the majority of education expenses and thereby reduce or eliminate student loan debt. FFY'05 was the final year that new recipients were selected. Students currently in the program will continue to be funded through the completion of their undergraduate academic program.

Planned changes for the ETV program are detailed above in numbers 1 and 2, Service Description and Collaboration.

The ETV program has seen much success during FFY 2006 and the first half of FFY 2007:

FFY 2006	Net dollars spent on awards: $427,624.60			
	Number of students served:		153	
	New	132	86.3%	
	Renewal	21	13.7%	
	Students enrolled in:			
	Community College		102	66.7%
	Private university		27	17.6%
	State University		15	9.8%
	Beauty/Barber school		9	5.9%
	Students who withdrew from school:		36	23.5%

FFY 2007 (October 1, 2006 to current)	Net dollars spent on awards to date:		$205,935.50	
	Number of students served to date:		120	
	New	69	57.5%	
	Renewal	51	42.5%	
	Students enrolled in:			
	Community College		80	66.7%
	Private University		20	16.7%
	State University		14	11.6%
	Beauty/Barber school		6	5.0%
	Students who withdrew from school:		13	10.8%
	There have been 7 documented graduates and we are anticipating approximately 5 additional students May 2007. Of the 7 confirmed graduates: 2 graduated from a private, 2-year college (AIB College of Business, Hamilton College) 2 graduated from a private 4-year college (Simpson, Mt. Mercy) 1 graduated from a certificate program at a community college (DMACC) 1 graduated from a state university (University of Northern Iowa)			

ANNUAL PROGRESS AND SERVICE REPORT

ADDITIONAL REQUIRED SUPPORTING INFORMATION

FFY2008

Projected number of youth to be served: 170

Financial and Statistical Information Reporting

Identify the number of youth who received awards: See #10 above.

Identify the estimated number of youth who will be awarded in FY08: See #10 above

Actual expenditures of ETV funds for FY 05 and FY 06 (year to date):

FFY 2005 – Actual expenditures

Awards to students (gross)	$411,678.66
Minus refunds	$ 44,910.15
Net awards to students	$366,768.51

Salary/benefits	$64,430.89
Printing/supplies	$ 4,751.20
Travel/conferences	$ 4,427.40

FFY 2006 – see #10 above

ADDITIONAL REQUIRED SUPPORTING INFORMATION

Juvenile Justice Transfers

The Department of Human Services has case management responsibility for children who are adjudicated Child In Need of Assistance [CINA]. When a child is transferred to the juvenile justice system though a delinquency order, case management is provided by the Juvenile Court Officer within the Judicial Department. The number of children under the care of the State child protection system who were transferred into the custody of the State juvenile justice system was 919 in FFY06.

2007 Update: Children Transferred to the Juvenile Justice System

The number of children under the care of the State child protection system who were transferred into the custody of the State juvenile justice system to date is 164 in FFY07.

Intercountry Adoptions

DHS is in the process of developing a way to track on a monthly basis, the number of children who were adopted from other countries and placed under the State's custody due to disruption or dissolution of the

adoption. In order to track this information electronically modifications to FACS are required. Due to budget cuts and reduced staff it is not known when the requested modifications can be made.

In the interim DHS routinely meets with the Iowa Association of Adoption Agencies (IAAA) to review the status of international adoptions that the membership was involved with that have disrupted. The IAAA is an organization of licensed child placing agencies that assists families in Iowa to adopt children from other countries. The IAAA reported no disrupted interecounty adoptions in SYY 2006 in which the children were placed in the custody of the State. IAAA maintains that when a disruption occurs they are usually successful in replacing the child with other approved adoptive families.

It is anticipated that in SSY 2008 the Case permanency Plan may be revised to document the steps that are made to locate a permanent placement for a child who entered foster care form a disrupted intercounty adoption. In addition, the Background Report Part 1, form 470-3615, which is completed when a child enters foster care, will e revised to included the reasons for the dissolution or disruption and identify the agency that handled the intercountry adoption.

Child Welfare Demonstration Projects

On March 31, 2006 Iowa received approval from ACF to conduct two waiver demonstration projects. A subsidized guardianship project and a payment for performance / managed care project called Safe at Home. During 2007 Iowa has continue to work toward implementing these programs.

Subsidized Guardianship:

Iowa's subsidized guardianship waiver project was initiated on February 1st 2007. The first list of eligible children was released and case managers have begun to include consideration of Subsidized Guardianship as a potential option for permanency for children who have been identified as part of the experimental group.

A total of 962 children were identified as meeting the criteria to be included in the project. The random allocation of these children into control and experimental groups resulted in 671 children in the experimental group and 291 children in the control group. Prior estimates had projected that 974 children would be included in the initial population of eligible children.

Iowa anticipates the first subsidized guardianship placements will be made sometime between June and August of 2007 as potential guardians are identified and the cases work through the legal system.

Safe At Home:

Due to changes in Medicaid funding the state has undergone a process to redesign the way child welfare services are defined and purchased. Due to this ongoing work the Safe at Home program has been on hold until it can be re-examined in light of the new service array.

Foster And Adoptive Parent Recruitment

Through a contract with the Iowa Foster and Adoptive Parents Association, (IFAPA) that extended through December 31, 2006, the KidSake Foster Care and Adoption Recruitment Project recruited, on-going, foster and adoptive families, registers waiting children on the state internet exchange and national internet exchange, AdoptUsKids. A summary of KidSake's accomplishments in FY 2007 (July 2006 – December 31, 2006) and FY 2008 Service Area Plans can be found in Appendix 3]

11. FINANCIAL INFORMATION

Adoption Incentive Payments

- Iowa was not eligible to receive incentive payments in FY 2007.

11. FINANCIAL INFORMATION

- FY 2007 Funding-Revised Budget Request
- FY 2008 Budget Request-CFS-101 (See Attachment C.)
- Financial Status Reports-SF-269

ANNUAL PROGRESS AND SERVICE REPORT

APPENDIX

APPENDIX

Appendix 1: **IOWA PERFORMANCE MONITORING** Summary for Federal QTR 11

Appendix 2: **CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)** Citizen Review Panel Reports

Appendix 3: **KidSake Foster/Adopt Iowa:** Recruitment and Retention Team Plans; July 1, 2006 - December 31, 2006

Appendix 4: **Child and Family Services Stakeholder Panel:** Charter

Appendix 5: **Child and Family Services Stakeholder Panel:** Summary of Stakeholder Panel Feedback and Responses; January 22, 2007

Appendix 6: **Data Trends**

Appendix 7: **FY 2007 Training**

Appendix 8: **FY 2008 Training**

Appendix 8A: **National Resource Centers**

Appendix 9: **Case Management Side by Side**

Appendix 10: **Assurances Addendum**

Appendix 1

Appendix 1

IOWA PERFORMANCE MONITORING Summary for Federal QTR 11

Outcome	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8	Qtr 9	10th Qtr	11th Qtr	Data Source
Safety Outcome 1 Children are first and foremost, protected from abuse and neglect	Data not available	Data not available	Data not available	54.1%	54.7%	52.1%	Not calculated	Not calculated	Not calculated	Not calculated	Not calculated	Admin Data
Item 1 **Timeliness** of investigations	Data not available	Data not available	Data not available	Data not available	56.3%	55.04%	58.54%	66.64%	75.64%	83.3%	86.5%	Admin Data
Item 2 Repeat Maltreatment Same perp, same type	Data not available	Data not available	Data not available	Data not available	Data not available	8.8%	6.14%	5.65%	5%	5%	5.4%	Admin Data
Recurrence of Maltreatment(National Standard 6.1%)	12.80%	12.90%	10.20%	9.30%	9.50%	8.80%	9.9%	9.5%	9.7%	10.1%	9.7%	Admin Data
Abuse in FC (National Target 99.43%)	99.9 %	99.9 %	99.9 %	99.9 %	99.9 %	99.9 %	99.95%	99.8%	99.8%	99.8%	99.7%	Admin Data
Safety Outcome 2 - Children are safely maintained in their homes when possible and appropriate	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	85% n=40	Case Readings

ANNUAL PROGRESS AND SERVICE REPORT

Appendix 1

Outcome	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8	Qtr 9	10th Qtr	11th Qtr	Data Source
Item 3 **Services to prevent removal**	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	100% n=31	Case Readings
Item 4Risk of harm	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	84% n=37	Case Readings
Permanency Outcome 1 Children have permanency and stability in their living situations	Data not available	Data not available	Data not available	Data not available	Data not available	42.4% n=33	52% n=31	82% n=34	59% n=41	65% n=34	64% n=36	Case Readings
Item 5 – FC re-entries	Data not available	Data not available	Data not available	Data not available	Data not available	58.9% n=17	92% n=12	81% n=16	87% n=15	88% n=17	94% n=17	Case Readings
Re-entries (National Target 8.6% or less)	24.9%	25.2%	23.4%	22.8%	20.96%	10.4%	11.99%	10.9%	10.5%	11.1%	10.3%	Admin Data

Appendix 1

Outcome	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8	Qtr 9	10th Qtr	11th Qtr	Data Source
Item 6 Stability	Data not available	Data not available	Data not available	Data not available	Data not available	84.85% n=33	87.5% n=32	94% n=34	83% n=41	88% n=34	92% n=36	Case Readings
Stability (National Target 86.7% or more)	93.38%	87.08%	88.3%	89.13%	90.42%	92.6%	84.74%	85.33%	85.5%	84.86%	86.2%	Admin Data
Item 7 Permanency goal	Data not available	Data not available	Data not available	Data not available	Data not available	81.82% n=33	81.25% n=32	82% n=34	80% n=41	82% n=34	79% n=34	Case Readings
Item 8 Reunification, Guardianship, or Permanent Placement with Relatives	Data not available	Data not available	Data not available	Data not available	Data not available	69% n=26	76% n=25	93% n=27	74% n=34	83% n=29	89% n=28	Case Readings
Reunification (National Target 76.2% or more)	86.7%	84.1%	83.2%	79.9%	80.3%	61.03%	57.72%	57.5%	56.34%	53.07%	54.4%	Admin Data
Item 9 Timely adoption	Data not available	Data not available	Data not available	Data not available	Data not available	100% n=5	100% n=7	100% n=4	100% n=5	63% n=8	80% n=10	Case Readings
Adoption (National Target 32% or more)	60.71%	64.67%	70.3%	63.64%	61.97%	48.01%	53.06%	49.99%	43.67%	47.04%	46.9%	Admin Data
Item 10 APPLA	Data not available	Data not available	Data not available	Data not available	Data not available	88.9% n=9	100% n=5	100% n=9	67% n=3	100% n=7	75% n=4	Case Readings

Appendix 1

Permanency Outcome 2 The continuity of family relationships and connections is preserved	**Data not available**	**Data not available**	**Data not available**	**Data not available**	**Data not available**	**66.7% n=33**	**90% n=31**	**76% n=34**	**88% n=41**	**91% n=34**	**86% n=36**	**Case Readings**

Appendix 1

Outcome	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8	Qtr 9	10th Qtr	11th Qtr	Data Source
Item 11 Proximity of placement	Data not available	Data not available	Data not available	Data not available	Data not available	89% n=28	96% n=27	94% n=34	95% n=40	90% n=29	92% n=26	Case Readings
Item 12 Placement with siblings	Data not available	Data not available	Data not available	Data not available	Data not available	88% n=16	100% n=21	90% n=20	100% n=26	95% n=21	100% n=25	Case Readings
Item 13 Visiting with parents and siblings in foster care	Data not available	Data not available	Data not available	Data not available	Data not available	67% n=27	87% n=31	66% n=32	78% n=38	78% n=23	71% n=28	Case Readings
Item 14 Preserving Connections	Data not available	Data not available	Data not available	Data not available	Data not available	72.7% n=29	94% n=32	88% n=34	88% n=41	94% n=34	88% n=33	Case Readings
Item 15 Relative placement	Data not available	Data not available	Data not available	Data not available	Data not available	82.1% n=28	69% n=26	75% n=28	79% n=38	82% n=28	90% n=29	Case Readings
Item 16 Relationship Of child in care with parents	Data not available	Data not available	Data not available	Data not available	Data not available	96.56% n=29	94% n=31	88% n=32	92% n=38	96% n=28	89% n=28	Case Readings

Appendix 1

Outcome	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8	Qtr 9	10th Qtr	11th Qtr	Data Source
Well Being Outcome 1 **Families have enhanced capacity to provide for their children's needs.**	Data not available	Data not available	Data not available	Data not available	Data not available	14.3% n=49	33% (This was calculated after the last PIP report went in, so was not included in the report)	42% n=48	50% n=48	56% n=48	50% n=48	Case Readings
Item 17 **Assessment & Services**	Data not available	Data not available	Data not available	Data not available	Data not available	77.56% n= 49	91.67% n=48	90% n=48	90% n=48	88% n=48	77% n=48	Case Readings
Item 18 **Child and Family Involvement in Case Planning**	Data not available	Data not available	Data not available	Data not available	Data not available	80.43% n=46	80.85% n=47	88% n=48	83% n=47	82% n=45	79% n=48	Case Readings
Item 19 **SW visits, child**	Data not available	Data not available	Data not available	Data not available	Data not available	16.3% n=49	27% n=48	42% n=48	52% n=48	50% n=48	63% n=48	Case Readings
Item 20 **SW visits, parents**	Data not available	Data not available	Data not available	Data not available	Data not available	16.3% n=49	27% n=48	27% n=48	26% n=46	36% n=44	32% n=41	Case Readings

Appendix 1

Well Being Outcome 2 Children receive services to meet their educational needs	**Data not available**	**Data not available**	**Data not available**	**Data not available**	**Data not available**	**70% n=33**	**78% n=37**	**91% n=34**	**82% n=34**	**91% n=34**	**93% n=29**	**Case Readings**

Appendix 1

Outcome	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 5	Qtr 6	Qtr 7	Qtr 8	Qtr 9	10th Qtr	11th Qtr	Data Source
Item 21 **Educational needs of child**	Data not available	Data not available	Data not available	Data not available	Data not available	70% n=33	78% n=37	91% n=34	82% n=34	91% n=34	93% n=29	Case Readings
Well Being Outcome 3 **Children receive services to meet their physical and mental health needs are met**	Data not available	Data not available	Data not available	Data not available	Data not available	53.2 % n=47	67% n=45	59% n=44	70% n=47	50% n=46	52% n=42	Case Readings
Item 22 **Physical health of child**	Data not available	Data not available	Data not available	Data not available	Data not available	51% n=41	61% n=38	60% n=43	74% n=47	55% n=42	53% n=40	Case Readings
Item 23 **Mental health of child**	Data not available	Data not available	Data not available	Data not available	Data not available	66% n=38	87% n=38	83% n=35	83% n=37	79% n=38	77% n=26	Case Readings
Family Team Meetings	Data not available	Data not available	Data not available	Data not available	13.0%	15.30 %	29.39%	37.35%	40.3%	39.9%	44%	Admin Data
Case Transfers between CPA and Service Worker are Face to Face or by Phone	Data not available	Data not available	Data not available	Data not available	Data not available	74% n=44	77% n=35	82% n=38	81% n=42	71% n=35	80% n=40	Case Readings

Appendix 1

Case transfers between the family, SW2, and primary provider occurred face to face	**Data not available**	**Data not available**	**Data not available**	**Data not available**	**Data not available**	**39%** **n=44**	**48%** **n=44**	**65%** **n=37**	**49%** **n=41**	**40%** **n=35**	**58%** **n=40**	**Case Readings**

Appendix 2:

Appendix 2:

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA): Citizen Review Panel Reports

The Child Protection Council Statewide Citizen Review Panel: 2007 Annual Citizen Review Report

The State Citizen Review Panel meets on a quarterly basis in Des Moines, Iowa. In addition to the regularly scheduled meetings members also attend several different annual conferences and trainings related to the work of the panel.

Members represent the areas of Child Advocacy, Health, Law Enforcement, CASA, Child Protection Services, Criminal Justice and Civil Court, Substance Abuse, Parent Group Representative, Prosecution, Mental Health, Law Defense and Iowa's Child Protection Centers.

The Child Protection Council provides for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community. The bi-monthly Child Protection Council meetings are open meetings to the public. A list of agenda items along with the meeting dates and times are posted on the statewide meeting bulletin board. The Annual Citizen Review Panel Report is posted on the Iowa Department of Human Services web site. From this web site persons can send in questions or comments to the Department. Questions and comments specific to the Citizen Review Panel are directed to the state coordinator for the Citizen Review Panel.

Children & Methamphetamine

Over the past several years the Child Protection Council has been focused on Iowa's response to children who have been exposed to illicit drugs and/or the toxic chemicals through parental usage of these drugs or through exposure to clandestine methamphetamine labs.

IDHS Policies and Practices

The Child Protection Council continues to review the practices and policies of Iowa's child protection system in regard to child abuse cases that involved methamphetamine. An initial concern was the need for a better data gathering process around child abuse cases that involved methamphetamine. The Council believed that data specific to the number of children involved in these types of cases was needed. The Child Protection Council felt that such data was crucial in determining the needed resources required to confront this growing problem. The panel made a formal recommendation regarding the need for data specific to these cases. The Council has now expanded their review of child abuse policies and practices to include all types of illicit drugs. The group feels this is important as there continues to be proposals and changes to public law around drug use. Another factor is the need to stay informed and responsive to new research as the drug culture in Iowa fluctuates as new and different drugs become available.

Drug Endangered Children (DEC)

The Child Protection Council continues to support the efforts of the Drug Endangered Children (DEC) teams in Iowa. As stated above several council members are actively involved as members or facilitators of these teams. The number of DEC teams in Iowa has expanded from the initial two pilot projects to eleven DEC teams across the state. Two related items that the Council is reviewing is treatment issues for parents and the use of drug courts in Iowa. The Council had reviewed the increased length of time treatment can

require depending on the drug of choice. The length of treatment required becomes an issue when reunification is involved and there is a timeline for permanency for the child or children. Added to this concern is the limited number of substance abuse treatment resources available in Iowa. The Council is also reviewing the use of Drug Courts in Iowa. Several have recently been established.

Medical Protocols

The Child Protection Council has supported the need for statewide medical and safety protocols for child victims and professionals that are involved in methamphetamine cases. The need for decontamination and testing of the children involved in these cases require an immediate response to meet the children's medical and psychological needs and address any possible out of home placements. Home environments with parental substance abuse present many undesirable risks to children, especially young children and children with special needs. These children have significant health risks including: exposure to infectious diseases such as hepatitis, HIV, and tuberculosis; inadequate immunizations leading to outbreaks of infectious diseases such as measles and developmental delays due to toxic smoke exposure; pulmonary problems such as apnea, asthma, and chronic lung deficiency; liver failure from toxins in ether or ammonia; and risk of lead exposure and poisoning with resulting mental retardation.

In Iowa, child abuse cases that involve illegal substance abuse the children are tested at intake for possible exposure to dangerous drugs. Children whose tests are positive receive immediate and appropriate medical attention. The results of the drug testing in these cases are shared with the court and prosecutors who may be involved in these cases. As a result of providing drug testing, the Iowa courts are better able to determine if a child can remain safely in the home and if the caretakers of children who test positive for drug exposure can be more easily prosecuted.

While there is agreement over the need for medical intervention by trained physicians and psychologists for drug-exposed children there remains a shortage of funding to meet these medical needs. The Child Protection Council recommends that Iowa lawmakers should expand efforts to assist drug-exposed children by funding medical treatment services that provide for their acute assessments and follow-up care. The Child Protection Council recommended that the 2007 Legislature provide treatment resources to children endangered by illicit drugs and/or toxic chemicals associated with clandestine methamphetamine labs.

In addition, training was developed around safety issues for the professionals who are involved in methamphetamine cases. Safety protocols were needed to protect professionals who respond to these cases.

Neonatal Drug Screening

The Child Protection Council continues to support the neonatal Drug Screening Research Project that Dr. Oral, a member of the Council, is currently working on. The focus of the research study is on children who are endangered by their parent's use of alcohol and/or illicit drugs. The study notes that children's exposure can start as early as conception. While ideally intervention would occur during pregnancy the next opportunity is right after birth. Despite this, only a handful of states focus on either of these early stages of intervention. In the few states that do focus on such early intervention, the hospitals have established regulations and protocols around neonatal illicit drug screening.

The Child Protection Council has recognized the need to develop such protocols in Iowa. The research to date suggests that utilizing a structured neonatal screening protocol in Iowa will identify a much higher rate of illicit drugs in utero is currently being reported by hospitals. A collaboration has been formed that consists of the members of the Child Protection Council, the Medical Committee of the Iowa Alliance on

Appendix 2:

Drug Endangered Children (DEC), Department of Public Health Neonatal Program, The Iowa Hospitals Association, Iowa Chapters of American Academy of Pediatrics, American College of Obstetrics and Gynecology, and Family Medicine Association, Iowa Association of Nurse Practitioners, and the directors and staff of the Child Protection Centers in Iowa. These groups are developing a comprehensive protocol on neonatal illicit drug screening with the goal that the neonatal illicit drug screening protocol be adopted by the Iowa Department of Public Health for statewide implementation. The protocol will be disseminated to the birthing hospitals of Iowa through the use of printed materials, training sessions over the ICN or web cam, and through on-site trainings throughout Iowa. The Child Protection Council members will collaborate in providing education to birthing hospitals on the state protocol on neonatal illicit drug screening with the goal to improve hospitals compliance with the new protocol.

A draft of the statewide protocols around prenatal births was released to all collaboration partners for review in early 2007. The protocols for neonatal illicit drug screening were then presented to the Iowa Department of Public Health that approved and endorsed them as a statewide public protocol. Pending any delays the project is scheduled to begin in-service training to for all medical staff across the state. Further issues to be determined involve the testing of children and the need for tracking the data. A federal research grant is being sought to address the funding of these efforts.

Child Deaths & Parental Drug Screens

As part of their work with the methamphetamine issue the Child Protection Council asked how many children in Iowa have actually suffered death as a result of parental use of methamphetamine. The council had invited a representative of the Iowa Child Death Review Team to speak to the group to address this question. The latest Iowa Child Death Review Annual Report to the Governor was referenced. Within this report is a recommendation that immediate drug screens be done by law enforcement personnel on caretakers and people who had access to a child just prior to the child's death.

This recommendation is based on the team's review of child deaths in Iowa. In supporting the need for immediate drug testing at the death scene the team referenced how, "alcohol and drugs contribute to child neglect, inappropriate childcare, child abuse and/or motor vehicle crashes." If the test is delayed it becomes impossible to assess if and to what degree the effect of alcohol and drugs contributed to the death.

The question the Council has reviewed is if child deaths in Iowa are being inaccurately classified due to lack of testing at the scene. Classifying child deaths accurately assures a thorough investigative process, that responsible parties are held accountable and that preventable factors become clear.

Last year the Child Protection Council supported the recommendation for immediate drug screens of caretakers and persons having access to a child just prior to death. The recommendation requires legislative action to enforce but to date this has not happened.

Juvenile Justice

In addition to being the Statewide Citizen Review Panel, the Child Protection Council also serves as the Task Force for the Children Justice Act Grant. In this capacity, the Child Protection Council is funding a Law Student Internship Program. The program provided two summer internships for law students in Iowa's juvenile court system, specifically working with drug-endangered children. The law students assisted in the representation of these children in juvenile court and partnering with the local Child Protection Centers legal and in an advocacy role for drug endangered children. The Law Student Internship Program has provided needed advocacy services to drug endangered children while offering an innovative approach to encourage law students to consider the area of child welfare in their future law practice.

Appendix 2:

In addition to their direct work with children the law student interns were asked to develop a set of protocols for attorneys representing drug-endangered children in Iowa. The protocols for attorneys are meant to benefit children who are in need of legal representation and to be a resource within the legal system that handles cases involving drug-endangered children.

The law students completed their internships and the protocols. The protocols were then presented by the students at Iowa's Annual Bar Association Conference.

New Activities Being Considered

The Child Protection Council is an active listener to the statewide discussion of how Child Protection Centers could provide additional services in Iowa regarding child abuse cases. This involves reviewing assessment needs in rural Iowa and determining how best to reach out to those in the rural areas. Options involve using satellite media and providing web based services.

The Council would also like to review the 2007 legislative year as there was a number of relevant legislation that was either proposed or that did not pass in regard to sex offenders, child endangerment, sex abuse and shaken baby.

Other issues being considered by the Council include looking at when removals happen and then asking how many are real emergencies. Also the use of family team meetings during removals, the thoroughness of background checks, and the viability of safety plan that are being used.

Recommendations of the Child Protection Council

Methamphetamine use continues to be an issue in Iowa. While there has been a decrease in methamphetamine labs across the state due to recent state legislation regarding restrictions on the sale of over the counter pseudoephedrine products, methamphetamine usage remains strong. In addition there continues to be a concern around the use of all illicit drugs. Drug usage by parents and caretakers continue to emerge as a precipitating problem in many of the child protection cases that involve substance abuse and/or neglect. As a result of this, several previous recommendations of the Child Protection Council remain along with some revisions or additions.

The recommendations of the Child Protection Council are as follows:

(1.) The Child Protection Council would support legislation for funding for comprehensive treatment services, including medical services that provide for acute assessments and follow-up care, for children endangered by illicit drugs and/or toxic chemicals associated with clandestine methamphetamine labs and/or through parental usage and addiction to methamphetamine and other illicit substances.

(2.) The Child Protection Council supports the recommendation of the Iowa Child Death Review Team for immediate drug screens to be conducted by law enforcement personnel on caretakers and persons having access to a child just prior to the death.

(3.) The Child Protection Council recommends that the Iowa Department of Human Services continue to review their practices and policies in regard to child abuse cases that involve alcohol and all illicit drugs. This is crucial as new street drugs become available and research on all drugs is updated.

Appendix 2:

Northwest Iowa Citizen's Review Panel: 2006 Annual Report 4-19-07

Purpose of the Woodbury County Minority Youth and Family Initiative (MYFI) and Community Initiative for Native Children and Families Team (CINCF):

Native American children (0-18) as self-identified are over-represented within Woodbury County's child welfare system including the areas of foster care placement, termination of parental rights, and adoptive placements in non-Native homes. This results in a loss of:

- Culture
- Self-awareness
- Identity
- Tribal and family relationships

This is happening because of:

- Shortage of Native foster homes for children in crisis and policies that present barriers to relative placement. Currently there are only two Native foster homes in Woodbury County.
- Lack of culturally competent providers in the community. There are currently one Native agency in Woodbury County, few private provider agencies with Native staff, and only minimal training for non-Native staff on cultural competency.

Goals:

Native American children (0-18), self-identified as Native, are safely raised in the Native community as evidenced by:

- Increase in relative placements, even if termination of parental rights has occurred
- Increase in reunification with parents
- Decrease in termination of parental rights
- Increase of Native American foster homes
- Decrease in re-abuse/neglect rates
- Decrease in entry into the foster care system
- Decrease in abuse/neglect rates overall
- Decrease in number of placements for Native children
-
-
-
-

Summary of the Panel's Activities in 2006:

The Team met five times in 2006.

Date	Summary
6-22-06	Reviewed accomplishments to date, explored the level of interest, support, potential and

Appendix 2:

	concerned citizens that have worked to improve outcomes for Native American children and families involved with the child welfare system in Woodbury County, and initial interest in the Casey-CSSP Alliance for Racial Equity partnering with CINCF and DHS.
7-27-06	Introduction of the Casey-CSSP Alliance for Racial Equity, reviewed accomplishments to date, identified gaps in efforts, outcomes and strategies of CINCF and Minority Youth and Family Initiative (MYFI) with new opportunities through the Alliance
8-24-06	Reviewed the written proposal with the Casey-CSSP Alliance for Racial Equity/CINCF/DHS Partnership, reviewed areas of alignment and Theories of Change-Six Key Dimensions. Also looked at the Alliance proposed dimension outcomes both nationally and for partnering
9-28-06	Overview was given on subsidized guardianship and relative placement, Minority Youth and Family Initiative, and technical assistance consultant Iowa ICWA. Casey-CSSP Alliance for Racial Equity/CINCF/DHS Proposed Partnership was reviewed, along with matrix changes
10-31-06	Reviewed possible areas of alignment with Casey-CSSP Alliance for Racial Equity, drafted an MOU (fiscal agent), and discussed
12-6-06	Subset of CSSP Alliance group met to review data source options. Also discussed the various steps in the life of a case process.
1-24-07	Reviewed data items, the strategies and goals of the Alliance Partnership including the advocacy role. Discussed future events i.e. Undoing Racism and a Healing and Reconciliation Dialogue.
2-13-07	Ron Chisom from the Peoples Institute presented information on the Undoing Racism presentation 7 of our local leaders will be attending in June. Planning for bus trip to the National Indian Child Welfare Association annual conference. Presentation was given by DHS CPS and Intake supervisors about that process.
3-22-07	Discussion about tracking information from the advocacy role. Reviewed and discussed format. Presentation by Mid Iowa staff about Community Care and how it fits into the DHS process from Child Abuse Assessment.
4-16-18-07	NICWA Conference was attended by 27 people from the Sioux City area. Attendees included Community members, DHS staff, Judges, JCS, Reps from the schools, law enforcement, CSADV, Jackson Recovery, and Casey. Two presentations were given by members of our local team and the University of Iowa.

Progress of the State and Local Areas in Implementing Recommendations:

Since the Northwest Iowa Citizen's review Panel is still in the early developmental stage, no formal recommendations were presented to the State.

Future Direction (goals, strategies, benchmarks):

1) Continue to offer educational opportunities regarding Fetal Alcohol Spectrum Disorder (FASD) by coordinating efforts of DHS, Native American Team, and Mercy Medical Center.

Appendix 2:

2) The Panel/Team (CINCF) will continue to meet bimonthly. For most sessions, CINCF meetings have been combined with CSSP Alliance meetings.
3) Continue to develop and identify possible areas of alignment between the work in jurisdictions and the six key dimensions of the Casey/CSSP Alliance Theory of Change.
4) Future meeting/training/sharing plans:
    - Elected officials forum
    - Key leaders attend Undoing Racism
    - Healing and Reconciliation Dialogue
    - Conduct a Quality Service and ICWA Compliance Review

Description of how the Panel is providing for Public Outreach and Comment in order to Access the Impact of Current Procedures and Practices upon Children Locally and Statewide:

A second workshop focusing on Fetal Alcohol Spectrum Disorder (FASD) was held in January 2007. This workshop was developed through the coordinated efforts of DHS, team of Native American project, and Mercy Medical Center. While the first workshop centered on the impact of FASD on schools, families, communities and the legal system, the second workshop focused on early identification and management of FASD. A third workshop is in the planning stages and will focus on education and prevention.

A retreat was held February 2-4th, 2007 for key members to create the Site Logic Matrix for the Casey-CSSP Alliance for Racial Equity. The retreat had a twofold purpose:

- To provide retreat attendees with a snapshot of what is going on in each of the partnering jurisdictions regarding how data informs work; who the partners are that are involved with moving the site agenda; what is it about child welfare policy and practice that they are trying to improve or change; how will the Alliance's resources be used to help support that change; and what is it that we plan to achieve this year.
- To serve as a mere template to help the site team representative's frame a more detailed oral presentation about what is going on their respective sites.

Cerro Gordo County Family Violence Response Team: Citizens Review Panel Annual Report 2007

Membership

The Cerro Gordo County Family Violence Response Team includes individuals from the following agencies/disciplines:

AGENCY	DISCIPLINE	INDIVIDUAL
Prairie Ridge Addiction Treatment Service	Substance Abuse	Jay Hansen
Crisis Intervention Service	Domestic Violence	Mary Ingham
Department of Human Services	Social Work	Jeannie Robertson
Crisis Intervention Service	Child Development	Ann Sebastian

Appendix 2:

Cerro Gordo County Attorney's Office	Law	Sandi Murphy Gregg Rosenbladt Amy Johnson
Mason City Police Department	Law Enforcement	Frank Stearns, Chair
Cerro Gordo County Sheriff's Department	Law Enforcement	David Hepperly Kevin Pals
Department of Corrections	Other	Diana Kellar Thomas Gayther
Mercy Medical Center-North Iowa	Nursing	Vacant
	Medicine	Vacant
	Public Health	Vacant
	Education	Vacant
	Juvenile Probation	Vacant
	Mental Health	Vacant

This group was originally formed nine years ago by the Cerro Gordo County Attorney's Office, Crisis Intervention Service, Department of Corrections & Mason City Police Department and focused on the criminal justice systems response to domestic violence and sexual assault. Over the years, membership has grown to include other entities with an interest in this area. Approximately four years ago, a specific focus regarding the impact on children was added.

The team continues to struggle to fill vacancies in medicine, public health, education, juvenile probation & mental health. The team will continue to work to fill these vacancies.

Meetings

During the past nine years, the meeting frequency has varied from monthly to every other month. In 2005, the team completed a safety & accountability audit examining the impact of domestic violence on children. The team is currently participating in a safety & accountability audit examining the impact of domestic violence on African Americans. The Family Violence Response Team met on the following dates during the past year: 02-06-06; 04-10-06; 07-13-06; 09-14-06; 11-21-06; 01-11-07; and 04-02-07.

The team will continue to meet well beyond the completion of current project it is working on.

Functions

The team was originally organized to provide a coordinated community response to domestic violence and sexual assault, with a primary interest in adults. In the past four years, the team has been focusing on domestic violence and children. The team has completed a countywide safety audit that examined how child witnesses of domestic violence were identified by intervening organizations and whether the interventions help or hinder the child.

Appendix 2:

A Safety and Accountability Audit is designed to examine, in an inter-disciplinary way, whether institutional policies and practices enhance victim safety and enforce offender accountability. The premise behind the process is that workers are institutionally organized to do their jobs. In other words, workers are guided in how they do their jobs by the forms, policies, philosophy, practices and culture of the institution in which they work. A Safety and Accountability Audit, therefore, is not a performance review of individual employees. It examines the local and/or State institution or system in terms of the practices, policies and procedures in regard to handling domestic violence cases. Safety and Accountability Audits involve mapping the system, interviewing and observing workers and analyzing paperwork and other text generated through the handling of domestic violence cases.

The team will comply with the requirements set forth by the Child Abuse Prevention and Treatment Act. The team will identify strengths and weaknesses of the child protective service system in Iowa (Iowa Department of Human Services) and those of community-based services and agencies. Within the scope of its work the team will review these child protective systems in Iowa by clarifying expectations of these agencies by reviewing consistency of practice with current policies, and analyzing current child abuse trends. The team will provide feedback to the state and local agencies and the public at large as to what is, or is not working, and why, and recommend corrective action if needed.

Some members of the team have formed a sub-group to conduct a safety & accountability audit to look specifically to increase accountability of the system to better protect victims of domestic violence, hold batterers accountable, and to integrate the concerns and expertise of African Americans into domestic violence prevention and intervention.

Re-dissemination

The team understands that no member shall re-disseminate child abuse information obtained through the citizens review panel.

Department not bound

The team understands that the department shall consider recommendations of the panel, but shall not, in any way, be bound by the recommendations.

Confidentiality

The team understands that members and staff of a panel may not disclose child abuse information about any specific child abuse case to any person or government official and may not make public any information unless authorized by the Iowa Code to do so.

Reports

The team will provide an annual written report outlining activities and making recommendations for changes. The team will make this report available to the public to allow for input. Prior to the completion of the report, the team will sponsor a public information meeting and solicit comments from the community. The public information meeting will be publicized through press releases and flyers at local agencies.

Recommendations

- No one is collecting specific information on children and how they experience violence. Therefore, the community is not getting a clear picture of what is going on with families. The team should

develop forms that link together to create a comprehensive assessment of what children are experiencing.

- Administrative Rule of OVW against deferred prosecutions or deferred judgments is restricting prosecution from creating responses that might be more effective for the individuals involved. For example, with current restrictions, prosecution must either proceed with a case or dismiss. In some cases, the offer of a deferred judgment contingent upon completion of certain conditions, creates the opportunity to get necessary services to individuals and families.
- Assessment & treatment plans are not designed to specifically identify:
- the extent of domestic violence
- how children are drawn into the violence
- how the child's relationship with parent (who is being battered) is impacted by violence.
- Therefore, since there is not an adequate assessment, treatment plans are not directly related to what people need.
- The group questions whether service providers have the capacity and resources to provide services specific to the needs of families. We suspect that many families are getting generic services and need services far more specialized to their individual circumstances.
- We saw there could be many opportunities for CPS to work closely with the criminal justice system to directly intervene with abusers, shifting responsibility of holding the offender accountable from the victim to the system. The use of protection orders initiated by CPS could remove offenders from the home, rather than remove the children. This change would require significant changes in how law enforcement, CPS and prosecution work together.
- Different advocates have better skills at addressing child issues; may be cross-trained but not cross-skilled. The conceptual belief that if the mother safe, the children are safe is not always true.
- Because the community lacks a methodically-coordinated, philosophically-coherent approach to interventions with batterers, we are overly reliant on victims of battering to take a major role in holding offenders accountable. We generally felt that victims in this community may feel that the system is not an ally with them in ending the violence. At the same time, it creates a condition that promotes a sense of safety in a significant number of offenders to continue the abuse.
- The premise that the appeals process creates accountability in courts doesn't necessarily hold true in small communities. When an attorney exercises their right to appeal he/she become vulnerable for repercussions for that action, thereby making an appeal the choice of last resort. Therefore, many problematic judicial decisions go unchallenged by attorneys or workers in the system.
- There is a failure to distinguish the type of violence (Resistive, Situational or Pathological) being used. Domestic violence is viewed as the same thing in each file and in the interventions.
- There was no mention of who needed protection from whom and to what degree. There needs to be a better assessment of the level of danger. Someone is doing something to someone, therefore, someone is being harmed.
- There is a failure to identify how children are drawn into the violence and how they are harmed. We need to develop interventions around what is actually happening with children.
-

STATE RESPONSE TO IOWA'S CITIZEN REVIEW PANELS *(Section 106(c)(6)) of the Act*

ANNUAL PROGRESS AND SERVICE REPORT

Appendix 2:

Following is the State's response to the recommendations of the Child Protection Council State Citizen Review Panel, the Northwest Iowa Citizen Review Panel and the Cerro Gordo County Family Violence Response Team.

Recommendations

(1.) The Child Protection Council would support legislation for funding for comprehensive treatment services, including medical services that provide for acute assessments and follow-up care, for children endangered by illicit drugs and/or toxic chemicals associated with clandestine methamphetamine labs and/or through parental usage and addiction to methamphetamine and other illicit substances.
(2.) The Child Protection Council supports the recommendation of the Iowa Child Death Review Team for immediate drug screens to be conducted by law enforcement personnel on caretakers and persons having access to a child just prior to the death.
(3.) The Child Protection Council recommends that the Iowa Department of Human Services continue to review their practices and policies in regard to child abuse cases that involve alcohol and all illicit drugs. This is crucial as new street drugs become available and research on all drugs is updated.

(4) The team recommends that the format of the Assessment and Treatment Plans that the Department of Human Services utilized for families be redesigned to specifically identify the extent of domestic violence, how the children are drawn into the violence, and how the child's relationship with the parent is impacted by violence. The concern is also that domestic violence is viewed as the same thing in each case verses distinguishing the type and level of violence.

(5) The Cerro Gordo Team recommends that Child Protective Workers work more closely with the criminal justice system to directly intervene with abusers. The team recommends the use of protection orders initiated by Child Protective Workers to remove the offender from the home rather than remove the children.

(6) The Cerro Gordo team recommends that attorneys and/or workers in the child abuse system should challenge problematic judicial decisions.

(7) The team questions whether service providers have the capacity and resources to provide services specific to the needs of individual families. The concern is that families are getting generic services and are in need of far more specialized services to address their individual circumstances.

State Response

(1) Increased Medical Services

Over the past several years the Department of Human Services has received increased funding for medical treatment services for children. This funding has been targeted for the five Child Protection Centers that currently serve Iowa. The Child Protection Centers provide medical evaluations and psychosocial assessments of child abuse victim. The Centers also provide assistance to Child Protective Services Assessment Workers and local law enforcement officials who conduct child abuse investigations.

Initially, the legislation that created Child Protection Centers Grants Program in 2001 contained no provision for funding. In July 2004 the Iowa legislature provided $100,000 for three of the Centers and then $1,000,000 for four Centers in July 2005. In July 2006, a total of $1,230,000 was provided for five Child Protection Centers that serve Iowa. The state legislature again approved this funding for the SFY 2008.

(2) Child Deaths and Parental Drug Screens

Appendix 2:

The Child Protection Council recommended that immediate drug screens be conducted by law enforcement personnel on caretakers and persons having access to a child just prior to the death. In the 2006 legislative session a proposal supporting this to the legislature was introduced but did not result in draft legislation.

(3) Practices and Policies

The Child Protection Council has recommended that the Iowa Department of Human Services (IDHS) continue to review their practices and policies in regard to child abuse cases that involve alcohol and all illicit drugs. This is crucial as new street drugs become available and research on all drugs is updated. IDHS continues to provide training to child welfare workers through a Basic Ordering Agreement with Iowa State University. This Agreement provides professional training services to staff. Iowa State University is the lead institution in a consortium of public and private organizations that are contracted to offer updated, educational, and research based resources, programs, courses, conferences, workshops, and seminars that enhance and develop the employee's competencies. Intake training clarifies the response to substance use allegations. Within the assessment curriculum instruction is provided on drug testing for illegal drugs.

(4) Assessment and Treatment Plans

All child protection workers must assess each case for domestic violence and document the issues when they are present in a child abuse case. Child protection workers are to inquire directly about domestic violence with all families during the initial meetings whether or not there are allegations of domestic violence, and to ask whether or not an adult male lives in the household. If domestic violence is an issue this must be documented and addressed within the assessment and treatment plans for families. Specifically, the assessment workers are to explore and document the level of violence being reported and to assess to what extent this puts the child at risk. Additional information that is to be gathered and documented in the assessment plan is the child's ages and developmental stage, relationships between parents, siblings and other family members and neighbors, the child's actions during the violence, the child's knowledge of what to do during violent abuse episodes, and the family's ability to carry out a safety plan.

(5) Protection Orders

Within the course of a child abuse assessment or during any juvenile court proceeding, child protection workers can request measures to better protect the children in domestic violent situations. These may range from an ex parte order that immediately removes the child from the home, in-home services that allows for the child and the non-offending caretaker to remain in home or removal of the abuser. Many situational factors determine what type of request is made based on if the domestic victim is separated from the abuser, wishes to leave the abuser or has chosen to stay with the abuser.

(6) Judicial Decisions

The Cerro Gordo Family Violence Team recommends that attorneys and/or workers in the child abuse system should challenge problematic judicial decisions. There is in place an Appeal process where by the Department of Human Services can appeal a judicial decision that they feel would not adequately protect a child.

(7) Need for Specialized Services

The concern and recommendation is in regard to the need for specialized services for individual families and whether service providers have the capacity and resources to provide such services. Beginning October 1, 2007 the Iowa Department of Human Services will implement two new child welfare service packages for children and families, *Safety Plan Services* and *Family Safety, Risk, and Permanency Services.* These two new services reflect the Department's movement toward child welfare services that are

more family-focused. The services are designed to build on family strengths and to enhance the parent's or other caregiver's protective capacities to safely care for their children. The services will connect families to community resources and identify and utilize informal family support systems. The services are intended to encourage greater flexibility, innovation and the use of evidence-based practices in service delivery.

Appendix 3: **KidSake Foster/Adopt Iowa: Recruitment and Retention Team Plans**

Recruitment and Retention Summary of Activities

FAMILIES RECRUITED AND SCREENED: In the months of July - November, KidSake made 575 referrals to Private Agencies for an orientation. Also in December 2006, names of 171 families needing an orientation were given to Iowa KidsNet, the new contractor for follow-up.

CHILD SPECIFIC CALLS: (i.e. Connection, KidSake Website, TV, and Newspaper): From July – December, KidSake received 336 child specific contacts.

Media:

KMEG Commercials

KidSake worked with K-MEG in Sioux City to advertise for the Heart Gallery as well as inform people about Iowa's waiting children.

National Adoption Month Media Exposure

KidSake sends out press releases statewide for adoption month. Adoption Saturday is an event that highlights national adoption month. The eight KidSake teams had local appreciation events in the service areas. Activities included recruitment events and local media stories. KidSake also collaborated with John Carlson of the Des Moines Register to discuss the demand for more foster homes and feature some harder-to-place adoptive children.

KidSake Website

The KidSake website was proven to be a successful recruitment tools. The website was updated and expanded to enable families to signup for email announcements on waiting children and statewide events. This new feature has been a highly successful addition to the website. Each month there was an average of 70 waiting children featured on the KidSake website.

Connection

KidSake produced the Connection newsletter, which included information pertaining to the process, who can foster/adopt, frequently asked questions, success stories, other related articles and features waiting children. In fall 2006, KidSake designed and produced a final Connection. The Connection is used as a recruitment tool and is also sent to families interested in foster care or adoption.

Events:

"Score a Match" Bowling Party
KidSake sponsored a "Score a Match" Bowling Party in Waukee on November 9. Prospective adoptive families were invited to spend time with waiting children in a fun and friendly atmosphere. Pizza and pop were served and families were able to play 2 bowling games with the waiting children. Thirteen families

bowled with twelve waiting children. A Meet the Worker event was also held after the bowling party, where an additional 15 families attended. Elevate spoke to the families.

Adoption Saturday

KidSake participated on the planning committee for the annual Adoption Saturday event help at the Polk County Courthouse. KidSake was responsible for the media promotion of the event. A celebration complete with cake and balloons was held for the children united with permanent adoptive families that day. Several private and public agencies maintained booths at an informational fair and KidSake staff talked to many individuals interested in foster care and adoption. This year, Adoption Saturday was held on Saturday, November 18. Events were held in Des Moines, Council Bluffs and Webster City. Team members participated in each of these events.

Heart Gallery

The Heart Gallery is a traveling show of professional portraits of children awaiting adoption. The Heart Gallery has been taken across Iowa over the last two years. During this final six months of the KidSake project, the Heart Gallery was featured in Sioux City and Council Bluffs. During the Sioux City opening reception, all Sioux City area television stations were in attendance. The Heart Gallery was also featured on the front page of the Sioux City Journal. The Heart Gallery was also on display at the Pottawattamie County Courthouse during their Adoption Saturday event in November.

Network Training Meetings

KidSake holds Network Training Meetings for DHS and Private Agency workers on a statewide level. These meetings are times to discuss issues pertaining to recruitment and retention and is also provides time to network with others in the field. A final Network Training meeting was held in December 2006 to discuss the transition process for the recruitment and retention project.

Meet the Worker Events

Approved families looking to foster or adopt a child, are invited to attend this event to get acquainted with social workers from their area. Social workers will share information on children from their caseloads who are available for placement. Meet the Worker Events were held in the following cities during the following months:

Marshalltown – September, Osceola – September, Ottumwa – September, Cedar Rapids – November, Sioux City – October, Denison – September, Keokuk – July, Fort Dodge – October, Des Moines – September, Dubuque – July, Clinton – August, Calmar – November, Dubuque - November

Examples Other Events Held:

The recruitment teams are also responsible for planning other events in their area. Some of those events are as follows: Cultural Diversity Event – Cedar Falls, December,

Appendix 3: KidSake Foster/Adopt Iowa: Recruitment and Retention Team Plans

Movie Night – Eldora, December, Child Specific Art Show, Cedar Rapids – November, Evening for Adoptive Parents – Council Bluffs – November

KidSake also served as Iowa's response team for the AdoptUsKids national recruitment campaign

and coordinated annually with the Governor's office to host a statewide recognition event for foster and adoptive families at the Governor's mansion. The most recent event was held June 4, 2006.

Recruitment Plans

KidSake developed and executed recruitment plans in each of the DHS service areas to ensure that foster and adoptive families were recruited to reflect the ethnic and racial diversity of children care in each services area. The KidSake Recruitment & Retention Team Plans, July 2006- December 2006 are attached to this document.

Planned activities for recruiting foster and adoptive families in FY 2008.

Beginning January 2, 2007 DHS entered into a contract with Four Oaks for the Recruitment and Retention of Resource families. The contract requires Four Oaks/Kids Net to:

Develop and implement Service Area specific recruitment plans within sixty (60) days of the effective date of the contract. The plans shall be based on a needs assessment of each Service Area (using area specific data provided by the Department) and will include strategies that will result in the recruitment of resource families willing to care for the children entering care in each area. The recruitment plans shall be approved by the Department and must include at a minimum, but not limited to, the following components:

- Strategies to recruit families of color with specific emphasis on African American, Hispanic and Native American resource families and resource families form other ethnic backgrounds.
- Strategies to recruit families for specific populations such as, teens, large sibling groups, and children with mental and physical challenges.
- Strategies to develop partnerships with faith-based organizations for the recruitment of resource families.
- Description of family and peer mentoring and how it will be implemented.
- Description of strategies that will be used to assist resource families to support the successful transition of teens into adulthood.

Four Oaks/ Iowa Kids Net is in the process of developing recruitment teams in each service area and conducting data driven needs assessment. This process will identify the type of resource families that are needed in each service to reflect the ethnic and racial diversity of children for whom homes are needed. This process will be on going in SFY 2008. Following is a draft copy of the format that will be used for the service area recruitment plans that are currently being developed.

Recruitment and Retention Team Plans July 1, 2006 - December 31, 2006

KidSake Recruitment and Retention Plan for the Ames Area Team

July 1st, 2006-December 31st, 2006

Team Members

CFI: Denise Beer, Pat Cirks (Fort Dodge)

Shauna DuRocher, Stephanie DuRocher (Des Moines)

DHS: Kim Keenan – Marshall, Hardin, Tama = FC & and Adoption Specialist

Appendix 3: KidSake Foster/Adopt Iowa: Recruitment and Retention Team Plans

Heather Robinson – Story = FC & and Adoption Specialist

Jeanine Reed – Hamilton = FC and Adoption Specialist

Patty Veldhuizen – Jasper = FC and A and Poweshiek = Adoption

Joni Duffy – Adoption Specialist Humboldt & Wright = FC & A

Luann Burgers – Service Supervisor

Roxanne Thompson – Area Supervisor

Jean Fell – Pocahontas, Calhoun, Webster = A and Webster, Pocahontas, Calhoun = FC

Judy Devilder – Service Supervisor

Susan Manning- Foster Parent Locator

IFAPA: Linda Shimon – Liaison

Lyndda Purcell – Liaison

Lelaine Anderson – Adoption Info Specialist

KidSake: Amy Stein – Project Director

LSI: Jana Olson, Julie Clark, Lynsi Grey

Meskwaki Family Settlement: Mylene Wanate

Quakerdale: Lou Freeman and Cheryl Tanis (Marshalltown)

Quakerdale: Teri Hoffstetter (Newton)

YSS: Bambi Schrader, Teri Johanson (Ames)

Though there are three agencies responsible for this plan, the other people listed above have volunteered to assist. It has been discussed that all agencies wanting licensing referrals need to contribute to recruiting the families by planning events or supplying staff for events planned. If funds are wanted by anyone, they need to come to the Ames Area Meeting and request them.

The following is an outline for our plan for the contract year of July 1st, 2006 to December 31st, 2006.

Meet the Worker Events

1. CFI Fort Dodge (Hamilton, Wright, Webster, Humboldt, Pocahontas, Calhoun) October 9th, 2006 (MTW and Support Group)
2. CFI Des Moines/Quakerdale/LSI/YSS (Jasper, Poweshiek, Marshall, Hardin, Tama, Story, Boone Hamilton) September 12th, 2006 (MTW and Support Group/Training)

Minority Recruitment Activities

1. Meskwaki Family Settlement Powwow August 2006.
2. Adoption Saturday November 18th, 2006.

Teen Recruitment Activities

1. Blue Sky Day September 24th.

Appendix 3: KidSake Foster/Adopt Iowa: Recruitment and Retention Team Plans

2. Newton Raceway.
3. Happy Days August 26th in Grinnell.

Support Groups

1. Poweshiek Support Group: 1st Tuesday of each month
2. Jasper Support Group: 4th Tuesday of each month
3. Marshall and Tama Support Group: 2nd Tuesday of each month
4. Story/Boone Support Group: 3rd Monday of each month
5. Hardin Support Group: 3rd Tuesday of each month
6. Fort Dodge Support Group: 2nd Monday of even months
7. Humboldt/Clarion Support Group: Held in the odd months opposite Fort Dodge
8.

Scheduled Orientations/ Informational Meetings

1. Each team has multiple orientations and informational meetings planned almost weekly in all areas.

Retention Events

1. Holiday Parties.
2. Score a Match Bowling Party.

Newsletter

1. The foster and adoptive parent newsletter will continue to be compiled and distributed every other month. The next edition will be: August 2006.

Faith Based Efforts

1. A concert will be held November 5th at the Evangelical Free Church and Stephanie DuRocher will be performing.
2. Adoption Fair November 5th in Marshalltown.

Monthly Expenses to Report

The Team has been given $2,000. This is no longer divided into recruitment and retention dollars. It has been divided equally among the counties; this is approximately $166.67 per county.

Our meetings are continued to be held in Story City at the Royal Café. In closing, I would like to add that we have an experienced and dedicated team in the Ames Service Area. We have great discussions and successful activities recruiting and providing information on the need for more foster and adoptive families. We look forward to the term ahead as we continue our active schedule.

Respectfully Submitted,

Jana Olson and the Ames Area KidSake Team

Appendix 3: KidSake Foster/Adopt Iowa: Recruitment and Retention Team Plans

Cedar Rapids Service Area KidSake: Recruitment and Retention Plan

Serving 14 Counties

Budget July 1st, 2006 through December 31st 2006---$2000

July 06

- **Recruitment- Media Recruitment—**Jenny Phan is planning PSA and TV spots throughout the next six months
- **Recruitment-Teen---**Planning for the Teen Car Rally with Ray Lough, foster/adopt foster parent.
- **Recruitment-**Planning for the two Meet The Worker Events with DHS workers
- **Recruitment-**Begin collaborating with Jackie Hammers-Crowell with the group Elevate
- **Recruitment-**Car quest donated item for the car rally

August 06

- **Recruitment-**Media news release on the Teen Car Rally
- **Faith Based Recruitment-**8-5-06-4-7 event at the
  >Christ Church Presbyterian
  >2000 1st Avenue, NW
  >Cedar Rapids, Iowa 52405
  >319-364-3612
- **Teen Recruitment-**8-19-06-Teen Recruitment Event-Car Rally
- **Recruitment-**planning for the child specific art show

September 06

- **Recruitment-**9-21-06-**Meet The Worker,** Ottumwa, First United Methodist Church 202 East 4th Street from 6:30-830 pm. $50.00
- **Recruitment-**planning for the adoption month recognition and art show

October 06

- **Recruitment-Faith Based Recruitment-Flyer** to be sent to the local churches in the Cedar Rapids Service Area
- **Recruitment-**Reinhart Food Services to provide the cookies for the child specific art show-
- **Recruitment-**Child Specific Art Show Media Release

- **Recruitment-**Rock Well Collins publishes a news ad that is called the Stall Street Journal and will highlight adoption/foster care.

Appendix 3: KidSake Foster/Adopt Iowa: Recruitment and Retention Team Plans

- **Recrutiment**-ongoing planning for Meet the worker, art show and adoption month

November 06

- **Recruitment**-11-3-06-**Meet The Worker Event,** Cedar Rapids, The Bridge, 2100 1st Ave NE-$200.00
- **Retention**-11-4-06-**Adoption Recognition Month,** Adoptive Parents will be provided with a day of activities and refreshments. $250.00
- **Recruitment-Child Specific-Art Show---**11/3-5/06, Children's art work will be displayed as well as the use of Power Points presentations to highlight waiting children.$1,000.00
- **Recruitment-After the Opening of the Child Specific Art Show**, the Art work will be shown at businesses in the Cedar Rapid Service Area.
- **Recruitment- Minority Recrutiment-**Harambee House (African-American recruitment) work closely with Allen Bell-$100.00

December 06

Recruitment-Child Specific Art Work shown at businesses.

Recruitment-African-American Foster Family (Moore's) to speak at their church

Monthly

- **KidSake Orientations occur monthly, as well as Individual Orientations.**

Total Budget: July 1, 2006 through December 31st 2006, $2,000.00

Estimated Costs for Events: $1,600.00

Estimated Mailing and paper Cost: $400.00

Child Specific Recruitment:

John Bollinger---Adoption Worker, Karen Ferguson

Narquis McKinney—Adoption Worker, Karen Ferguson

Demarques Pledge---Adoption Worker, Darcy Andres

Mary Martin---Adoption Worker, Darcy Andres

KidSake Agency Team Members: Jeff Hasley, Jennifer Erps, Ronita Meyerdirk, Terri McCoy, Ann Kopf, Jennifer MacCormick, Angela Brockschink, and Deb Knake. DHS KidSake Representative, Nancy Beckman.

- All Radio ads/spots and newspaper ads, **except to announce an event need to be pre-approved or IFAPA will not issue a payment.**
- Any expense over $100 needs to be pre-approved by the Project Director.

KidSake Team Plan: Council Bluffs Area

July 1, 2006 to December 31, 2006

Appendix 3: KidSake Foster/Adopt Iowa: Recruitment and Retention Team Plans

1. *Meet the Worker Events:*

   Denison is having a Meet the Worker Event on Monday, September 25th in Denison, preceding the local foster/adoptive parent support group. Council Bluffs will hold a Meet the Worker Event on Monday, October 30th from 4 to 6 p.m. at the Pott. Co. DHS, prior to the 10th session of PS-MAPP class.

2. *Minority Recruitment:*

   Council Bluffs and Denison will use various community resources (Omni Center Job Assistance Program, Latino Centers, Churches) to reach the Hispanic Community. Will also focus on recruitment specifically at events for Mexico's Independence Day on September 16th.

3. *Teen Recruitment or Heart Gallery:*

   The Heart Gallery is being held at the Pott. Co. Court House on Saturday, November 18th, which is also National Adoption Day.

4. *Retention event for Adoptive Parent appreciation month:*

   Council Bluffs and Denison are combining the Adoptive Parent Appreciation Banquet. The Banquet will be held on Friday, November 17th from 6 to 8 p.m. at Pizza King in Council Bluffs.

5. *Faith Based Recruitment:*

   Council Bluffs and Denison will recruit foster/adoptive parents who will speak at the churches they belong to. Will also distribute the Faith Based KidSake brochures to the various area churches.

KidSake: Davenport Service Area Team Plan

July 1st, 2006 to December 31st, 2006

Team Members: Nancy Shaffer and Karen Coats; *Lutheran Services of Iowa*

Jan Shelman; *Young House Family Services*

Kristine Knobloch and Kelly Noack; *Family Resources, Inc.*

Judy Silverman; IFAPA

Lisa Metzler; IFAPA

Erica Zito; IFAPA

Bruce Andre; IFAPA

Gloria Power; Scott Co. DHS

Jan Loper; Scott Co. DHS

Georgeann Norbo; Scott Co. DHS

Judy Keith; Muscatine/Cedar Co. DHS

ANNUAL PROGRESS AND SERVICE REPORT

Appendix 3: KidSake Foster/Adopt Iowa: Recruitment and Retention Team Plans

Kathy Huinker; Muscatine/Cedar Co. DHS

July 2006:

Southern Counties: Y.H. will continue to have a billboard with KidSake information along Highway 218. This is a busy thoroughfare which receives excellent exposure. Recently placed a new child on the billboard. This will continue until December.

Y.H. will begin a connection with Welcome Wagon. As a non-profit entity, this is a free service provided by Welcome Wagon. The area covered will be in the cities of Mt. Pleasant and Burlington. KidSake brochures, pens, and magnets will be distributed. This will also continue until December 2006.

Y.H. will continue with the monthly support group for foster and adoptive families in the counties of Lee and Des Moines, Henry, and Louisa. January 19th training will be on the topic of Life Books in Lee County.

Heart Gallery.

Group orientation on 7-26-06.

"Meet the Worker" at the 10th session of PS-MAPP in Keokuk on 7-9-06.

Northern Counties: LSI and FRI distributed table tents and flyers to over 35 businesses in Davenport and Muscatine.

Heart Gallery (local version).

Group orientation at Scott Community College in Davenport on July 11th, 2006.

August 2006:

Southern Counties: KidSake business cards and remaining holders to be distributed to new foster and adoptive homes. The newly licensed/approved homes are eager and excited to share information about becoming a foster and/or adoptive family within their circle of friends, co-workers, church members, etc. Will also use newly licensed and approved foster parents to distribute flyers/posters for the hard to place youth from service area.

Will distribute bookmarkers and flyers within the four county area.

Northern Counties: LSI and FRI will again distribute information and make contact with several larger businesses in the counties of Muscatine, Cedar, and Scott in the hope of distributing information and following up with a presentation on adoption and foster parenting. We hope to be able to have information about KidSake printed within the companies' newsletters, etc. The ultimate goal would be to make connections within the companies to recruit new families to foster and/or adopt.

August 4th participate in a radio show in Muscatine specific to adoption issues from 8:30-11:00.

September 2006:

Southern Counties: Heart Gallery to be planned sometime during this month at the Faith Christian Outreach Church (or in October…depending upon availability).

Orientation meeting in Keokuk during this month.

Foster Parent Support Group in Lee County on 9-21-06 and Des Moines, Henry, and Louisa Counties on 9-25-06. (Topics to be announced)

Northern Counties: LSI and FRI plan to approach the Davenport Elementary Schools in an attempt to distribute KidSake information to every elementary school child with the hope that their parents will find an interest in becoming a foster/adoptive parent to a waiting child.

LSI and FRI also plan to put information about KidSake in many of the teacher's mailboxes in the three-county area we serve. We will also make contact with the school PTO's, hoping to arrange a time when we could make presentations.

October 2006:

Southern Counties: "Meet the Worker" night at the 10th session of PS-MAPP.

Distribute bookmarks, flyers, and table tents over the four-county area, with focus on the four harder-to-place children.

Foster Parent Support Group in Lee County on 10-19-06 and the other three counties on 10-23-06. (Topics to be announced)

Northern Counties: Half-page article with the Family Focus local magazine featuring a waiting child.

During the last session of PS-MAPP, encourage families to take recruitment materials into the community, with focus on their churches, local "hang-outs", restaurants, businesses, and also to pass out KidSake business cards to families who are interested.

November 2006:

Southern Counties: Newspaper articles to feature waiting families and successful foster/adoptive homes.

Church bulletin inserts at area churches featuring hard to place youth.

Decorate a tree at Westland Mall's "Festival of Trees", featuring KidSake and waiting children.

Foster Parent Support Group in Lee County on 11-16-06 and the remaining three counties on 11-27-06. (Topics to be announced)

Northern Counties: Focus on smaller towns' newsletters, chamber news, and local newspapers with stories and announcements about National Adoption Awareness Month.

Adoption proclamations in Tipton, Muscatine, Bettendorf, and Davenport, speaking at the televised Davenport City Council meeting.

Nancy and Kristine to be a part of the noon news through KWQC, discussing adoption, National Adoption Awareness Month, and featuring a waiting child.

December 2006:

Southern Counties: Have the decorated tree at Westland Mall in Burlington, Iowa.

Northern Counties: LSI and FRI to help organize the annual Foster Family Holiday Party, funding permitting.

Support Groups:

Both the Southern and Northern Counties in the Davenport Service area are committed to the retention of families through support groups. Monthly support group will be held and participated in by all three KidSake agencies. The groups will be a time for families to come together to offer support, guidance, and assistance to one another as well as to possibly receive training hours. Judy Silverman from IFAPA has also started a foster parent support group in Davenport, meeting monthly as well. FRI and LSI will assist Judy as speakers, arranging speakers, or in any capacity needed.

IFAPA:

The three designated KidSake agencies have made a commitment to work in conjunction with all four IFAPA employees in the area to help families. By keeping in closer communication, our efforts will be more synergistic and streamlined in helping foster and adoptive families in our area.

Teen/Hard-to-Place Recruitment Activity:

Four harder-to-place teenagers/children have been identified during this six-month period. All pamphlets, posters, etc. will specifically have the children's information on it. We will also make contact with the children's caseworkers to ensure that other avenues, including mentor families, etc. have been explored as possible adoption options.

These children are:

- Eric – Muscatine County
- Angel and Syria – Scott County
- Corey – Scott County
- Melissa – Des Moines County

Heart Gallery:

The Davenport Service Area has a unique situation involving the Heart Gallery. A separate Heart Gallery has been funded by the local Decat. Project and is being run by the Arts Council. The three KidSake agencies have been working in conjunction with the Arts Council and DHS to help with the events and "showings". The exhibit has been traveling between Muscatine, Cedar, and Scott Counties. Some television/media time has been created by this event.

Jan Shelman will be arranging the Southern Counties' Heart Gallery visits through KidSake in Ankeny.

Faith-based Recruitment:

Throughout the six-month period, the three KidSake agencies will seek to recruit through area churches via events specified in the body of this plan. The Northern Counties will also work in conjunction with the One Church/One Child movement happening in the Davenport area. To

create a separate and specific church-related recruitment effort would prove to be counter-productive and confusing to area residents. The OC/OC continues to slowly move forward toward its recruitment goals.

The Southern Counties will continue to connect with specific and well-known churches to recruit within their churches. This connection will prove to be very helpful in making the faith-based connections. The Heart Gallery will be featured at a local church where numerous foster/special needs adoptive children and families attend.

The KidSake team will ask newly licensed/approved families to take flyers and KidSake information back to their churches and communities. We will be available to answer questions and make a presentation if asked.

The Team will also attempt to distribute many of the KidSake Faith-based DVD's to churches, with a follow-up of asking to share information at the adult Sunday- School or other forum.

Orientations:

KidSake agencies will continue to participate in monthly orientations. The Northern Counties will continue to rotate and participate with Scott County DHS workers at the Scott Community College. Support and KidSake supplies will also be offered to the counties of Muscatine and Cedar Counties. Individual orientations will also be offered to any family in the seven county area that is unable or unwilling to attend a group orientation or the date is not convenient.

***Plan is subject to change, especially in regard to public speaking engagements, yet to be scheduled.

Compiled by:

Kristine Knobloch

KidSake Team Leader

Davenport Service Area

Des Moines Team Plan

for July 1, 2006 - December 31, 2006

Meet the Worker Event:

Osceola- September 7, 2006

DSM Meet the Worker/Bowling Match Party: Nov. 4 or Oct. 14

Minority Recruitment Activity:

Recruit in faith-based location with diverse populations.

We reviewed potential new posters and edited the captions. Will use for both minority and faith-based recruitment.

One of the teens has put together a starter hair care set for families and willing to offer training. Support groups?

Appendix 3: KidSake Foster/Adopt Iowa: Recruitment and Retention Team Plans

Latino Festival- September 16- Pass out DVD and fliers in Spanish

Talked briefly about developing a transracial adoption tool/assessment

Teen Recruitment Activity:

Elevate youth will to speak at Adoption Saturday, Meet Worker Event and other public events for the goal to recruit homes for teens.

Faith-Based Recruitment:

Teens talking at their churches

Bulletin inserts

David Cohen from DHS is interested in targeting area temples

Give out DVD's and faith-based brochures to churches

November Retention Event:

Adoption Saturday: November 18, 2005 at the Polk County Courthouse.

Art Spoken and the Heart Gallery on display.

Adoption Saturday Recruitment Advertising Spots on WHO

Heart Gallery:

Adoption Saturday: November 18, 2005 at the Polk County Courthouse.

Heart Gallery on display.

Other activities

Foster/Adoption Support Groups twice a month

Agency orientations

Key Team Members

DHS adoption specialists and foster care licensing workers

Carol Culmer

Jeff Liston

Ardis Sullivan

Sandi Nelson

Yvonne Burrell

Joellyn Borke-Johnston

Kris Roudybush

Krista Hickie

Private agency workers

Karen Weiss, LSI

Wendy Mosdal, LSI

Vicky Frick, CFI

Appendix 3: KidSake Foster/Adopt Iowa: Recruitment and Retention Team Plans

Ruthann Jarrett, CFI

Sherri Chew, CFI

Tammy Mahan, CFI

Foster parent liaisons

Linda Dodson

Anne Akers

Dave Chaplin

Regina Johnson

Adoption information specialists

Angela Stark

Foster and adoptive families (outreach to minority families)

Della Degner

Wendy Lawrence

Terri Bailey

Stuart Juarez

Targeted community leaders that include representation from diverse populations

Joanne Mackey from Iowa's Latino Heritage Festival

Preston Daniels

Ann Berry

Dubuque Team Plan:

July 1, 2006 - December 31, 2006

Team members: From DHS – Carolyn Leute, Sue Davidson, Tara Sweeney, Janell Bergman, Shelly Martin, Steve Solomon, Diana Francois, Linda Mudd, Pam Norton, and Kathy Berns, Dave Brace and Nancy Magnall – IFAPA, Jodi Kirby – Hillcrest, Deana Hageman – Horizons (There have been other people in attendance before but I haven't seen them for quite a while. I send them the minutes and agenda but they do not come so they are not listed).

Meet the worker: There will be meet the worker events in Dubuque on 7/18/06, Clinton on 8/28/06, and Calmar and Dubuque on 11/13/06.

Appendix 3: KidSake Foster/Adopt Iowa: Recruitment and Retention Team Plans

Minority recruitment: Our area has not identified much of a need for minority families, however, will make several contacts with different minority communities to see how they believe we could work together.

Jodi will contact Chris from the Multicultural Center and Marie, a Spanish translator who works with the Hispanic population.

Jodi will make contact with the African American population in the Clinton/Jackson area through currently licensed families

Deana will make contact with Paul Rauel and the HAWC home visitors who work with the Hispanic populations

Steve has previously made contact with and will follow up with a Spanish translator who works within the Hispanic population

Teen Recruitment: We are doing a Heart Gallery in lieu of teen recruitment

Heart Gallery: Either Clinton/Jackson or Buchanan/Fayette/Delaware will host a Heart Gallery. Details will be made soon and we talked about hosting it during November to coordinate with National Adoption Month.

November Event: May do something in coordination with Heart Gallery or that doesn't work, will divide some of the allocation and give to each support group to be used for a celebration in their area like we do for May.

Faith Based: We will be focusing on churches in targeted areas where we need families.

Jesup – see if Sebetkas – foster parents, Elizabeth Holt - former FCRB member, or Wendy Markey - DHS SWII would be willing to help as they live in that community

Dubuque – whole area – Jodi will continue to get information to DACU and we will identify key families to help us recruit

DeWitt

Clinton – need for teens

West Central

Specific areas: it has been requested that we include specific towns or school districts to target as well and will be doing that

Sioux City Area Foster & Adoptive Recruitment & Retention Service Plan

July 1 2006 thru December 31, 2006

MEET THE WORKER EVENT: For this Service Area, the Spencer Foster/Adoptive Support Group is planning to arrange the Meet the Worker Event. This will be the first in the northern part of this service area for a very long time. It is anticipated that this event will occur in October of 2006. The organizational group will encourage current foster/adoptive parents to bring friends interested in becoming foster/adoptive parents. There will be monetary incentive for the current parents.

MINORITY RECRUITMENT ACTIVITY: A KidSake representative serves on the Woodbury County Native American Recruitment Team. This Team attends Native American events with KidSake recruitment

materials as well as arranging trainings for non-Native foster/adoptive parents to learn about the culture. A KidSake representative is also involved with the organization of a Support Group for families that foster/adopt Native American children. KidSake materials written in Spanish are to be distributed to churches in the Storm Lake area.

TEEN RECRUITMENT ACTIVITIES: In combination with the Heart Gallery activity, recruitment of foster parents for teens will be emphasized. During orientations, the KidSake Orientation Agreement & Certificate of Attendance in completed. When explaining the Agreement, it is emphasized that foster/adoptive homes for teens, sibling groups and multi-racial children are needed.

HEART GALLERY: The Heart Gallery is scheduled to be in Sioux City from September 6 to October 6, 2006. This will be displayed at the City Hall. A reception will be scheduled for the opening on September 6th. Besides the Heart Gallery, this service area has two sets of the Hope Gallery. Both sets will be on display in various locations throughout the six months.

NOVEMBER RETETION EVENT: Since November is Adoption month, this committee is considering providing 2007 calendars to foster/adoptive parents to show appreciation for their dedication and hard work. We also will provide Press Releases to local newspapers about Adoption Month and fostering in the State of Iowa

FAITH BASED RECRUITMENT: KidSake bookmarkers are supplied in church libraries as a recruitment effort. There also will be efforts in placing our Hope Galleries in various churches throughout the area.

BUDGET

Meet the Worker Event	$50.00
Reception of Heart Gallery	$75.00
Incentives	$200.00
November recognition	$800.00
Total	$1,125

The remaining $875 is yet to be earmarked.

MEMBERSHIP LIST

Cathy Gray	DHS
Cyndee Dather	DHS – Decat representative
Dawn Luetje	LSI
Ellen Picray	DHS
Gloria Deridder	DHS
Jan Johnson	DHS
Karee Mullenberg	
Becky Groeneweg	

Appendix 3: KidSake Foster/Adopt Iowa: Recruitment and Retention Team Plans

Kathy Norris DHS

Linda Mummert DHS

Mary Nitzschke Child Connect

Molly Reynoldson DHS

Rachel Polkinhorn IFAPA liaison

Sandy Launderville IFAPA liaison

Roxanne Gould DHS

Robin Montgomery Forest Ridge

Teresa McElroy 4 R Kids

Denise Driesen Visinet

Prepared by with input from Team members:

Mary L. Nitzschke

Child Connect

Waterloo Area Team Plan

July to December 2006

Meet the Worker: December in the Mason City support group. It will be a pizza party with area social workers and foster/adoptive parents invited. There will be a social time, a networking time and training credit will be given to foster parents for this event.

Minority Recruitment Event: November 4, Celebrating Diversified Families.

Teen Recruitment: We will give pens, post its and rulers, to area high schools.

Child Specific: displaying specific photos and biographies at area support groups, MAPP classes, and Diversified Families activity. Displayed at the Spook Walk in Charles City.

Nov Retention Events: Diversified Families Event in two areas, Waterloo and Mason City.

Faith Based Recruitment: Diversified Families presented in Waterloo church.

Appendix 4:

Co-Chairs:

Mary Nelson

Iowa Dept. of Human Services

Gail Barber

Iowa Judicial Branch

Child and Family Services Stakeholder Panel: Charter

The Department of Human Services Division of Child and Family Services and the Iowa Judicial Branch have created the Child and Family Services Stakeholder Panel in order to more actively elicit input from a diverse group of Iowa citizens who have a stake in the child welfare system. The Division and the Court retain decision-making authority in those areas in which they have responsibility under federal and state statutes and regulation.

Purpose of Stakeholder Panel:

The purpose of the Child and Family Services Stakeholder Panel is:

- To provide consultation and actively involve stakeholders in the Division and the Court's child welfare initiatives and programs:
- Child and Family Service Plan (CFSP), so that this plan reflects initiatives and activities going on through communities, private providers and other stakeholders that help the state meet federal expectations.
- Child and Family Service Review (CFSR) Statewide Assessment
- CFSR onsite review
- CFSR Program Improvement Plan (PIP)
- Achievement of federal outcome measures
- Review of local practice and our role in assisting children and families to achieve permanency
- Identification of emerging issues and/or needs and discussion of possible impact on child safety and permanency.

Membership:

The Stakeholder Panel will represent and celebrate diversity in Iowa. Members will include, but not be limited to, representatives from the following: consumers, court and legal representatives, service providers including domestic violence providers, state agencies that provide services or supports to children and families involved with the child welfare system, community partners, and public interest groups. Membership will also represent diverse communities across Iowa, including rural and urban areas, and diverse racial and ethnic perspectives.

Members who participate through their employment will not be reimbursed for expenses for attendance at meetings.

Appendix 4:

Members who participate without benefit of employment sponsorship (i.e., children, birth parents, and resource families) are eligible for stipends and expense assistance depending on their circumstances and available funds.

If a member is unable to attend a meeting, a substitute is allowed to attend in his/her place, and it is expected that the member will prepare the substitute with necessary materials and background information prior to the meeting.

The term limit of membership is two years, with the exception of those memberships which are connected to a specific position within an organization (those organizations are indicated with * on the Recommended Panel Membership, page 5).

The Panel will seek to replace a member of the panel if the member misses more than two meetings in one year.

Scope of Responsibilities:

Stakeholder panel members will become familiar with expectations of the CFSR, PIP, and 4B plan for DHS and the Children's Justice Initiative of the Court Improvement Project.

Panel members will share information with their peers from the groups they represent and will solicit input and feedback from their peers.

The Stakeholder Panel will meet regularly (no less frequently than six times per year) and will work collaboratively. Panel members will actively participate in discussion.

Respond to the Division and Court's information gathering efforts in between meetings and serve on committees and task forces or identify representative members to serve.

DHS will share outcome data with the Stakeholder Panel as well as updates on progress on the CFSP and the CFSR process and PIP and other child welfare initiatives.

The Children's Justice Initiative CIP will share information and activities related to the initiative along with outcome and assessment data.

CFSR

CFSR Statewide Assessment

The Stakeholder Panel will provide input and feedback on the Statewide Assessment, and will identify relevant data and key informants for focus groups, etc.

Stakeholder Panel members may be asked to participate in workgroups focused on specific items in the Statewide Assessment.

Panel members will participate in training sessions on the CFSR and will share information about the CFSR and its importance with their peers.

Panel members will provide input into the selection of the 2 sites that will be included in the onsite review, in addition to the most populous jurisdiction.

CFSR On-Site

Panel members will participate in focus groups or interviews during the on-site, and/or identify persons to participate in focus groups and interviews.

Panel members will serve as peer reviewers during the on-site review.

Appendix 4:

CFSR PIP

Panel members will participate in CFSR PIP training and will share CFSR PIP information with their peers.

Panel members will provide input and/or feedback on possible strategies to include in the PIP to address the areas needing improvement, including strategies that can be implemented in their own organization/network. This may include participation in workgroups or task forces.

Once the PIP is approved panel members will share information about and champion the PIP strategies and its importance with their peers.

Panel members will participate in activities to implement PIP strategies.

Panel members will regularly review progress on implementing PIP strategies and towards improving CFSR outcomes and systemic factors.

CFSR PIP "non-overlapping year"

Panel members will participate in activities and discussions on the status of CFSR outcomes and systemic factors.

Panel members will provide input and/or feedback on possible strategies to continue to improve Iowa's performance on CFSR outcomes and systemic factors, including strategies that can be implemented in their own organization/network. This may include participation in workgroups or task forces.

Panel members will participate in activities to implement strategies to continue improvement in CFSR outcomes and systemic factors

CFSP

Five-Year CFSP

Panel members will provide input and feedback on Iowa's 5-Year CFSP.

Annual Updates

Panel members will participate in the annual review of Iowa's CFSR and its

implementation.

Other Initiatives

Panel members will identify ways to broaden input from their constituents

Panel members will provide feedback regarding implementation of initiatives and programs

Panel members will consider implications of initiatives for various constituencies

During actual implementation of an initiative, panel members will provide feedback on that implementation: how the program is working, both strengths and suggestions for improvement

Panel members will provide input regarding current programs and practice, both strengths and suggestions for improvement

All input will be offered in light of federal outcome expectations and the systemic factors identified by the Children's Bureau

Approach:

Principles Used in the Approach

Appendix 4:

Collaboration requires commitment from its members in the form of:

- Time,
- Effort,
- Energy, and
- Resources.

Work is information driven, including analysis of data for outcomes in the child welfare system.

The panel members will be representative of the child welfare system; all perspectives, especially those of children and families, will be considered.

Active participation reflecting diversity of perspective is essential. Consensus is preferred but may not always be possible.

Meetings will include updates on the CFSR, and will be structured to focus on the CFSR outcomes and systemic factors.

Periodic evaluation of the Panel's effectiveness will be a regular part of the Panel's activity.

The Stakeholder Panel will be led by the Administrator of the DHS Division of Behavioral, Developmental and Protective Services for Families, Adults and Children, and by the Director of the Supreme Court's Court Improvement Project (CIP).

Legal and Related References: Titles IV-B and IV-E of the Social Security Act; the Social Security Act Amendments of 1994 (Public Law 103-432); 45 Code of Federal Regulations (CFR) section 1355; the Promoting Safe and Stable Families Amendments of 2001 (Public Law 107-133); Section 438 of the Social Security Act; ACYF-CB-PI-03-04.

The Federal regulation at 45 CFR section 1357.15(1) requires that the State's Child and Family Service Plan (CFSP) describe the internal and external consultation process used to obtain broad and active involvement of stakeholders across the child and family services delivery system in the development of the plan. The stakeholders identified in the regulation include, among others, representatives from other agencies, organizations, and programs; parents; tribal representatives; advocates; and the courts. This external consultation should extend to all phases of the CFSR process, including the statewide assessment (45 CFR section 1355.20 and 45 CFR section 1355.33(b)), the onsite review (45 CFR section 1355.33(c)(4)(iv)), and the PIP (45 CFR section 1355.35(a)(i)).

Recommended Panel Membership:

Consumers: (15-19)	**Court: (4)**	**Legal Representatives: (6)**
Youth (4-6)	District Associate Judge (1)	County Attorney (1)
Birth Parents (4-6)	Associate Juvenile Judge (1)	Parent's Attorney (1)
Foster Parent (2)	Chief Juvenile Court Officer (1)	Assistant Attorney General (1)*
Kinship Care Provider (3)	Juvenile Court Officer (1)	Guardian ad litem (1)
Adoptive Parents (2)	Middleton Legal Clinic (1)*	Division Administrator, Department*
IA Child Advocacy Board (1)		

DHS: (6) **Providers (8)** **Public Interest Groups (3)**

ANNUAL PROGRESS AND SERVICE REPORT

Appendix 4:

Transition Planning Specialist (1) Large multi-service child welfare Child & Family Policy Center

Service Area Manager or SW Admin (1) Agency (RT, family foster care, family NASW Director*

Social Work Supervisor (1) centered, shelter care) (1) Youth Policy Institute

Social Worker II and III (1)(1) PMIC (1) Toledo Juvenile Home (1)

Smaller in-home family support agency (1) Youth development org. (1) Community Care (1)

Community MH Center/ Substance Abuse Provider (1) Family centered agency (1)

Shelter care agency (1)

DV: (1)

ICADV (1)

CPPC (1)

Community Partners (6)

Tribal Representatives (4)

Decat Coordinator (1)

Faith Community (1)

Child Protection Center (1)

State Level (12)

Partners:

Coalition for Family & Children's Services (1)*

University of Iowa – School of Social Work (1)*

AG-DEC (1)*

Children & Family Services, Department of Education (1)*

Executive Director, Iowa Foster & Adoptive Parents Association (1)*

Director, Prevent Child Abuse Iowa (1)*

Division Administrator, Substance Abuse, Department of Public Health (1)*

Iowa Plan (1)*

Division of Criminal and Juvenile Justice Planning (1)*

Department of Human Rights – Division of Latino Affairs (1)*

Department of Human Rights – Commission on the Status of African Americans (1)*

MHMRDDBI Commission (1)

Appendix 5: Response to Stakeholder Panel Concerns

Child and Family Services Stakeholder Panel: Summary of Stakeholder Panel Feedback and Responses; January 22, 2007

The Department of Human Services and the Iowa Judicial Branch identified several major themes that emerged from the January 22nd workgroups focused on overarching goals of the Child and Family Services Plan and Review. The following summary highlights the key issues that emerged and current planning or activities in place to address the issues. The notes from the January 22nd workgroups will become part of the input that is incorporated into the Child and Family Services Plan and Review that is submitted to the federal government.

1. Need for individualized and wraparound services, as well as crisis intervention services.

- Generally, discussion centered on the need to approach service planning in an individualized way. For example, you will hear a provider say, “there is no code to pay for that.”
- There is a need for crisis intervention services.
- Wraparound planning, family group conferencing, and family team meetings are a way for family and youth to be better involved in service planning and to develop a comprehensive and individualized approach to services.
- There are support services available for moms, but not dads.

Current Initiatives, Activities, and Planning: DHS will incorporate this feedback & comments into the family centered services Request For Proposals.

2. Need to have timely court hearings.

- Concern regarding the frequency in which continuances occur.
- Suggestion was to schedule the next hearing at the current hearing.

Current Initiatives, Activities, and Planning: Children’s Justice Initiative

3. Need to educate parents (birth, foster, adoptive) about the process when a family enters the child welfare system.

- Need to build off the three counties that are piloting mentoring programs for birth parents who are experiencing the process of having their children removed.
- Needs to be a better understanding of the data and trends regarding overrepresentation of minority children and families; important to make training available that would assist potential foster and adoptive parents.

Current Initiatives, Activities, and Planning: There are multiple trainings and materials available from DHS, the Courts, and IFAPA. DHS will look at adding some of these materials to the DHS website so that they are more easily available.

4. Need to improve partnerships with the education system.

- Need to connect with Area Education Agencies and the education system, specifically with children with mental illness; need to collaborate.

Appendix 5: Response to Stakeholder Panel Concerns

Current Initiatives, Activities, and Planning: DHS is in the process of filling a position in the Division of Child & Family Services that will have collaboration with education as part of the job duties.

5. Need to improve recruitment and retention of foster families.

- To help in recruiting foster and adoptive families, the group suggested building additional partnerships with agencies such as the police department.
- Need to identify foster and adoptive families as early as possible in the process so that placement can occur quickly.
- Concern about children with behavioral disorders in a typical foster placement; there should be greater consideration made regarding where these children are placed (not with an untrained or new foster family); need additional training and technical support for families who are willing to take these children.

Current Initiatives, Activities, and Planning: DHS has recently contracted with Four Oaks for a statewide effort to recruit and support foster and adoptive families (resource families). They are developing recruitment committees and plans in each of the eight DHS service areas. Four Oaks will be invited to attend a stakeholder panel meeting to discuss their work and hear feedback from the panel. DHS will also share these comments with them.

6. Need to explore opportunities for “appropriate persons” to care for children.

- Explore options for non-blood relatives to place children.
- Need to provide supports for “appropriate persons” who can care for the children but need supports.

Current Initiatives, Activities, and Planning: Family Finding and Connections Project

7. Need to explore different types of technology such as the ICN, tele-health type model, and phone conference capabilities.

Current Initiatives, Activities, and Planning: ? These ideas will be incorporated into our stakeholder feedback that guides the Child and Family Service Plan. These ideas have not been considered to this date, but may be options to consider in the future.

8. Need for more local planning to meet regional/community needs.

Current Initiatives, Activities, and Planning: As part of the new contracts issues by DHS for Family Centered Services, there will be more flexibility for services based on the individual child and family and local community needs. Community partnerships are also designed to involve the community in local planning.

9. Need to make available more preventive services.

- Emphasis on the importance of respite in reducing abuse; group suggested that we expand the availability of respite for families who are at low-risk and need some support to prevent abuse and neglect.

Current Initiatives, Activities, and Planning: DHS will keep this in mind for future Requests For Proposals for child abuse prevention and community care.

10. Importance of ensuring that children are able to have opportunities to connect with siblings and parents.

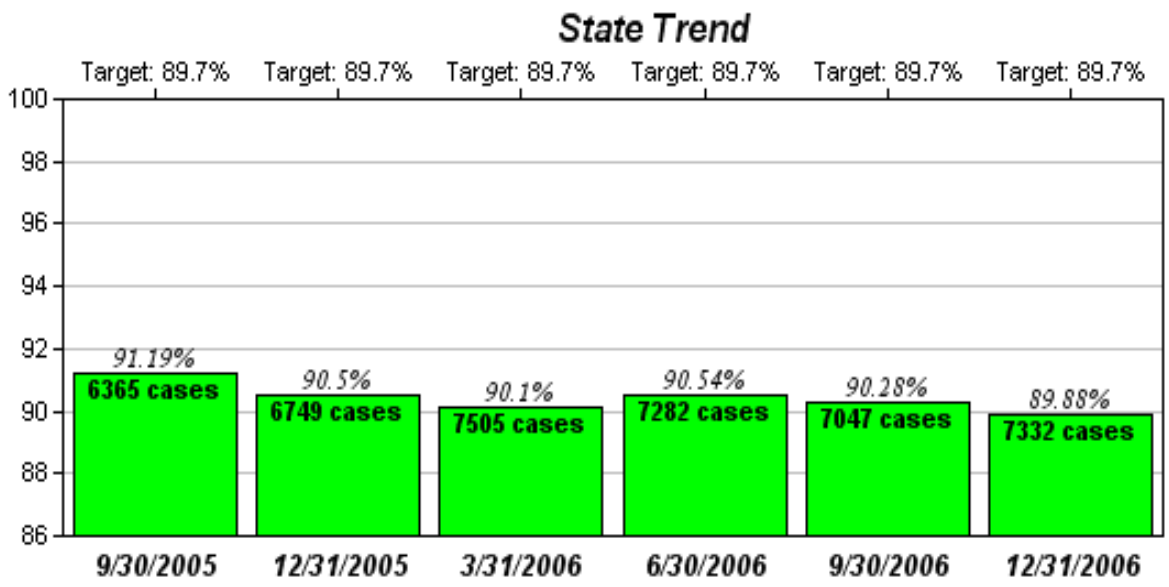
Appendix 5: Response to Stakeholder Panel Concerns

- Need to set standards for contacts made to families; this is more easily done when barriers of distance, misunderstandings about importance of relationship, and funding issues are addressed.

Current Initiatives, Activities, and Planning: DHS will be setting standards for worker visits with children and families and will be coming back to the panel to get input on the specific standards. The sibling bill before the Legislature will also increase attention on children's connection to parents and siblings. If passed, DHS will engage the panel in exploring ways to support and promote such visitation.

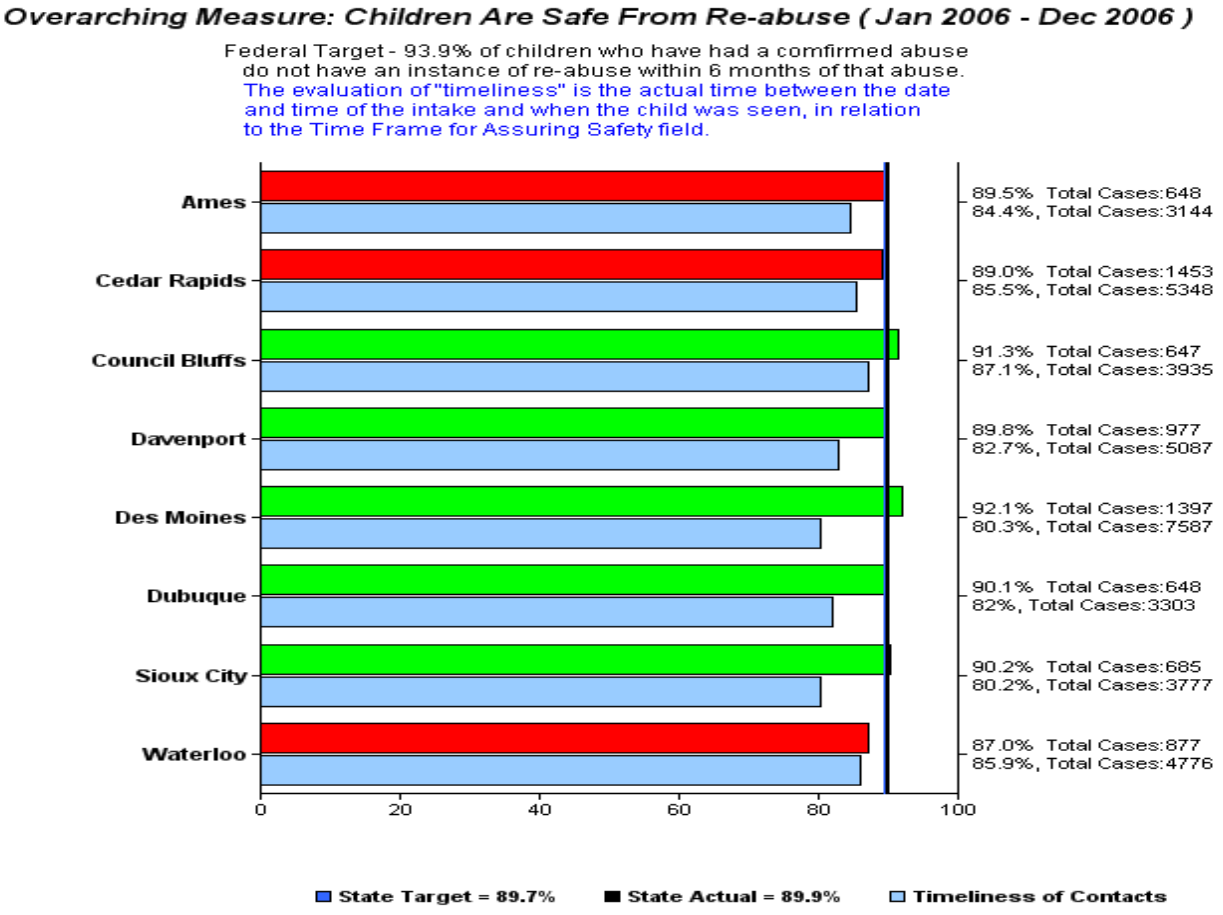
Appendix 6: DATA TRENDS

REPEAT MALTREATMENT



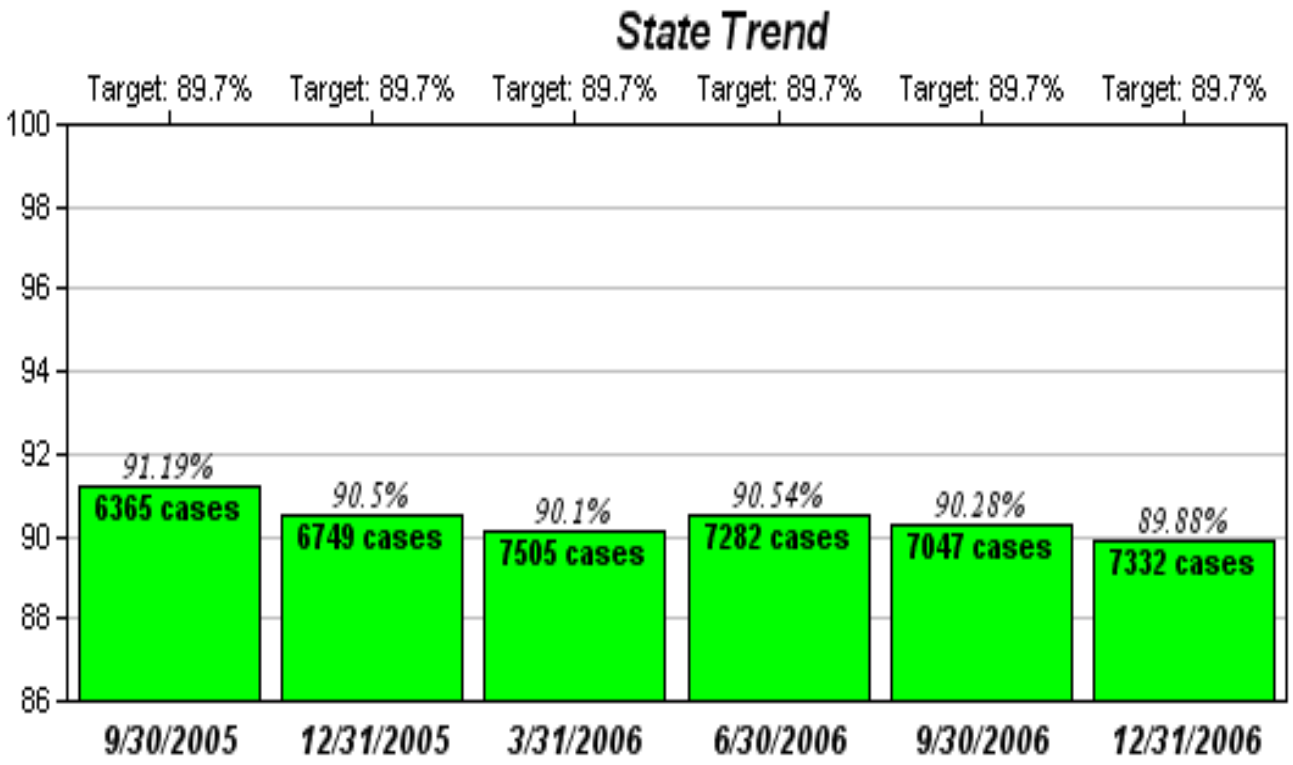
Appendix 6: DATA TRENDS

TIMELINESS OF INVESTIGATIONS [IN BLUE]



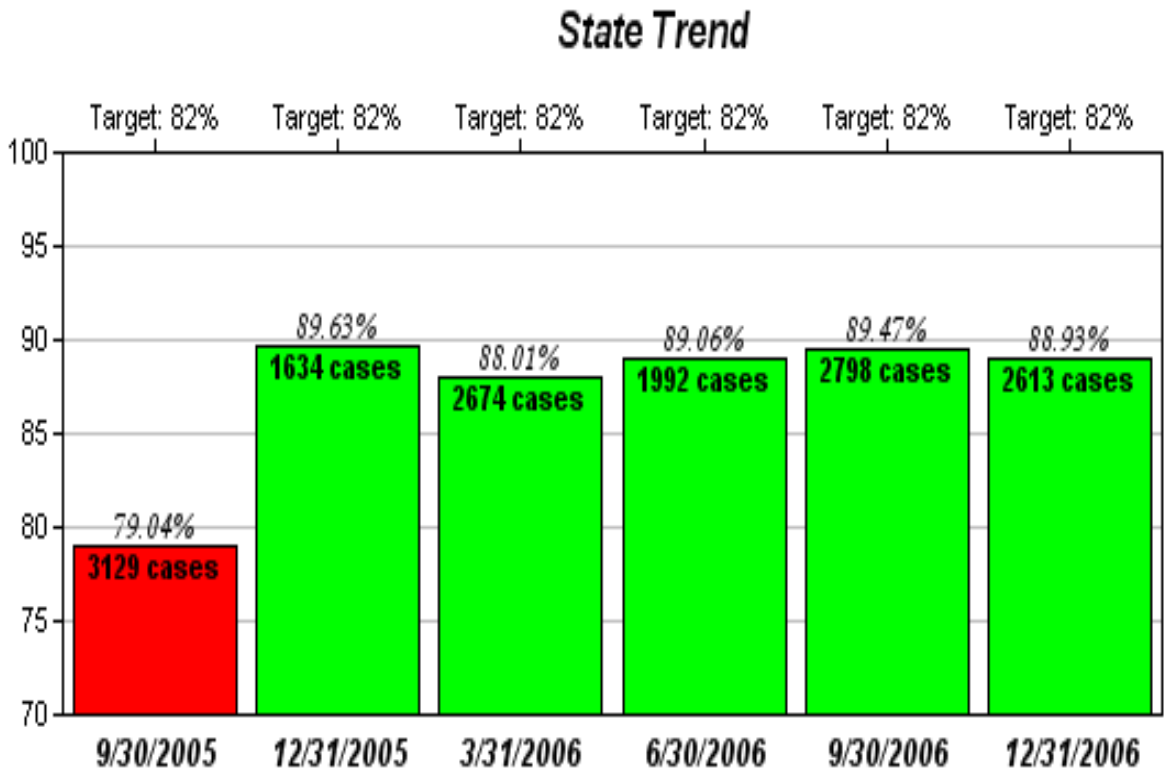
Appendix 6: DATA TRENDS

REPEAT MALTREATMENT [SAME PERPETRATOR, SAME TYPE]



Appendix 6: DATA TRENDS

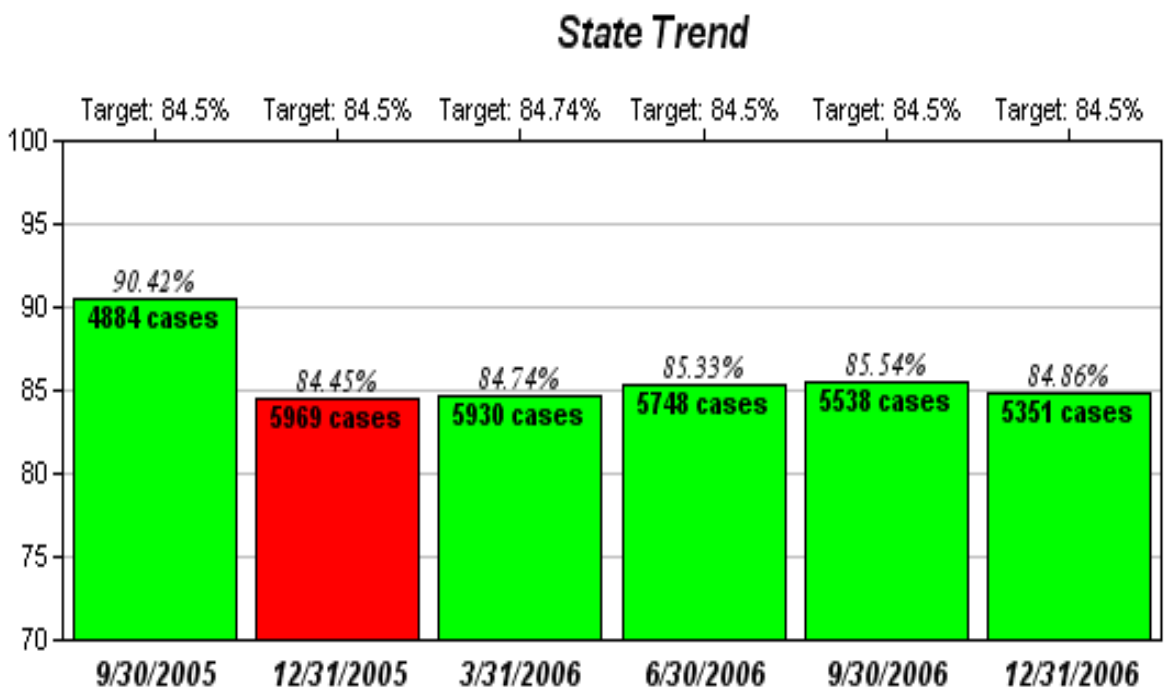
RE-ENTRY INTO FOSTER CARE



Appendix 6: DATA TRENDS

STABILITY OF PLACEMENT

Appendix 6: DATA TRENDS



Appendix 7: FY 07 and FY 08 Training

FY 07 Training

- SW 2 – assess, develop case plan, prepare reports and participate in judicial, refer to services and mange and supervise case,
- SW 3 – assess, determine referral and refer to services
- Supervisors – DHS supervisors for SW 2s and SW 3s
- Others – partners in case management – providers, judicial & community as part of Community Partnership initiative

I/initial O/on-going	Aud.	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	FY 07 # of Times Offered	# of Days	# of Participants
I	All staff	HS 001 Confidentiality Is Key	Explains the regulations and procedures related to confidentiality at DHS. Covers client confidentiality, release of information and best practices regarding confidentiality of information.	IV-E All Child Welfare and State Funds	Ongoing-Monthly	0.3 day	482
I	SW 2 & 3 & new supervisors	OJT – New Social Worker Guidebook	Gives an overview of major topics related to their role of social work case manager from assessment through developing the case plan and referral to services and case management. Journaling and shadowing activities and case practice skills are begun.	IV-E All Child Welfare and State Funds	On-going	10-12 days	139
I	SW 2 & 3 & supervisors	SP 150 Child Welfare Practice in Iowa	Provides the basic knowledge of the social worker role and principles of permanency for children and the role for achieving safety, stability and permanency in the referral to services and the development and review of the case plan..	IV-E All Child Welfare and State Funds	6	3 days	92
I	SW 2	SW Foundations for Social Worker 2's	Provides an understanding of case management social work and the tools with which to do strength based assessments and develop the case plan, ongoing case management and case closure. Provide information on how to refer for services, place a child, and prepare for judicial determinations.	IV-E All Child Welfare and State Funds	11	5 days	107

ANNUAL PROGRESS AND SERVICE REPORT

Appendix 7: FY 07 and FY 08 Training

I/initial O/on-going	Aud.	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	FY 07 # of Times Offered	# of Days	# of Participants
I	SW 2, Supervisors	SW 071 Legal Aspects of Social Work	Provides a basic overview of the legal issues surrounding cases involved in the juvenile court system. Provide service workers and supervisors with a working knowledge of the legal system and skills necessary to begin to effectively interact with attorneys and the Court on behalf of their clients in judicial determination.	IV-E All Child Welfare and State Funds	6	2 days	92
I	SW 2, Supervisors	SW 072 Testifying in Juvenile Court	Prepares for testifying in judicial determinations for Removal, Adjudicatory, Disposition, and Termination of Parental Rights Hearings. Become familiar with Iowa Code Chapter 232 and IAC Chapter 175 and will practice testifying in a mock Juvenile Court on an actual, de-identified, case.	IV-E All Child Welfare and State Funds	6	1 day	77
I	SW 2, Supervisors	SW 073 Permanency and Termination of Parental Rights	Prepares for the goal of family intervention and participation in judicial determinations to see that children grow up in a permanent family environment, either through timely reunification with their parents or placement in a new family	IVE Foster Care & Subsidized Adoption & State Funds	6	1 day	77
I	SW 2	SW 102 FACS for Adoption	Trains on making entries into FACS relating to adoption cases for case management and referral to services.	Subsidized Adoption & State Funds	4	.5 day	1
I	SW 2 & Others	FP 203 PS-MAPP for Home Study and Foster Home Licensing	Orients home study workers to the components of the PS-MAPP program, develops skills in the use of the assessment and selection tools of the PS-MAPP program and identifies PS-MAPP "preparation and selection" team strengths and needs. Designed to provide consistent assessment of prospective foster parents and enhance the opportunities for permanency of the children placed in family foster care	IVE Foster Care & Subsidized Adoption & State Funds	3	3 days	54
O	SW 2 & 3, Supervisors & Others	SW 341 Working with Native American Families	Prepares participants to understand the policy and procedures of ICWA and its importance in maintaining Native American cultural identity, utilizing best practice strategies in casework, establishing meaningful partnerships among all stakeholders, and complying with the federal and state ICWA requirements.	IV-E All Child Welfare and State Funds	1	1 day	123

ANNUAL PROGRESS AND SERVICE REPORT

Appendix 7: FY 07 and FY 08 Training

I/initial O/on-going	Aud.	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	FY 07 # of Times Offered	# of Days	# of Participants
O	All Staff	SW 500 Social Work Ethics	Focuses on case management decision making in the development and implementation of the case plan that is ethical, in the best interest of the family and compliant with *NASW Code of Ethics.*	IV-E All Child Welfare and State Funds	1	0.5 day	79
O	All Staff	SW 504 Diversity & Ethics	From a diversity standpoint focus on case management decision making in the development and implementation of the case plan that is ethical and in the best interest of the family.	IV-E All Child Welfare and State Funds	2	1 day	21
I	SW 2 & 3	SP 100 Overview of Child Welfare	Provides foundational training on the management of cases in child welfare.	IV-E All Child Welfare and State Funds	On-going-monthly	2-3 days	70
I	SW 2 & 3	SP 103 Legal Fundamentals	Becomes familiar with the legal process as it relates to basic court proceedings and DHS services.	IV-E All Child Welfare and State Funds	On-going-monthly	0.5 day	50
I	SW 2 & 3	SP 104 Medical Fundamentals	Identify the different types of abuse and identify the emotional and behavioral indicators of each type of abuse assessment information needed for the case plan development.	IV-E All Child Welfare and State Funds	On-going-monthly	0.5 day	40
I	SW 2 & 3	SP 105 Substance Abuse Fundamentals	Understand addiction and what it does to the brain, identify indicators of substance abuse, identify the effects of various substances on the body, and identify the different types of substance abuse treatment. Learners will use this information to facilitate the case plan development.	IV-E All Child Welfare and State Funds	On-going-monthly	0.5 day	50
I	SW 2 & 3	SP 106 Domestic Violence	Becomes familiar with the dynamics of domestic violence, the indicators of domestic violence, and identify various domestic violence resources and referral to services. Learners will use this information to facilitate the case plan development.	IV-E All Child Welfare and State Funds	On-going-monthly	0.5 day	50
I	SW 2 & 3	SP 107 Child Development	Learn the impact of neglect and abuse on child development, the indicators of neglect and abuse, various resources and referral to services. Learners will use this information to facilitate the case plan development.	IV-E All Child Welfare and State Funds	On-going-monthly	.5 day	45

ANNUAL PROGRESS AND SERVICE REPORT

Appendix 7: FY 07 and FY 08 Training

I/initial O/on-going	Aud.	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	FY 07 # of Times Offered	# of Days	# of Participants
I	SW 2 & 3 & Supervisors	CP 200 Basic CP Training	Provide an in depth study of the assessment and engagement process that initiates the development of the case plan, safety plans, preparation for Juvenile Court and referral to services.	State Funds for 3 days and 2 days IV-E All Child Welfare	6	5 days	32
I	SW 2 & 3 & Supervisors	SP 300 Application of Legal & Medical Issues	Provide specific information on the legal and medical perspectives of all types of child abuse. Address laws related to child protective assessments and provide a better understanding of preparation for and participation in judicial determinations, rules of evidence and the role of juvenile courts. Review and discuss examples of each type of abuse from a physical, behavioral, and emotional perspective and the implications for case plan development.	IV-E All Child Welfare and State Funds	2	3 days	26
I	SW 2 & 3 & Supervisors	SP 301 Impact of Domestic Violence & Substance Abuse	Focus on importance of identifying domestic violence and substance abuse dynamics in child welfare cases. Utilize case example and case consultation techniques to provide participants with an opportunity to translate the principles to the case plan process.	IV-E All Child Welfare and State Funds	3	2 days	98
O	SW 2 & 3 Supervisors	SP 533 Shared Parenting to Assure Safety, Well-being & Permanence	Helps to maintain and strengthen the placement of foster children by developing and enhancing basic skills of staff and supervisors in their case planning, case reviews and case management.	IVE Foster Care & Subsidized Adoption & State Funds	3	1 day	59
O	SW 2 & 3 & Supervisors	SP 534 FTDM Facilitation Training	Understand the Family Team Decision Making (FTDM) process so the learner can evaluate and utilize in daily practice and be coached in FTDM facilitation which develops the case plan and makes referrals to services.	IV-E All Child Welfare and State Funds	6	3 days	112
I & O	SW 2 & 3 & Supervisors	SP 535 Assessing throughout the Case	Will review decision-making in child welfare assessment to ensure case plan development, appropriate services, safety and permanency for the child.	IV-E All Child Welfare and State Funds	6	2 days	113

ANNUAL PROGRESS AND SERVICE REPORT

Appendix 7: FY 07 and FY 08 Training

I/initial O/on-going	Aud.	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	FY 07 # of Times Offered	# of Days	# of Participants
O	SW 2 & 3 & Supervisors & Admin	SW 321 Legislative Update	Informs on appellate court decisions that impact child welfare case law, and legislative changes that have affected Iowa code Chapters 232, 235A and 600.	IV-E All Child Welfare and State Funds	1	.5 day	20
I	families	PS-MAPP Training for Foster/Adoptive Families	Prepares participants with a clear understanding of what being a foster or adoptive parent really means through a series of ten focused sessions.	IV-E Foster Care & Subsidized Adoption & State Funds	91	10 sessions	1168
I	Families	Treatment Training	Prepares participants with a clear understanding of what being a treatment level foster parent means in order to meet the needs of foster children with special needs.	IV-E Foster Family Care & State	6	2 days	59
O	SW 2 & 3 Community	Community Partnership Building Trust Based Relationships	Emphasizes engagement skills for working with families. Inclusive training to involve the family, the Department and the community to engage and support the family in the case plan development and monitoring.	IV-E All Child Welfare, and State Funds	7	2 days	170
O	SW 2 & 3 Community	Community Partnership Family Team Meeting Facilitation	Develop skills to facilitate a family team meeting that accomplishes reasonable and meaningful goals by assessing family needs and developing a plan based on their strengths and needs.	IV-E All Child Welfare, and State Funds	7	2 days	170
O	SW 2 & 3 & Community	FTM Seminars	Improve skills of family team meeting facilitators in developing the family case plans to enhance positive outcomes for children.	IV-E All Child Welfare, and State Funds	6	.3	180

ANNUAL PROGRESS AND SERVICE REPORT

Appendix 7: FY 07 and FY 08 Training

I/initial O/on-going	Aud.	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	FY 07 # of Times Offered	# of Days	# of Participants
O	SW 2, 3 & Supervisors	SP Frequently Seen Families	Provide an understanding of characteristics and patterns of chronic neglect cases and develop case plan strategies for intervention to prevent re-entry and reabuse in child welfare cases.	IV-E All Child Welfare and State Funds	1	1 day	13
O	SW 2, 3 & Supervisors	Advanced Practice Series	Provide information on a series of advanced topics to facilitate the social worker's understanding in developing, managing, and supervising cases and safety plans.	IV-E All Child Welfare and State Funds	3	1 day	57
I & O	All Staff	DS 170 Child Abuse & Dependent Adult Abuse Mandatory Reporter Training	Understand the role and responsibilities of a mandatory reporter; identify the specific criteria of child and dependent adult abuse; recognize indicators of abuse; learn reporting procedures; and understand the assessment/evaluation processes	State Funds for adult portion and IV-E All Child Welfare & State Funds for child portion	On-going-monthly	.5 day	226
O	Supervisors	Case Practice	Identify the goals, functions, roles, tasks, and skills in case practice.	Children's Bureau Discretionary Grant Funds	4	2 days	107
O	Supervisors	Clinical Supervision	Identify the goals, functions, roles, tasks, and skills of clinical supervision as an essential practice modality for ensuring competent agency-based practice with families.	Children's Bureau Discretionary Grant Funds	4	2 days	110
O	SW 2&3, Supervisors Others	SP 537 Safety & Risk Training	Provide an understanding of characteristics and patterns of threats to safety and develop safety plan with strategies to prevent reabuse in child welfare cases.	IV-E All Child Welfare and State Funds	40	1 day	1,100

Appendix 7: FY 07 and FY 08 Training

FY 08 Training

- SW 2 – assess, develop case plan, prepare reports and participate in judicial, refer to services and mange and supervise case,
- SW 3 – assess, determine referral and refer to services
- Supervisors – DHS supervisors for SW 2s and SW 3s
- Others – partners in case management – providers, judicial & community as part of Community Partnership initiative

I/initial O/on-going	Aud.	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	FY 08 # of Times Offered	# of Days
I	All staff	HS 001 Confidentiality Is Key	Explains the regulations and procedures related to confidentiality at DHS. Covers client confidentiality, release of information and best practices regarding confidentiality of information.	IV-E All Child Welfare and State Funds	Ongoing-Monthly	0.3 day
I	SW 2 & 3 & new supervisors	OJT – New Social Worker Guidebook	Gives an overview of major topics related to their role of social work case manager from assessment through developing the case plan and referral to services and case management. Journaling and shadowing activities and case practice skills are begun.	IV-E All Child Welfare and State Funds	On-going	10-12 days
I	SW 2 & 3 & supervisors	SP 150 Child Welfare Practice in Iowa	Provides the basic knowledge of the social worker role and principles of permanency for children and the role for achieving safety, stability and permanency in the referral to services and the development and review of the case plan..	IV-E All Child Welfare and State Funds	6	3 days
I	SW 2	SW 020 Foundations for Social Worker 2 Practice	Provides an understanding of case management social work and the tools with which to do strength based assessments and develop the case plan, ongoing case management and case closure. Provide information on how to refer for services, place a child, and prepare for judicial determinations.	IV-E All Child Welfare and State Funds	8	5 days
I	SW 2, Supervisors	SW 071 Legal Aspects of Social Work	Provides a basic overview of the legal issues surrounding cases involved in the juvenile court system. Provide service workers and supervisors with a working knowledge of the legal system and skills necessary to begin to effectively interact with attorneys and the Court on behalf of their clients in judicial determination.	IV-E All Child Welfare and State Funds	6	2 days

Appendix 7: FY 07 and FY 08 Training

I/initial O/on-going	Aud.	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	FY 08 # of Times Offered	# of Days
I	SW 2, Supervisors	SW 072 Testifying in Juvenile Court	Prepares for testifying in judicial determinations for Removal, Adjudicatory, Disposition, and Termination of Parental Rights Hearings. Become familiar with Iowa Code Chapter 232 and IAC Chapter 175 and will practice testifying in a mock Juvenile Court on an actual, de-identified, case.	IV-E All Child Welfare and State Funds	6	1 day
I	SW 2, Supervisors	SW 073 Permanency and Termination of Parental Rights	Prepares for the goal of family intervention and participation in judicial determinations to see that children grow up in a permanent family environment, either through timely reunification with their parents or placement in a new family	IVE Foster Care & Subsidized Adoption & State Funds	6	1 day
I	SW 2	SW 102 FACS for Adoption	Trains on making entries into FACS relating to adoption cases for case management and referral to services.	Subsidized Adoption & State Funds	4	.5 day
O	SW 2 & 3, Supervisors & Others	SW 341 Working with Native American Families	Prepares participants to understand the policy and procedures of ICWA and its importance in maintaining Native American cultural identity, utilizing best practice strategies in casework, establishing meaningful partnerships among all stakeholders, and complying with the federal and state ICWA requirements.	IV-E All Child Welfare and State Funds	1	1 day
O	All Staff	SW 500 Social Work Ethics	Focuses on case management decision making in the development and implementation of the case plan that is ethical, in the best interest of the family and compliant with *NASW Code of Ethics.*	IV-E All Child Welfare and State Funds	1	0.5 day
O	All Staff	SW 504 Ethics for the Child Welfare Professional	From a diversity standpoint focus on case management decision making in the development and implementation of the case plan that is ethical and in the best interest of the family.	IV-E All Child Welfare and State Funds	1	1 day
I	SW 2 & 3	SP 100 Overview of Child Welfare	Provides foundational training on the management of cases in child welfare.	IV-E All Child Welfare and State Funds	On-going-monthly	2-3 days

ANNUAL PROGRESS AND SERVICE REPORT

Appendix 7: FY 07 and FY 08 Training

I/initial O/on-going	Aud.	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	FY 08 # of Times Offered	# of Days
I	SW 2 & 3	SP 103 Legal Fundamentals	Becomes familiar with the legal process as it relates to basic court proceedings and DHS services.	IV-E All Child Welfare and State Funds	On-going-monthly	0.5 day
I	SW 2 & 3	SP 104 Medical Fundamentals	Identify the different types of abuse and identify the emotional and behavioral indicators of each type of abuse assessment information needed for the case plan development.	IV-E All Child Welfare and State Funds	On-going-monthly	0.5 day
I	SW 2 & 3	SP 105 Substance Abuse Fundamentals	Understand addiction and what it does to the brain, identify indicators of substance abuse, identify the effects of various substances on the body, and identify the different types of substance abuse treatment. Learners will use this information to facilitate the case plan development.	IV-E All Child Welfare and State Funds	On-going-monthly	0.5 day
I	SW 2 & 3	SP 106 Domestic Violence	Becomes familiar with the dynamics of domestic violence, the indicators of domestic violence, and identify various domestic violence resources and referral to services. Learners will use this information to facilitate the case plan development.	IV-E All Child Welfare and State Funds	On-going-monthly	0.5 day
I	SW 2 & 3	SP 107 Child Development	Learn the impact of neglect and abuse on child development, the indicators of neglect and abuse, various resources and referral to services. Learners will use this information to facilitate the case plan development.	IV-E All Child Welfare and State Funds	On-going-monthly	.5 day
I	SW 2 & 3 & Supervisors	CP 200 Basic CP Training	Provide an in depth study of the assessment and engagement process that initiates the development of the case plan, safety plans, preparation for Juvenile Court and referral to services.	State Funds for 2.5 days and 2.5 days IV-E All Child Welfare	6	5 days
I	SW 2 & 3 & Supervisors	SP 300 Application of Legal & Medical Issues	Provide specific information on the legal and medical perspectives of all types of child abuse. Address laws related to child protective assessments and provide a better understanding of preparation for and participation in judicial determinations, rules of evidence and the role of juvenile courts. Review and discuss examples of each type of abuse from a physical, behavioral, and emotional perspective and the implications for case plan development.	IV-E All Child Welfare and State Funds	2	3 days

Appendix 7: FY 07 and FY 08 Training

I/initial O/on-going	Aud.	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	FY 08 # of Times Offered	# of Days
I	SW 2 & 3 & Supervisors	SP 301 Impact of Domestic Violence & Substance Abuse	Focus on importance of identifying domestic violence and substance abuse dynamics in child welfare cases. Utilize case example and case consultation techniques to provide participants with an opportunity to translate the principles to the case plan process.	IV-E All Child Welfare and State Funds	4	2 days
O	SW 2 & 3 Supervisors	SP 533 Shared Parenting to Assure Safety, Well-being & Permanence	Helps to maintain and strengthen the placement of foster children by developing and enhancing basic skills of staff and supervisors in their case planning, case reviews and case management.	IVE Foster Care & Subsidized Adoption & State Funds	4	1 day
O	SW 2 & 3 & Supervisors	SP 534 FTDM Facilitation Training	Understand the Family Team Decision Making (FTDM) process so the learner can evaluate and utilize in daily practice and be coached in FTDM facilitation which develops the case plan and makes referrals to services.	IV-E All Child Welfare and State Funds	6	3 days
I & O	SW 2 & 3 & Supervisors	SP 535 Assessing throughout the Case	Will review decision-making in child welfare assessment to ensure case plan development, appropriate services, safety and permanency for the child.	IV-E All Child Welfare and State Funds	6	2 days
O	SW 2 & 3 & Supervisors & Admin	SW 321 Legislative Update	Informs on appellate court decisions that impact child welfare case law, and legislative changes that have affected Iowa code Chapters 232, 235A and 600.	IV-E All Child Welfare and State Funds	1	.3 day
O	SW 2 & 3 Community	Community Partnership Building Trust Based Relationships	Emphasizes engagement skills for working with families. Inclusive training to involve the family, the Department and the community to engage and support the family in the case plan development and monitoring.	IV-E All Child Welfare, and State Funds	6	2 days

Appendix 7: FY 07 and FY 08 Training

I/initial O/on-going	Aud.	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	FY 08 # of Times Offered	# of Days
O	SW 2 & 3 Community	Community Partnership Family Team Meeting Facilitation	Develop skills to facilitate a family team meeting that accomplishes reasonable and meaningful goals by assessing family needs and developing a plan based on their strengths and needs.	IV-E All Child Welfare, and State Funds	6	2 days
O	SW 2 & 3 & Community	FTM Seminars	Improve skills of family team meeting facilitators in developing the family case plans to enhance positive outcomes for children.	IV-E All Child Welfare, and State Funds	6	.3
O	SW 2, 3 & Supervisors	SP 536 Frequently Seen Families	Provide an understanding of characteristics and patterns of chronic neglect cases and develop case plan strategies for intervention to prevent re-entry and reabuse in child welfare cases.	IV-E All Child Welfare and State Funds	18	1 day
O	SW 2, 3 & Supervisors	Advanced Practice Series	Provide information on a series of advanced topics to facilitate the social worker's understanding in developing, managing, and supervising cases and safety plans.	IV-E All Child Welfare and State Funds	3	1 day
I & O	All Staff	DS 170 Child Abuse & Dependent Adult Abuse Mandatory Reporter Training	Understand the role and responsibilities of a mandatory reporter; identify the specific criteria of child and dependent adult abuse; recognize indicators of abuse; learn reporting procedures; and understand the assessment/evaluation processes	State Funds for adult portion and IV-E All Child Welfare & State Funds for child portion	On-going-monthly	.5 day
O	Supervisors	Supervisory Practice	Identify the goals, functions, roles, tasks, and skills for safe practice and for partnering with the community.	Children's Bureau Discretionary Grant Funds	4	2 days

Appendix 7: FY 07 and FY 08 Training

I/initial O/on-going	Aud.	Course # and Title	Brief Course Syllabus	Funding Sources & Benefiting Program	FY 08 # of Times Offered	# of Days
O	Supervisors. SW 2&3 Others	Transition Training	Identify the goals, functions, roles, tasks of working with youth and community in transitions.	Children's Bureau Discretionary Grant Funds	4	2 days
O	SW 2&3, Supervisors Others	DHS Provider Training	Provide an understanding of DHS practice changes to ensure safe and stable families.	IV-E All Child Welfare and State Funds	40	1 day
O	SW 2&3, Supervisors	Professional Development for Child Welfare	Provide information on skills and techniques to enhance the practice of child welfare professionals.	IV-E All Child Welfare and State Funds	2	1 day
O	SW 2&3, Supervisors	Diversity	From a diversity standpoint focus on case management decision making in the development and implementation of the case plan that is culturally sensitive and in the best interest of the family.	IV-E All Child Welfare and State Funds	2	1
O	SW 2&3, Supervisors	Redesign Initiatives	Provide information to further enhance practice statewide to achieve positive outcomes for children and families	IV-E All Child Welfare and State Funds	Monthly	12
O	SW 2&3, Supervisors	Teleconferences	Multiple offerings on a variety topics pertinent to child welfare practice	IV-E All Child Welfare and State Funds	On-going, Monthly	.2

Appendix 7: FY 07 and FY 08 Training

Appendix 8A: National Resource Centers

The IDHS will continue to utilize technical assistance/training offered through the National Resource Centers over the next five years to strengthen overall training via curriculum consultation and training.

See chart below for suggested utilization.

National Resource Center	Training Needs
National Center on Substance Abuse and Child Welfare http://www.ncsacw.samhsa.gov/	o Substance abuse [Meth] cross training o Drug and HIV affected infants
National Child Welfare Resource Center for Family-Centered Practice and Permanency Planning http://www.cwresource.org/	o Permanency Connections for Adolescents in Foster Care o Youth Permanency Issues o Individualized Functional Assessment skills o Strength base and achieving permanency o Facilitation o Family/group conferencing o Supervisors - coaching o Case Consultation o Re-entry o Family centered practice o Kinship Care Program Development

Appendix 7: FY 07 and FY 08 Training

National Resource Center	Training Needs
National Child Welfare Resource Center on Legal and Judicial Issues http://www.abanet.org/child/rclji/aboutus.html	o ASFA o Disproportionality and Adequate Representation o Attorney/judge training o Non-adversarial case resolution/mediation o Permanency o Model court orders
National Resource Center on Child Protective Services www.nrccps.org	o Functional and safety assessment tools o Repeat Maltreatment Issues and Strategies
National Resource Center for Youth Development www.nrcys.ou.edu/nrcyd	o Stability of placement & re-entry o Youth Permanency o Concurrent planning & permanency planning o Reasonable Efforts
National Resource Center for Adoption & Adopt US Kids www.nrcadoption.org	o Dual Licesnsure o Specific Child Recruitment Strategies o Recruitment and Retention Strategies

Appendix 9: Case Management and De-linking Medicaid

Appendix 9: Case Management and De-linking Medicaid			
CASE MANAGEMENT SIDE BY SIDE			
	WHAT WE DO NOW	WHAT WE DO IN THE FUTURE	WHAT OPPORTUNITIES DOES THIS PRESENT FOR A CASE MANAGER?
WHO WE PURCHASE SERVICES FROM	Currently we purchase services from approximately 150+ vendors statewide.	We will purchase services from up to 2 vendors per geographic area who may subcontract with other partner agencies.	• Case managers will have better performance support from a contract management standpoint. Instead of trying to manage 150+ contracts statewide, will be up to 20. • Case managers will have the ability to have the same high quality level of service for each family regardless of the agency providing the service • Case managers only need to know about two agencies instead of several which is consistent for the most part with current practice.
WHAT WE ARE BUYING	• We purchase units of service in small increments of time • They are very prescriptive which means many things a family needs are not things we pay for	• We will purchase services at a monthly rate. • We will decide in family teams what best practice activities will impact the safety of children and THEN we will decide who will best be able to complete the activity. The provider, family, DHS, and other important community and family members will decide a workable plan • The provider will continue to provide services if the child moves from one	• Case managers will have to take the next step in engagement with family teams. There are greater possibilities and flexibilities for case managers to meet the needs of families, but case managers must continue to: 1. Assess continuously for safety and risk factors using the safety constructs as an initial guide 2. Develop case plans which help determine whether a family plan is reasonable and whether the family plan is moving the family to the outcomes of safety, permanency and well being 3. Actively monitor case progress through quality visits and family team meetings • Because the provider remains constant, transition planning from level to level should be ongoing and consistent

WHAT WE ARE BUYING [cont.]	• Providers may change when children move from one level of care to another • We pay providers whether the units of service contribute to safer kids or not	level of care to another. • Providers will be paid a monthly rate, but also have the possibility of incentive payments based on best practice performance and outcomes.	• Payment approval will be less complicated, but responsibility to monitor the overall performance of the family plan remains a case manager responsibility.
WHY HAVE WE PURCHASED SERVICES THIS WAY AND WHY CHANGE WHAT WE ARE DOING	• Services have been structured in the past to follow a medical model focusing on a child and a problem or need	• Services moving forward will be focused on planning with the family and others to coordinate the activities needed to increase safety and manage risk	• Many of the barriers to getting the family what they need when they need it have been taken down by buying services in a monthly rate. • Service activities can and should focus on what the child and parent needs to ensure success. • This new way of purchasing let's us buy activities in a more direct transparent way. • We need to make sure the plan focuses on the major activities • We need to use benchmarks that tell us if progress is being made • We need to focus more on navigating the trip than driving the car. • We need to be very good at applying the safety and risk concepts
WHAT ABOUT OUR CASE	Today, there is no common language or formatting of reports	• There will be no extra treatment plan required of the provider. The major	• All DHS and provider reports will use common constructs to discuss cases, to report on progress, and to plan with

PLANS, TREATMENT PLANS ETC??? WHAT ABOUT OUR CASE PLANS, TREATMENT PLANS ETC???	in place to align our plans. Consequently the family and their partners must constantly try to interpret the roadmap we have set for the team to follow.	activities of the team should be captured in the family plan. In exchange, we are expecting providers to be at the family team and courtroom table with more frequency and will expect that ALL partners monitor progress through ongoing, consistent, and quality contact with our families. • The family plan, then, is the road map for the entire team. • We will use common language from intake through case closure in all reports, plans and discussions. This will help our other partners understand our issues as well	families and community partners. These primary concepts include: 1. Parental Capabilities to Protect 2. Child Vulnerabilities 3. Threats of Maltreatment 4. Underlying Conditions 5. Contributing Factors • We will continue to train together in mixed service area teams made up of DHS and private provider staff in order to gain more and more of a common definition of how these concepts can assist in and align our efforts.
HOW WILL WE KNOW IT IS WORKING	• Today, you rarely have the opportunity to comment on the services our families receive. • Feedback is often spotty, not specific, and is not acted on in a very consistent manner.	• In the future you will receive ongoing satisfaction surveys to comment on how things are going from your perspective. This is new for you. • An oversight group will be answering questions on a daily basis in the beginning of these new services even before they begin in order to keep things as uncomplicated and forward moving as possible	• Be an active participant in the provision of these services! • Get involved in the service area groups providing feedback! • Let supervisors know when you see great practice occurring or when you have a concern • Keep in mind this is new to everyone, and it is only through cooperating and actively participating we will move forward together • Read the updates provided! Answers will be there and we are all responsible to know the material coming our way. • Remember, DHS workers the case managers in the case. We are ultimately responsible to provide every family the opportunity to fully participate in their time with us to the very best of their ability at every decision point!

Appendix 9: Case Management and De-linking Medicaid

WHEN WILL ALL OF THIS BEGIN AND WILL I LIKE IT??? ☺ WHEN WILL ALL OF THIS BEGIN AND WILL I LIKE IT??? ☺	You have already begun! You will continue to get ready for the transition. Each time child welfare makes a change we learn form the last change.	• There will be training coming your way in late August and early September. As you are aware, the new services begin October 1. • You will get to know your provider staff in a much better way as we move forward • You will consistently be asked your opinion, and we will adjust as we move along based on what you are seeing • This contract is meant to make your work easier rather than harder to navigate.	• THE BIGGEST OPPORTUNITY OF ALL!! 1. As a case manager, you will have new, more flexible tools at your disposal. You will be less often hampered by the RTSS unit restrictions on "allowable activities". • YOUR MOST IMPORTANT ACTIVITIES!! 2. Assess continuously using our family team engagement model 3. Develop family plans in a way that will tell you whether your plan is reasonable and whether it will get the job done 4. Monitor your cases through consistent quality visits 5. Use the data at your disposal and those around you to learn things you didn't know. Continue to adopt those best practice activities in order to serve our families in the best way possible. 6. In the end, this entire effort has been about aligning our services, our language, and our plans and reports in a way that makes sense. Participate, participate, participate… ☺

Appendix 10: KidSake Summary of Activities

Appendix 10: **KidSake Summary of Activities**

Appendix 11: **Assurance Addendum**

The State assures that not more than 10 percent of each fiscal year's title IV-B, subpart 1 funds [including FY 2007] will be spent on administrative costs beginning October 1, 2007.

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Kevin Concannon, Director

Iowa Department of Human Services

_____

Date