

IOWA DEPARTMENT OF HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES



**TITLE IV-B CHILD AND FAMILY SERVICE PLAN
Federal Fiscal Years 2010-2015
EXECUTIVE SUMMARY**

DRAFT

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**Title IV-B Child and Family Service Plan
2010-2015**

State of Iowa

Department of Human Services

**Division of Behavioral, Developmental and Protective
Services for Adults, Children and Families**

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Table of Contents

EXECUTIVE SUMMARY	I
What is Child Welfare?.....	i
How Does the Child Welfare System Work?	i
Fostering Connections for Success and Increasing Adoptions Act of 2008 (FCSIAA)	iii
Critical Partnerships in Child Welfare	iv
Strengths of Iowa’s Child Welfare System	v
Key Challenges and Areas Needing Improvement.....	vi
Activities Underway to Improve Iowa’s Child Welfare System.....	vii
DHS Promising Practices	13
Court Leadership	13
Child Welfare Future Trends and Initiatives	14
SFY 2011 through SFY 2015	15
SAFETY, PERMANENCY, AND WELL-BEING OUTCOMES	ERROR! BOOKMARK NOT DEFINED.
Safety	Error! Bookmark not defined.
Permanency	Error! Bookmark not defined.
Child and Family Well-Being	Error! Bookmark not defined.
SYSTEMIC FACTORS	ERROR! BOOKMARK NOT DEFINED.
Statewide Information System	Error! Bookmark not defined.
Case Review System	Error! Bookmark not defined.
Quality Assurance System	Error! Bookmark not defined.
Staff and Provider Training.....	Error! Bookmark not defined.
Service Array and Resource Development	Error! Bookmark not defined.
Child Welfare Improvement Efforts	Error! Bookmark not defined.
Agency Responsiveness to the Community	Error! Bookmark not defined.
Foster and Adoptive Home Licensing, Approval, and Recruitment	Error! Bookmark not defined.
FIVE-YEAR GOALS AND OBJECTIVES	ERROR! BOOKMARK NOT DEFINED.
Vision, Mission and Guiding Principles	Error! Bookmark not defined.
SFY 2011 through SFY 2015	Error! Bookmark not defined.
SECTION 4: ESTIMATED EXPENDITURES	ERROR! BOOKMARK NOT DEFINED.
SECTION 7: ASSURANCES AND CERTIFICATION	ERROR! BOOKMARK NOT DEFINED.
Chafee Certifications.....	Error! Bookmark not defined.
CAPTA Assurances	Error! Bookmark not defined.
SECTION 9: CHILD WELFARE DEMONSTRATION WAIVERS	ERROR! BOOKMARK NOT DEFINED.
SECTION 10: INTERCOUNTRY ADOPTIONS	ERROR! BOOKMARK NOT DEFINED.
SECTION 11: ADOPTION INCENTIVE PAYMENTS	ERROR! BOOKMARK NOT DEFINED.
North American Council on Adoptable Children Award.....	Error! Bookmark not defined.

SECTION 13: EVALUATION AND TECHNICAL ASSISTANCE**ERROR! BOOKMARK NOT DEFINED.**

Evaluation	Error! Bookmark not defined.
CFCIP	Error! Bookmark not defined.
University-Agency Partnerships to Improve Child Welfare	Error! Bookmark not defined.
Multi-state Foster Care Data Archive.....	Error! Bookmark not defined.
Iowa Based Research.....	Error! Bookmark not defined.
Technical Assistance	Error! Bookmark not defined.
National Resource Centers	Error! Bookmark not defined.



EXECUTIVE SUMMARY

What is Child Welfare?

Child welfare is focused on children that have been or are at risk of being abused or neglected, as well as children that are determined by the Juvenile Court to be a child in need of assistance (CINA).

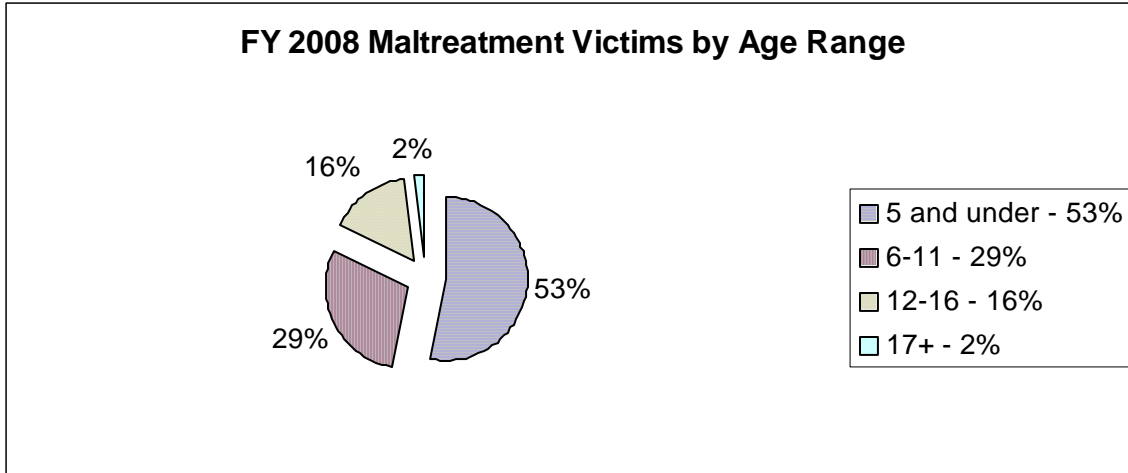
Child Welfare Outcomes. The child welfare system is focused on 3 major results – safety, permanency and child and family well-being.

- Safety
 - Children are first and foremost, protected from abuse and neglect.
 - Children are safely maintained in their homes when possible and appropriate.
- Permanency
 - Children have permanency and stability in their living situations.
 - The continuity of family relationships and connections is preserved.
- Child and family well-being
 - Families have enhanced capacity to provide for children’s needs.
 - Children receive services to meet their educational needs.
 - Children receive services to meet their physical and mental health needs.

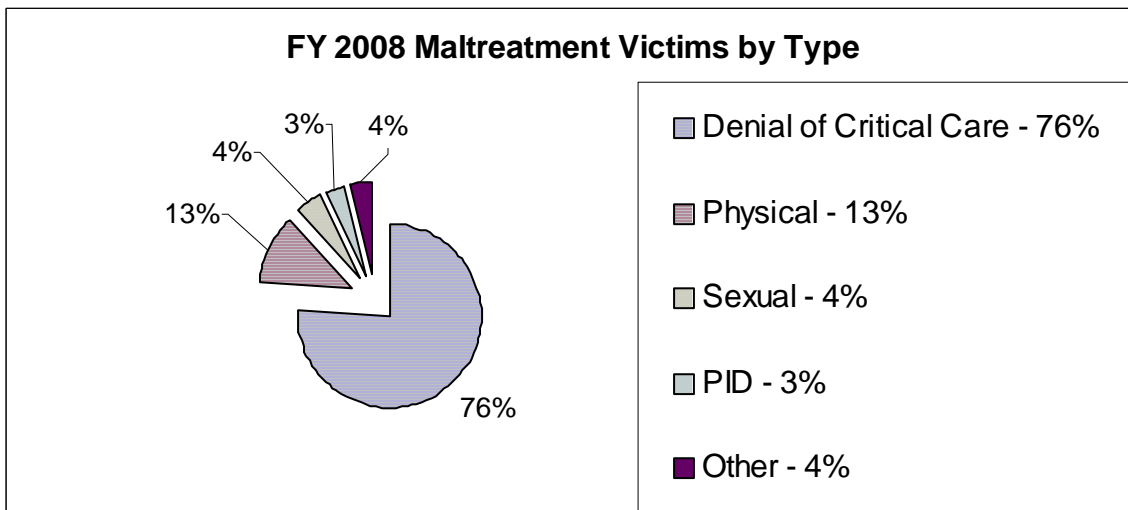
How Does the Child Welfare System Work?

- **Child Abuse Assessments.** Children and families come to the attention of the child welfare system primarily through a report of child abuse or neglect. DHS staff in our local offices respond to child abuse reports to determine the safety of the child, whether abuse occurred, and whether services are needed to protect the child. In SFY 2008, DHS completed child abuse assessments on 22,180 reports and determined that almost 11,000 children had been victims of child abuse or neglect.
 - Over 50% of the children that are victims of child abuse/neglect are age 5 or younger.

2010 – 2015



- *Just over 75% of children that are victims of child abuse/neglect are victims of denial of critical care, or neglect, often associated with parental substance abuse or mental health issues.*



*Other include manufacturing drugs, mental injury and prostitution combined.

- **On-Going Services.** When continued DHS involvement is needed to address issues that place a child at risk of harm from future abuse or neglect, DHS provides on-going child welfare services.
 - DHS staff in our local offices provide case management and connect the family to services provided by community agencies.
 - These services can be provided on a voluntary basis or under the supervision of the Juvenile Court.
 - In many cases, we are able to provide services to the child and family at home. In some cases, the child needs to be placed outside the home in foster care in order to ensure that the child is safe.

2010 – 2015

- **Foster Care.** When a child is placed in foster care, both DHS and the Juvenile Court have additional responsibilities.
 - Seeking out relatives as potential placements.
 - Placing siblings together whenever possible and maintaining sibling relationships when children are separated.
 - Ensuring that each child gets the physical and mental health care he/she needs.
 - Ensuring that each child has the educational services he/she needs.
 - Maintaining children’s relationships with their parents, and connections with their extended family, friends, church, school, etc.
 - Ensuring that older youth have access to the services and supports they need to make the transition to young adulthood.
- **Permanency** We need to ensure that each child that is placed into foster care has a permanent family as soon as possible – either by being safely returned home or through placement into another family through adoption or guardianship. In SFY 2008, 1,055 children were adopted from foster care.
 - When the child has a special need, we provide on-going support and services through the adoption subsidy program. In December 2008, there were 8,376 children receiving an adoption subsidy.
- **Aftercare.** When children leave foster care, we contract with a network of agencies to provide aftercare services and the Preparation for Adult Living (PAL) program. Youth that “age out” of foster care are also eligible for financial aid for post-secondary education for youth. In December 2008, there were 174 youth participating in Aftercare and 274 youth participating in the PAL program.

DHS also works with Prevent Child Abuse Iowa and local communities to prevent child abuse and neglect, so that children and families do not have to come to the attention of the formal child welfare system.

Fostering Connections for Success and Increasing Adoptions Act of 2008 (FCSIAA)

The Fostering Connections for Success and Increasing Adoptions Act of 2008(FCSIAA) was signed into law on October 7, 2008. This new legislation has built upon the Adoption and Safe Families Act to create additional support for good child welfare practices that help children and families achieve safety, permanency and stability in their lives. Highlights of the new legislation include:

- ❑ Health oversight and coordination
- ❑ Educational Stability
- ❑ Options for Subsidized Guardianship
- ❑ Fostering Connections Grants
- ❑ Tribal Access to IV-E funding
- ❑ Re-authorizes Adoption Incentives
- ❑ De-links Adoption Subsidy from AFDC income requirements
- ❑ Transitional Plans for Youth aging out of foster care.
- ❑ DHS requested state legislation in 4 areas for Iowa to come into compliance with the federal legislation.

2010 – 2015

- ❑ Due diligence to identify and notify relatives within 30 days of a child's placement in foster care
- ❑ Assurances that school age title IV-E recipients are full-time students
- ❑ Case plan inclusion of a plan for educational stability of the child while in foster care
- ❑ Case plan inclusion of a transition plan for youth emancipating from foster care

DHS has identified 4 areas in the Act that require state legislation prior to implementation and has drafted proposed legislation. These areas include:

- ❑ Due diligence to identify & notify relatives within 30 days of a child's placement in foster care [section 471(a)(29)]
- ❑ Assurances that school age title IV-E recipients are full-time students [section 71(a)(30)]
- ❑ Case plans include a plan for educational stability of the child while in foster care [section 475(1) (G)]
- ❑ Case plans include transition plans for youth aging out of foster care [section 475(5)(H)]

Senate File 152 has passed both the house and senate at this time and the governor's signature is anticipated. Both DHS and DOE expect that the provisions of SF 153 will take effect as soon as rule changes, manual changes and staff training can be completed.

DHS has also consulted with the Child Welfare Stakeholder Panel to get their input on various provisions in the federal legislation, including the educational and transition planning provisions, the relative guardianship assistance program option, and the extended foster care option. We plan to continue to use this group to identify implementation issues and options as we move forward.

DHS has set up a web page off the Better Results for Kids section of DHS website, where we are posting information about the federal legislation, as well as Iowa activities to implement. http://www.dhs.state.ia.us/Consumers/Child_Welfare/BR4K/Fostering_Connections/Fostering_Connections.html

DHS SFY 2010 Budget

The Governor released his budget recommendations on 1-28-09. While the Child and Family Services appropriation was not subject to the 6.5% reduction from SFY 2009 state funding level, both the general administration and field operations appropriations that are critical to the support of service delivery, were. DHS is still reviewing the potential impacts of the Governor's budget recommendations, as well as the federal stimulus package.

Critical Partnerships in Child Welfare

DHS needs to partner with other groups in order to keep children safe and strengthen vulnerable families. DHS also listens to the voices of these groups for input on child welfare policy and practice.

- ❑ Juvenile Court
- ❑ County Attorneys
- ❑ Private child welfare providers
- ❑ Substance abuse treatment providers
- ❑ Schools and teachers

2010 – 2015

- ❑ Domestic violence agencies
- ❑ Communities
- ❑ Mental health providers
- ❑ Medical community
- ❑ Foster care review boards
- ❑ Court appointed special advocates (CASA)
- ❑ Parents attorneys and guardians-ad-litem
- ❑ Youth (Elevate)
- ❑ Parents (Parent Partners, Moms Off Meth, etc.)
- ❑ Foster parents
- ❑ Juvenile Court Services
- ❑ Native American tribes
- ❑ Decategorization and Community Partnership for Protecting Children projects
- ❑ Law enforcement

Strengths of Iowa’s Child Welfare System¹

- ❑ **Worker Visits.** There has been a significant increase in the frequency and quality of worker visits with children, which has positively impacted both safety and permanency.
- ❑ **Family team meetings (FTM).** FTM are an accepted part of practice, and are seen as positively impacting family engagement, development of individualized case plans, teamwork between professionals, and a shared understanding of the family’s needs. FTMs help to engage parents, and expand the array of formal and informal supports for families.
- ❑ **Collaboration.** Collaboration is seen as a strength around the state. Strong partnerships between JCS, Decat, DHS, foster parents, courts and community services work effectively to meet the family and children’s needs at the local level.
- ❑ **Front line practice.** Child welfare partners consistently recognize the ability of Juvenile Court Officers and DHS social workers and their practice.
- ❑ **Court leadership.** Court leadership and oversight contribute to good outcomes for children; and have focused expectations on improving safety and permanency.
- ❑ **Risk and safety.** DHS has improved efforts to evaluate risk and safety both formally and informally on an ongoing basis. Iowa’s repeat maltreatment rate² has improved from 88.8% in 2003 to 92.3% in October 2008 – just shy of the national standard of 93.9%. Iowa’s 99.9% rate of safety in foster care³ remains well above the national standard of 99.43%.
- ❑ **Parent Partners.** Parent Partners provide support and mentoring to parents that are involved with DHS and working towards reunification, train foster parents and caseworkers, and provide a parent perspective on child welfare policy and programming. Currently, there are Parent Partner programs in 5 communities serving 16 counties.
- ❑ **Disproportionality.** DHS has begun to see reductions in disproportionality and improved outcomes for children and families of color as a result of our Minority Youth and Family

¹ Information based on recent outcomes data from Iowa’s Child Welfare Information System (CWIS) and Child and Family Service Reviews conducted across the state in the last year.

² This measures the percentage of children that do not have a confirmed report of abuse or neglect within a 6-month period following the initial abuse.

³ This measures the percentage of children in foster care that do not have a confirmed report of abuse or neglect by a foster parent or facility staff member.

2010 – 2015

Initiatives in Sioux City and Des Moines. We are expanding efforts to address disproportionality across the state.

- ❑ **Transition services.** There has been a significant increase in the array of services to prepare youth to make the transition from foster care to young adulthood, and to support youth that have “aged out” of foster care. Youth see the Preparation for Adult Living (PAL) program as beneficial to their transition to adulthood. Elevate has expanded to 8 chapters, and provides significant support for youth in foster care and a forum for youth voice.
- ❑ **Mental health services.** There has been a significant increase in the availability of voluntary behavioral health services funded through Medicaid, including the Children’s Mental Health waiver, the remedial services program (RSP), and changes in admission criteria for psychiatric medical institutions for children (PMIC). In addition, DHS recently was able to fund a second local mental health services project to coordinate and provide services to children regardless of Medicaid eligibility or insurance coverage.
- ❑ **Emergency child welfare services.** In SFY 2009, DHS has worked closely with the child welfare shelter care providers to reallocate \$287,434⁴ in shelter care “guaranteed bed” funding to develop alternative child welfare emergency services.

Key Challenges and Areas Needing Improvement

- ❑ **Caseloads for DHS child welfare caseworkers.** While funding from the General Assembly has enabled DHS to reduce child welfare caseloads over the last few years, they remain above national standards. High caseloads make it difficult for DHS to meet federal expectations for monthly visits with children and parents and improved outcomes.
- ❑ **Substance abuse treatment for parents.** Parental substance abuse is one of the leading factors bringing children to the attention of the child welfare system. Parents must have access to timely and quality substance abuse treatment in order to have an opportunity to safely parent their children.
- ❑ **Mental health services for non-Medicaid eligible parents and children.** Children that are victims of abuse/neglect are at high risk for mental health issues. Although children in foster care have access to mental health services through Medicaid, many children and parents served at home are not eligible for Medicaid and lack comprehensive insurance coverage for behavioral health services. In addition, there is no entity responsible for coordinating mental health services and limited funding for mental health services for children that are outside the child welfare and juvenile justice systems. This can result in children being referred to the child welfare and juvenile justice systems in order to access mental health services.
- ❑ **Service array.** In addition to gaps in substance abuse and mental health services, there are gaps in dental and orthodontia services, and Spanish services and interpreters. Provider turnover also impacts the quality of services and family outcomes. Finally, DHS, courts and providers are still working through the transition to the new child welfare service contracts.
- ❑ **Transportation.** Transportation limitations are consistently identified in all areas of the state as the number one practice barrier. Transportation barriers impact access to services, family interaction, sibling visits, etc.
- ❑ **Declining IV-E federal funding.** Iowa, like other states, has experienced a decrease in federal IV-E dollars due to several factors – including the “AFDC look-back” that results in fewer children meeting IV-E eligibility requirements and the fact that IV-E funding is limited

⁴ The annualized funding associated with these 14 “guaranteed” beds is \$471,960.

2010 – 2015

to out-of-home placement. As we focus on serving children and families at home, we have less access to federal IV-E dollars and have to rely more on state funding. This impacts funding for both programs and for DHS caseworkers.

- ❑ **Working with Native American children and families.** We need to improve our efforts to ask about Native American heritage and to comply with Indian Child Welfare Act (ICWA) requirements.
- ❑ **Availability of foster parents.** There is a general lack of adequate numbers of foster parents; especially for adolescents, delinquent youth, African Americans, Hispanic, Native Americans, and sibling groups. Lack of adequate numbers of foster homes impacts our ability to place children close to home, maintain siblings together, and maintain family interaction.
- ❑ **Fathers and non-custodial parents.** DHS continues to develop strategies to become more effective at engaging fathers and non-custodial parents. Failure to engage non-custodial parents can delay permanency for children and cut them off from important family connections.

Activities Underway to Improve Iowa's Child Welfare System

- ❑ **Parental substance abuse.** DHS, the Judicial Department and the Department of Public Health are collaborating together and with other stakeholders to develop protocols for working with families with substance use disorder that are involved in the child welfare and juvenile court systems. The three departments are also working together to pilot drug courts and community based treatment approaches in 5 communities across the state.
- ❑ **Education and children in foster care.** DHS, the Judicial Department and the Department of Education are working together with the Children's Justice State Council, the Child Welfare Advisory Committee, Elevate and other stakeholders to improve educational outcomes for children in foster care.
- ❑ **Child welfare providers.** DHS has recently established a Child Welfare Partners Committee to build a stronger public-private partnership in order to improve results for children and families. The Child Welfare Partners Committee includes a Steering Committee co-chaired by DHS and a private agency representative, as well as various work groups. Currently, the Steering Committee has established 5 workgroups.
- ❑ **Child Welfare Emergency Services.** This group is focused on creating a vision and proposal for a statewide emergency services continuum – including shelter care – with flexibility for service area specific needs.
- ❑ **Quality Assurance/Improvement Processes and Monitoring.** This group is focused on recommending changes in the monitoring and quality assurance/improvement processes for performance based contracts.
- ❑ **Understanding Roles Across Contracts.** This workgroup is focused on contract amendments, communication, and role definitions across contracts in order to enhance service provision.
- ❑ **Training.** This group is focused on supporting training, using a collaborative public-private practice model.
- ❑ **Family Interaction.** This group is focused on developing and implementing guidelines for supporting parent child visitation and interaction for children in foster care.

2010 – 2015

http://www.dhs.state.ia.us/Consumers/Child_Welfare/BR4K/Family_Interactions/Family_Interactions.html

- **DHS is also exploring** the possibility of engaging our fiscal agent in an analysis of actual provider costs and DHS payment rates for child welfare services⁵.
- **Juvenile Court Services.** The eight DHS Service Area Managers and eight Chief Juvenile Court Officers meet regularly to facilitate information sharing and planning that addresses both child welfare and juvenile justice needs, including identifying best practices for serving youth and families that cross child welfare and juvenile justice systems.
- **Group Care.** DHS, with the assistance of Casey Family Programs, will be engaging stakeholders in a conversation around the role of group care in the child welfare and juvenile justice systems, developing alternatives to out-of-home placement in group care, and best practices within group care.
- **County Attorney collaboration.** DHS is working with the Juvenile Section of the County Attorneys Association to improve communication and address a range of issues of mutual concern.

⁵ This was identified in DHS' report to the General Assembly on options for providing a growth mechanism for reimbursement of child and family services traditionally funded under this appropriation.

Iowa Title IV-B Child and Family Services Plan

2010 – 2015

Understanding Roles Across Contracts

Iowa’s child welfare system relies on partnership of public and private providers who have clearly defined roles and work together to benefit children and families. Roles and responsibilities of protective case managers, protective service providers, resource families [foster parents]; resource family support, and child behavioral health specialists are described in the following chart.

ROLES	DHS Protective case manager for the child and family	FSRP Child and family’s protective service provider	IKN Resource family’s service provider	IFAPA Resource family’s peer support	RSP Child’s behavioral health provider
OVERALL RESPONSIBILITIES	Coordinates all protective service activities for the family and child. This worker is the protective case manager for the child and family	Implements a set of protective service strategies for the family and child	Develops a clinical support plan for foster families and adoptive families (post finalization who are receiving a subsidy)	Provides peer support to resource families through the delivery of a variety of strategies including training resources. Coordinates the FAIR program to support resources families during allegations of abuse and neglect	Medicaid services available to any Medicaid eligible child intended to assist children and their caretakers manage symptoms associated with a psychological disorder
CASE PLAN RESPONSIBILITIES	Develops, monitors and appropriately shares case permanency plan progress utilizing a family team decision making process	Provides, procures, or arranges for direct services and resources to implement the case permanency plan in a family specific way	Assists the family team by supporting the resource family’s efforts to ensure the treatment needs of the child are met Encourages the resource family’s active involvement in family team process	Assists the family team by teaching resource families to advocate for their needs appropriately Encourages the resource family’s active involvement in family team process	Develops a treatment plan specific to the child’s behavioral needs These plans should drive the child specific treatment strategies in the case permanency plan

Iowa Title IV-B Child and Family Services Plan

2010 – 2015

	DHS	FSRP	IKN	IFAPA	RSP
FAMILY CONTACT RESPONSIBILITIES	Visits the child and parents monthly and other stakeholders as needed to ensure progress of the case permanency plan	Contacts family members based on their needs per the safety constructs and risk factors identified in the case permanency plan	In-home visits and other contact with the resource family consistent to their needs per the resource family support plan Responds to crisis calls from the resource family per the case permanency plan	Assists with the stability of resource families through the coordination of support groups and offering to be a “sounding board” for resource families from a peer perspective	Contacts the child and other caretakers as necessary to address child specific issues such as: anger management,, behavior management, relationship skill building, problem solving skills, communication skills, conflict resolution skills, etc.
COURT RESPONSIBILITIES	Ensures coordination of the case with Court parties including submission of the case permanency plan, testimony in hearings, and formalizing recommendations critical to the progress of the case permanency plan goals.	Provides reports to contribute to Court recommendations around case permanency plan progress, and attends hearings and testifies as requested	Advocates with resource families to ensure they are aware of their rights to participate in Juvenile Court proceedings Ensures resource families are aware of the Court process and pending Court activity	Advocates to ensure resource families are aware of their rights to participate in Juvenile Court proceedings	Provides reports (as allowed by release an/or custody arrangements) to contribute to Court recommendations around case permanency plan progress, and attends hearings and testifies as requested

Iowa Title IV-B Child and Family Services Plan

2010 – 2015

	DHS	FSRP	IKN	IFAPA	RSP
PLACEMENT RESPONSIBILITIES	Makes all placement decisions for children in the family in partnership with the Court	<p>Contributes to placement stability of child/ren through regular contact per the case permanency plan</p> <p>Makes recommendations on placements per progress in the case permanency plan</p>	<p>Responsible to match resource families with waiting children.</p> <p>These matches are recommended to DHS for final placement decisions</p> <p>Assist resource families to arrange respite opportunities</p> <p>Will testify in Court regarding recommendations for placement made as a result of relative home study activities</p>	<p>Assists the resource family to arrange for appropriate placements in their home which are best suited to their skills and ability to nurture the children in their care to thrive.</p> <p>Assist the resource family with transitioning in especially new placement scenarios</p> <p>Responsible to assist with general problem solving</p>	Makes recommendations to the DHS protective case manager based on the child’s specific behavioral needs.
OUTCOME RESPONSIBILITIES	Promotes case progress to safe case closure within Federal Child and Family Service Review expectations with a focus on the safety, permanency and well being of children and families.	Actively engages families in treatment strategies and makes recommendations to DHS based on a functional family assessment of child safety and issues impacting permanency and well being.	<p>Coordinates efforts with the IKN licensing worker and IFAPA liaison to help retain family, including assistance with learning opportunity plans</p> <p>Responsible to assist and support the resource family’s relationship with the child’s birth family and or kin</p>	<p>Provides a peer mentoring experience for resource families which positively impacts the overall skill level and stability of resource families in the system</p> <p>Responsible to assist and support the resource family’s relationship with the child’s birth family and or kin</p>	Contributes to the overall behavioral health of child by providing specific services following an assessment of the individual’s mental health behaviors or symptoms by an LPHA (Licensed Practitioner of the Healing Arts)

Iowa Title IV-B Child and Family Services Plan

2010 – 2015

Iowa DHS FY 2008 Data on Caseworker Visits

Reporting Requirement	Type of Data	Baseline Data [FFY 2007]	2008 Goal	Type of Data	2008 Performance [FFY 2008]
The aggregate number of children served in foster care for at least one month	SACWIS	7043		SACWIS	11,035
The number of children visited <i>each and every</i> calendar month that they were in foster care,	SACWIS	2272		SACWIS	4,593
The total number of visit months for children who were visited <i>each and every</i> month that they were in foster care	SACWIS	19,880		SACWIS	37,091
The total number of visit months in which at least one child visit occurred in the child's residence	Case Reading Sample of 50 Cases	254		SACWIS	30,664
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.	Administrative Data	32%	40%	SACWIS	41.62%
The percentage of visits that occurred in the residence of the child.	Case Reading Sample of 50 cases	65%	65%	SACWIS	82.67%

Although the baseline percentage of visits that occurred in the residence of the child was obtained through case reading data, this is reported from administrative data in all subsequent reports.

2010 – 2015

DHS Promising Practices

- ❑ Family team meetings are used to engage families and give them ownership of the plan developed for family change. Service Areas are creative in improving access to facilitation for family team meetings. [Statewide]
- ❑ Value and belief in mediation; use of mediation to maintain family connections and achieve permanency for children. [Cerro Gordo]
- ❑ “Elevate” youth support programs. [Polk, Scott, Linn]
- ❑ Non-custodial parent search and diligent efforts to engage fathers [Scott, Polk]
- ❑ Strong partnership with foster parents to bring about change; examples of foster parents mentoring birth parents.[Council Bluffs; Winneshiek]
- ❑ Parents as Partners programs provide support to new parents in the system. [Dickinson]
- ❑ Concurrent planning and placement conferences within 30 days of placement. [Winneshiek, Scott]
- ❑ Tribal partnership to conduct child abuse investigations. [Tama]
- ❑ Visiting nurses program and partnership with public health nurses. [Polk]
- ❑ Engagement and commitment of community partners to address disproportionality within the child welfare system: fostering an improved understanding and approach to cultural competency. [Linn]
- ❑ JCS community liaison working with African American families prior to formal interviews with JCS. [Linn]
- ❑ Disproportionality Projects are being expanded in the state and cultural competency training is provided across child welfare disciplines and the court.
- ❑ Parent Interaction Pilot: focusing on frequent and meaningful family interaction when a child is in foster care.
- ❑ Utilization of quality assurance and review processes to improve practice; e.g. supervisory reviews or staffings. [Statewide]
- ❑ Motivational interviewing and assessment tools enhance JCS practice.
- ❑ Pre-placement conferences ease the transition of children to foster care and assure their needs are met at placement. [Polk] ‘...since Polk County DHS initiated pre and post removal conferences we have seen major changes that present opportunities for us to improve on a child's placement--both for reunification purposes and as a concurrent plan. These opportunities include: more active outreach to family members and kin as potential placements; the development of support services for those placements; the use of assessment tools to identify placements much earlier on that may be appropriate concurrent plans; and the general encouragement of the good social work that can be done outside of the emergency context.’ [Judge Egly]

Court Leadership

- ❑ Court leadership has focused expectations on improving outcomes for children in juvenile court. [Statewide]
- ❑ The court sets expectations for hearing content and attendance. In many areas of the state, children are encouraged to attend and participate in court hearings.

2010 – 2015

- ❑ The court has focused on the achievement of permanency to the benefit of children; some judges set hearings at 1-3 month intervals to monitor and track progress to permanency.
- ❑ The court has initiated the Drug Court model and schedules hearings with the family based on their needs.
- ❑ Statewide practice and court process improvement embraced by the court: Pottawatomie County “Kids First” Supreme Court Summit committee actively partners with the agency to address child welfare issues.
- ❑ Children’s Justice Initiative promotes and supports good outcomes for children through child welfare partnerships and court practice improvement.

Child Welfare Future Trends and Initiatives

SFY 2010

Following is a summary of where we anticipate moving over the course of the next fiscal year. By and large, these activities build on the work already underway.

- Implement changes in safety and risk assessments, based on recommendations of National Resource Center on Child Maltreatment and University of Iowa School of Social Work⁶
- Improve assessment of child and family needs, and matching services to needs
- Improve engagement with both parents, including non-custodial
- Increase the percentage of children and parents that have monthly visits with their DHS caseworker
- Implement family interaction protocol to improve frequency and quality of parent-child visits as a pathway to permanency and inform case work practice
- In collaboration with the Department of Public Health and the Judicial Department, implement revised protocol for drug testing, protocol serving families involved in both child welfare and substance abuse system, and improved data collection
- Continue expansion of Parent Partners program, Elevate and Transitioning Youth Initiative
- Facilitate conversation with stakeholders about the role of group care and appropriate outcome based performance measures, provide a framework to help staff become better purchasers of group care, and engage Casey Family Programs in working with DHS, JCS and group care providers to shift from “bricks and mortar” to family-based services
- Develop a comprehensive plan/model for contracting with child welfare service providers that supports achieving safety, permanency and well-being outcomes, including a framework for emergency services
- Implement policy and practice changes included in the Fostering Connections to Success and Increasing Adoptions Act of 2008; including implementing new kinship guardianship and improvements in education and medical care

⁶ Most of NRC recommendations will likely be implemented by the end of SFY 2009.

2010 – 2015

- Complete analysis of actual provider costs for core child welfare service programs, as well as analysis of prevailing market rates for critical costs categories (e.g., staff salaries)
- Increase Early Access take-up rate for child abuse victims and children in foster care
- Complete CFSR statewide self-assessment
- Implement projects developed through Child Welfare Partners Steering Committee⁷ and workgroups
- Continue work with ABA Center on Foster Care and the Law, Children's Justice and CWAC subcommittees on education and foster care to improve education for children in foster care
- Engage stakeholders in conversations related to safety and risk, especially as it pertains to intake, assessment, court intervention, removal, and reunification decisions.

SFY 2011 through SFY 2015

In August 2010, we will have our second Child and Family Service Review (CFSR). The findings from the CFSR will influence our priorities for the subsequent 2 – 3 years. Based on what we know today, we would identify the following priorities for SFY 2011 through SFY 2015.

- At least 95% of children and parents will have monthly visits with their DHS caseworker
- Significantly increase retention and continuity of DHS and provider frontline staff and supervisors
- Expand Parent Partners and Elevate programs statewide
- Implement new case plan format that meets the needs of children and families
- Implement comprehensive plan/model for contracting with child welfare service providers, including implementing a fair and adequate provider payment/reimbursement system with performance based incentive payments and the group care RFP
- Safety reduce the number of children and youth served in foster care, especially congregate care
- Achieve significant improvement in educational outcomes for children in foster care
- Reduce the number of children aging out of foster care, and ensure that each child that does age out of foster care has at least one permanent connection with a caring adult and a high school degree
- Reduce child welfare disproportionality for children and families of color by at least 50%
- Implement new SACWIS and enhance other technology supports for staff and improved data for frontline staff and managers
- Identify and implement more evidence-based services/programs.
- Parents and youth have a voice in all policy and practice decisions.
- Significantly reduce utilization of psychotropic medication for children in foster care and use of restraint and seclusion

⁷ Recently formed DHS-child welfare provider committee

2010 – 2015

- Significantly improve access to physical, dental and mental health care for children in foster care