

SECTION 3A: GOALS AND OBJECTIVES

This section organizes the goals of the CFSP within the findings of the Child and Family Services Review (CFSR) for the State of Iowa. After each of the seven outcomes for children in the areas of safety, permanency, and well-being and seven systemic factors where Iowa was not in substantial conformity, there are goals, to be completed within five years, addressing the findings of the CFSR consistent with our BR4K Redesign and PIP. 2005 progress for goals and objectives follow each goal and objective.

The CFSR was conducted the week of May 19, 2003. The findings were derived from the following documents and data collection procedures:

- ◆ The Statewide Assessment, prepared by the State child welfare agency – the Iowa Department of Human Services (DHS), Division of Behavioral, Developmental, and Protective Services for Adults, Children and Families.
- ◆ The State Data Profile, prepared by the Children’s Bureau of the U.S. Department of Health and Human Services, which provides State child welfare data for the years 1999 through 2001;
- ◆ Reviews of 50 cases at three sites in the State (Linn County [Cedar Rapids], Polk County [Des Moines], and Woodbury County [Sioux City]); and
- ◆ Interviews or focus groups (conducted at all three sites and at the State-level) with stakeholders including, but not limited to children, parents, foster parents, all levels of child welfare agency personnel, collaborating agency personnel, service providers, court personnel, and attorneys.

A key finding of the Iowa CFSR was that Iowa is in substantial conformity with two of the seven outcomes and three of the seven systemic factors. With regard to the outcomes, Iowa achieved substantial conformity with Safety Outcome 2 (Children are safely maintained in their homes whenever possible and appropriate) and Well Being Outcome 2 (Children receive appropriate services to meet their educational needs).

The CFSR determined that DHS is effective in addressing the risk of harm to children either through placement in foster care or through providing adequate services to maintain children safely in their own homes. The CFSR also determined that DHS makes concerted efforts to address the educational needs of children in the child welfare agency caseloads.

With regard to the systemic factors, the Iowa was determined to be in substantial conformity with the factors of Statewide Information System; Agency Responsiveness to the Community; and Foster and Adoptive Parent Licensing, Recruitment, and Retention. Iowa did not achieve substantial conformity with the systemic factors of Case Review System, Training, Service Array, and Quality Assurance System.

I. Key Findings Related to Outcomes

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

Iowa did not achieve substantial conformity with Safety Outcome 1. This determination was based on the following findings:

- ◆ The outcome was substantially achieved in 82.9 percent of the cases reviewed, which is less than the 90 percent required for a rating of substantial conformity.
- ◆ The State did not meet the national standards for
 - The percentage of children experiencing more than one substantiated or indicated child maltreatment report within a 6-month period, and
 - The percentage of children maltreated while in foster care.

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

Iowa achieved substantial conformity with Safety Outcome 2. This determination was based on the finding that the outcome was substantially achieved in 93.5 percent of the cases reviewed, which meets the 90 percent required for a rating of substantial conformity.

Five-Year Safety Goals and Objectives:

Goal: Expand ‘Community Partnerships for the Protection of Children’ statewide.

Goal: Reduce repeat maltreatment.

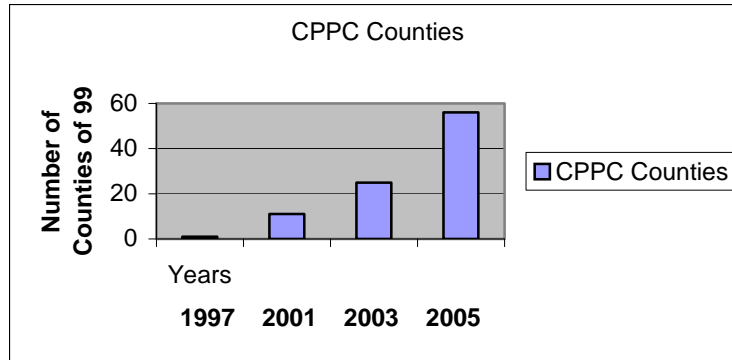
Goal: Increase timeliness of investigations.

Objectives

- ◆ Establish performance standards and indicators for timeliness of investigations, conduct quarterly reviews of performance, initiate corrective action to address non-compliance, and clarify exceptions to policy.
- ◆ Implement a functional assessment process and develop tools to assist direct line workers with improving assessment performance.
- ◆ Provide DHS staff with “Guidelines for Need-Based Service Planning in Child Welfare” and training in utilizing this structured decision-making tool.
- ◆ Implement Family Team Meetings statewide.
- ◆ Provide domestic violence training to front-line workers, supervisors, or field service staff and key stakeholders.
- ◆ Include performance measures related to safety within provider contracts.

2005 Progress on Safety Goals and Objectives

Goal: Expand ‘Community Partnerships for the Protection of Children’ statewide.



CPPC Expansion: Informational packets were distributed to the Service Areas 06/15/04 with a list of available resources. The CPPC rollout guide was developed and disseminated to the Service Areas 08/01/04. CPPC rollout plans were submitted to the CPPC Executive Committee 11/01/04. Service Area roll-out plans were reviewed by the CPPC Executive Committee 11/4/04. The Executive Committee recommended 7 Decat areas including 19 counties for 2005 CPPC implementation. The list of recommended counties was submitted to and approved by the Service Business Team 11/15/04. Service

Areas were notified 11/29/04. Woodbury County, Dickinson, Clay & Buena Vista Counties, Johnson County, and the Davenport Service Area, have established their steering committees and timelines for implementation within their own community. The following criteria were used for selecting 2005 CPPC: Strengths & Readiness (historical criteria); Leadership, Community Support; Other considerations: Rural vs. Urban; QSR experience; Geographic; PCAI council presence. CPEC reviewed each service areas' rollout plans and discussed each area based on the criteria listed above: Decat areas approved for 2005 CPPC sites are: Pottawattamie; Jasper, Poweshiek, Tama; Marshall & Hardin; Appanoose, Davis, Monroe; Madison, Marion, Warren (Indianola); Clayton, Howard, Allamakee, Winneshiek; Kossuth, Emmett, Palo Alto. The CPPC Executive Committee conducted a CPPC site orientation in January '05.

QSRs have been conducted in counties initiating Community Partnerships, including: Woodbury County (Sioux City Service Area) Feb, 2004; Dickinson, Clay & Buena Vista Counties, March, 2004; Johnson County (Cedar Rapids Service Area), August, 2004 Davenport Service Area, October, 2004. CPPC 101: On July 22nd and 23rd 2004, 33 participants attended a two-day workshop design to enhance consistency and continuity in presenting the CPPC approach.

The CPPC 101 curriculum was developed in 2003 and has provided CPPC sites a tool to use for community presentations. To date, approximately 55 participants have attended this workshop and several of these individuals are available to present the CPPC 101 curriculum throughout the state. CPPC Fall Conference: On November 2nd 2004, approximately 160 participants attended the annual CPPC fall conference hosted by Prevent Child Abuse Iowa. National and state presenters offered a variety of CPPC learning opportunities for recruiting new areas as well as for veteran CPPC sites.

2005 CPPC Orientation: On February 17th 2005, approximately 60 participants attended CPPC orientation. Through panel discussions, framed to address each of the four CPPC strategies, veteran CPPC sites shared CPPC learning experiences with the new 2005 CPPC sites. CPPC Immersion Workshop: On March 29th

and 30th, 40 participants attended a newly developed forum that enables new CPPC sites to gain a comprehensive understanding of the CPPC approach. This two-day workshop combined the CPPC 101 and Neighborhood Connections curriculums coupled with new information focusing on the development shared decision-making groups and CPPC planning process. Another session of this workshop will be offered again July 26th and 27th 2005.

Training and Technical Assistance CPPC State Coordinator (DHS) and CPPC Associate Coordinator (Prevent Child Abuse Iowa) are available for sites visits to provide technical assistance and support. An average of four CPPC site visits occur each month. Each service area was provided one, four-day, state approved, family team meeting facilitation training by Child Welfare Group (CWG): 1. This was offered in two sessions of two-days, scheduled three to six weeks apart 2. The 1st two-day session is called: "Building Trust-Based Relationship" (BTBR) and the 2nd two-day session is called "Family Team Meeting Facilitation" (FTMF) 3. Community partners and DHS staff are to be included as participants in this training 4. Starting 7/04 through 4/05, 20 two-day trainings (10 complete FTDM sessions) have been offered with approximately 260 participants attending.

Train-the-trainer Program: 1. Goal is to build capacity for local FTDM training by developing local trainers 2. Prerequisite for participation: Attended CWG training (BTBR & FTMF); Experienced family team meeting facilitator; Demonstrates and models practice skills and training skills; Agree to participate as a co-trainer as well as participation in other train-the-trainer learning sessions; To date, five in-state FTDM trainers have participated in the train-the-trainer program and approved to train FTDM curriculum .

CPPC 101:1. Trained CPPC presenters as well as the state coordinator have been available to new sites to provide a presentation to the community. 2. Annually, a two-day CPPC train-the-presenter workshop has been held that offers each site an opportunity to develop local CPPC presenters.

Peer Support Network Contact List and procedures available on CPPC Website: <http://www.dhs.state.ia.us/cppc/documents/PeerSupportContactList-CPPC.pdf>

Resources and Funding: Each CPPC Sites receive the following funding: 1st year funding (January 1 through September 30) for CPPC sites: \$10,000; 2nd year funding and continued annual funding (October 1 through September 30): \$20,000. Current funding for CPPC sites may support but is not limited to the following activities: Coordination of local shared decision-making group, family team meetings, training, neighborhood/community networking activities, etc.; Family team meeting facilitation; Training and technical assistance; Neighborhood/community events/activities for engagement and recruitment of volunteers; Printing of brochures and information materials targeting public awareness . Neighborhood Connection Workshop: This workshop is available to each CPPC site that wants to learn more about community engagement strategies Peer Support and Learning Opportunities: Regional meetings (4 meetings in Iowa City and Carroll) and state meetings (2 meetings in Ames).

Coordination on-going activities: Information-sharing for committee/community planning and implementation strategies; Provide feedback for statewide CPPC coordination and implementation; CPPC statewide advocacy; Develop recommendations for policy and practice changes FTDM Facilitators' Best Practice Groups: Local FTDM facilitators who meet regularly to discuss

protocol/procedures, skill development, quality assurance and support have developed FTDM facilitators' best practice groups. CPPC information and tools and materials available on CPPC Website:

<http://www.dhs.state.ia.us/cppc/index.htm>

Peer Support Contact List updated semi-annually, last update 1/10/05.

<http://www.dhs.state.ia.us/cppc/documents/PeerSupportContactList-CPPC.pdf>

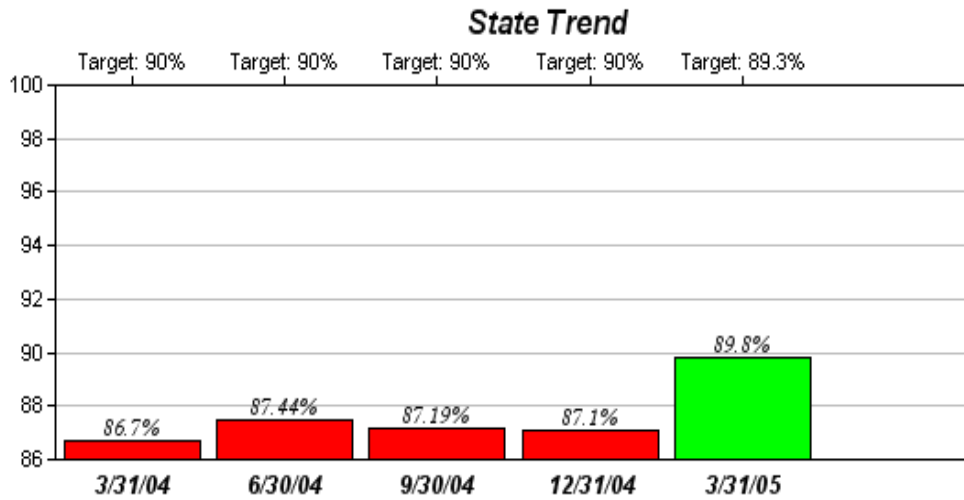
The Community Connection Workshop curriculum was developed and two, one-day workshops were implemented on Oct 12th and 14th 2004 with approximately 60 participants in attendance. The workshop topics included: Community Building and Engagement; Neighborhood Helpers; Circles of Support; Volunteer recruitment and management.

Community Partnership for Protecting Children 2005 Accomplishments:

- Community Partnership for Protecting Children (CPPC) expanded into 7 new Decat areas involving 19 counties. (1997 = 1 county, 2001 = 11 counties, 2003 = 25 counties, 2005=19 counties = 56 counties to date)
- 8 new shared decision-making committees with representatives from private and state agencies and organizations, community-base programs, faith-based community, and community residence were developed. (total of 51 counties to date)
- 21 additional counties have trained family team meeting (FTM) facilitators who are facilitating FTM. (total of 46 counties to date)
- 11 additional counties have implemented neighborhood/community-networking activities to empower local citizens to enhance community partnering for the protection of children. (total of 26 counties to date)
- 7 counties participated in Quality Service Reviews. (total of 30 counties to date)
- Two regional Community Partnership Advisory Committees meet 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 meets monthly or as needed to provide policy and practice recommendations to IDHS administration based on the feedback for the Community Partnership Advisory Committees.
- Iowa state legislators appropriate additional funding for CPPC implementations in 2004 & 2005
- Developed and disseminated another 3,000 CPPC brochures throughout the state. (total 6,000 brochures to date)
- Updated CPPC website.
- Expanded CPPC peer support network to assist new sites.
- Prevent Child Abuse Iowa has hosted annual statewide CPPC conference with 160 individuals attending.
- Approximately 60 participants attended new CPPC site orientation. Through panel discussions, framed to address each of the four CPPC strategies, veteran CPPC sites shared CPPC learning experiences with the new 2005 CPPC sites.
- 40 participants attended a newly developed forum, CPPC Immersion Workshop that enables new CPPC sites to gain a comprehensive understanding of the CPPC approach.

- Trained 30 new participants to present CPPC and be involved in CPPC speakers' bureau. (Total of 55 individuals have been trained to date)
- Approximately 10 CPPC presentations and/or forums have been held throughout the state. Total of 35 presentations to date)
- Revised curriculum for CPPC community presentations.
- Child Welfare Policy and Practice Group have conducted 24 trainings and provided coaching and mentoring for practice improvement. Trainings focused on engagement skills, building trusting relationships, and family team meetings. (Total of 59)
- Through the CPPC train-the-trainer program six trainers have been approved to train Building Trust-base Relationship and Family Team Meeting Facilitation courses
- Learning Centers were developed in Linn and the Lakes Area and 17 participants have participated in FTDM coaching and mentoring activities.

Goal: Reduce repeat maltreatment.



Provide DHS staff with “Guidelines for Need-Based Service Planning in Child Welfare” and training in utilizing this structured decision-making tool: Three planning meetings were held with the authors of the Tough Problems, Tough Choices curriculum and Iowa DHS program managers and training to customize the training for Iowa DHS practice. Tough Problems, Tough Choices: Guidelines for Needs-Based Service Planning in Child Welfare were distributed to Social Work Administrators, Social Work Supervisors, Each DHS Office. Almost all staff have a hard copy for their own use and have received training. Also staff were given the web address of the electronic copy.

http://www.americanhumane.org/site/PageServer?pagename=pc_home

Implement Family Team Meetings statewide: The target population for implementation of FTDM was determined by the administrative team [TI] 10/01/04. The target population is defined as: children age 0-5 with founded reports of abuse. The practice standards for FTDM were established and published on the DHS website 5/04/04:

<http://www.dhs.state.ia.us/BetterResultsforKids/default.asp> Databases for approved facilitators and approved curriculum was established on the DHS intranet system 09/01/04. The process by which facilitators and curriculum are approved was published 09/04/04 and can be found in the Toolkit for FTDM on the DHS website: <http://www.dhs.state.ia.us/BetterResultsforKids/default.asp> FTDM Survey Conducted: Sixteen [16] social workers, both public and private, representing all service areas of the state, were provided with an option to complete a series of questions by e-mail or participate in an interview process where the questions were discussed. Follow-up clarification was provided through e-mail. A summary of the results were provided to DHS Administrative staff, Service Area Managers, and Service Area Supervisors 3s 5/6/04. The Quality Service Review "Protocol for Use in Family Team Meetings" was developed January 2005 to April 2005. The protocol will be piloted and used to

study the effectiveness of family team meetings in relationship to improved outcomes for families and children.

Family Team Meeting training curriculum was completed 08/01/04. Statewide training [28 occurrences] was completed to 400+ service staff by 3/30/05.

Meth Specialists: Legislation established Meth Specialist position in each service area effective July, 2003. Meth Specialists were hired and in their position by February 2004. Job duties include:

- case management of a limited caseload of families effected by Meth abuse
- community education /consultation
- information resource for DHS staff and management
- case consultation for problematic cases with Meth
- Meth Specialist are developing connections with the Governor's Office of Drug Control Policy and the Attorney General's Office at Iowa Department of Justice. <http://www.state.ia.us/odcp/>
- A web page was published as a resource to DHS meth specialists and staff <http://dhsintra/methspec/> .

Implement a functional assessment process and develop tools to assist direct line workers with improving assessment performance: Existing assessment tools and functional assessment protocols were reviewed through the redesign process and a contract with Center for Family Support. Gaps/needs were identified and assessment form's were revised and implemented 3/1/05. Statewide training was provided; 30 one-day sessions, with 933 staff participating. The training was completed by 2/28/05 for all service staff.

Include performance measures related to safety within provider contracts: DHS has determined that results based performance measures will apply to the following services - family centered services, family foster care, group care, shelter care, supervised apartment living, and adoption services: DHS worked with a small group of providers to develop the performance measures and determine services to which they are applied. "Better Results for Kids Performance Measures." DHS has finalized the initial set of performance measures for child welfare services, working with the small group of providers. We have developed a definition sheet for each measure that explains how the measure will be calculated.

DHS and the provider community developed a schedule for reporting provider outcomes based on DHS-CWIS data r making providing contract revisions unnecessary. The report format is titled :

"Year One Provider Specific Report on Client Outcomes"

The format example for the provider report was completed 4/22/05. A pilot has been established for a small group of providers to test additional performance measures.

Since contract revisions were unnecessary, the provider manual did not require revisions.

Provide domestic violence training to front-line workers, supervisors, or field service staff and key stakeholders. Domestic Violence Case Consultation: Iowa Coalition Against Domestic Violence (ICADV) provides case

consultation to child welfare worker and domestic violence child advocates for DHS cases involving domestic violence and child safety. DHS partnered with ICADV to provide 32 domestic violence case consultations for IDHS social worker, and domestic violence advocates involving child welfare cases. CADV staff is available for telephone case consultation within 48 hours of request. ICADV provided two statewide domestic violence trainings for approximately 62 child welfare staff.. ICADV provide four domestic violence/family team meeting training for 122 child welfare staff. Domestic violence child advocate consultant attends DHS partnered with the Attorney General's office to organize and provide technical assistance to 13 Family Violence Response Multidisciplinary Teams to strengthen communities' response to domestic violence and child maltreatment.

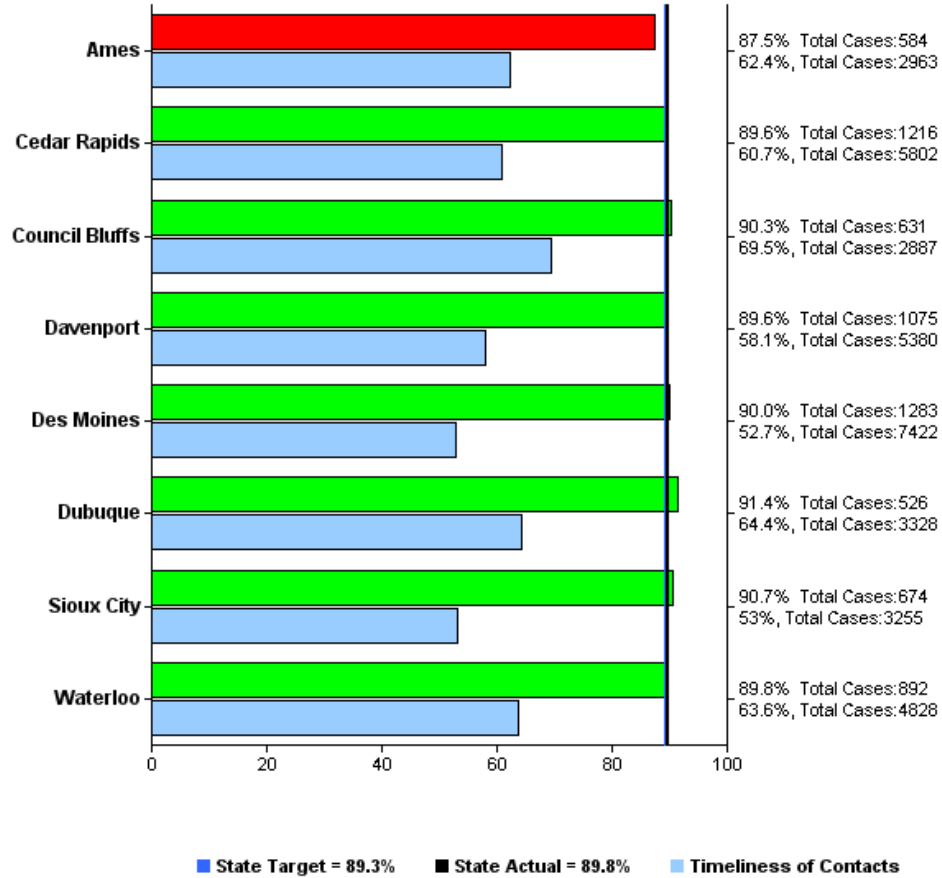
The Family Violence Response Team was established and included members from DHS, Attorney General's Office, Iowa Coalition Against Domestic Violence, Public Health, and Law Enforcement. The link for "Family Team Conferences in Domestic Violence Cases: Guidelines for Practice " <http://endabuse.org/programs/display.php3?DocID=159> was distributed electronically to DHS staff. In addition, BDPS distributed over 400 copies of the booklet statewide. The booklet was also included as a handout in the statewide Family Team Meeting training [28 occurrences by 3/30/05] and was integrated into new worker training. The committee also developed the following documents "Iowa's Draft Model Policy: Law Enforcement Response to Children at the Scene of a Domestic Violence Incident with attachments.

Goal: Increase timeliness of investigations.

Overarching Measure: Children Are Safe From Re-abuse (April 2004 - March 2005)

Federal Target - 93.9% of children who have had a confirmed abuse do not have an instance of re-abuse within 6 months of that abuse.

The evaluation of "timeliness" is the actual time between the date and time of the intake and when the child was seen, in relation to the Time Frame for Assuring Safety field.



Establish performance standards and indicators for timeliness of investigations, conduct quarterly reviews of performance, initiate corrective action to address non-compliance, and clarify exceptions to policy: Performance standards and indicators for timeliness of investigations are established in employee's manual Chapter 16E. Timeliness of investigation is required in the Child Welfare Model of Practice. The web address is:

http://www.dhs.state.ia.us/dhs2005/dhs_homepage/docs/IW_CW_Model_of_Practice4.pdf A 2 hour phone conference training session was held on October 28, 2004. Part of the session focused on timeliness requirements. The training focused on why timeliness of face-to-face contact with the child is important, the 3 categories of child abuse reports and the timeframes for each, exceptions to the timeliness requirements, how to document the time of face-to-face contact with the child, and the supervisor's role in monitoring timeliness of initiating investigations of

reports of child maltreatment. Child protective staff were required to participate in the training. CWIS programming to track performance regarding timeliness of investigations was completed 3/9/05. Time frames for seeing a child were added to worker screens and each supervisor is required to review to insure that timeframes are met. There was statewide phone conference training for child protective workers and supervisors on Tuesday, March 9, 2005.

Foster Care Activities to address safety of foster children: To promote the safety of children in family foster care contracted with the Iowa Foster and Adoptive Parents Association (IFAPA) and provided Preventative Practices Training, state wide, to foster families.

IFAPA adapted a curriculum for Mandatory Abuse Reporter Training. Between June 2004 and April 2005 the class was offered 6 times (40 ICN sites) and 416 foster parents participated. 134 foster parents are enrolled for a class that is scheduled June 6, 2005.

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

Iowa did not achieve substantial conformity with Permanency Outcome 1. This determination was based on the following findings:

- ◆ The outcome was substantially achieved in 50.0 percent of the cases, which is less than the 90 percent required for an overall rating of substantial conformity.
- ◆ The State Data Profile indicates that for fiscal year (FY) 2001, the State did not meet the national standard for the rate of foster care re-entries.

However, the FY 2001 data reported in the State Data Profile indicate that Iowa met the national standards for:

- ◆ The percentage of children who were reunified within 12 months of entry into foster care,
- ◆ The percentage of children who were discharged to finalized adoptions within 24 months of entry into foster care, and
- ◆ The percentage of children who experienced no more than two placements after having been in foster care for 12 months or less.

With regard to Permanency Outcome 1, the key concerns identified through the case reviews pertained to the agency's inconsistent effectiveness with regard to

- ◆ Preventing children's re-entry into foster care, and
- Achieving finalized adoptions in a timely manner.

Permanency Outcome 2. The continuity of family relationships and connections is preserved for children.

Iowa did not achieve substantial conformity with Permanency Outcome 2. This determination was based on the finding that the outcome was rated as substantially achieved in 82.1 percent of the cases, which is less than the 90 percent required for substantial conformity.

Key CFSR findings were that DHS makes concerted efforts to:

- ◆ Place children in close proximity to their families,

Place siblings together in foster care, and promote frequent visitation between children and their parents and siblings in foster care.

Areas of concern with respect to this outcome pertained to a lack of consistent effort on the part of DHS to:

- ◆ Seek and assess relatives as placement resources,

Preserve children's connections to their families and racial and religious heritage, and
Support or promote the parent-child relationship.

Five-Year Permanency Goals and Objectives:

Goal: Reduce foster care re-entry.

Goal: Improve stability of children in foster care.

Goal: Establish appropriate permanency goals for foster children in a timely manner.

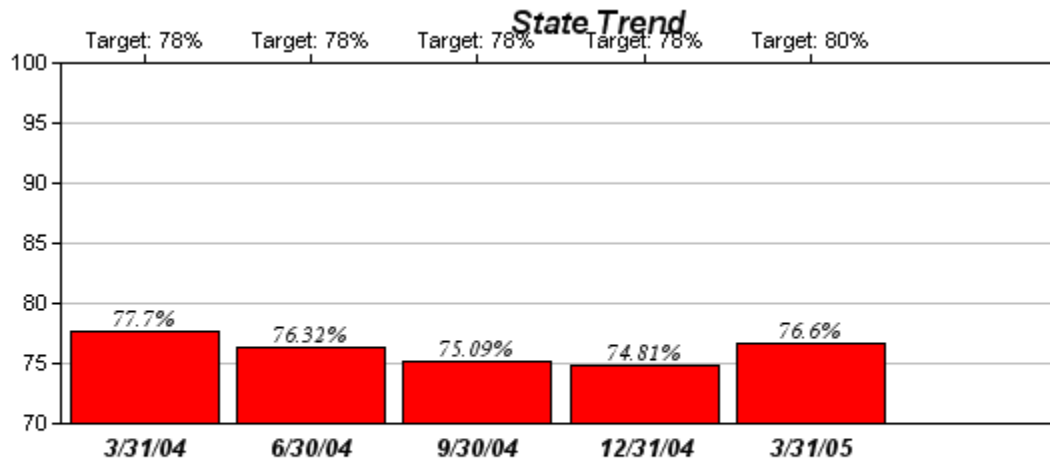
Objectives:

- ◆ Develop policy and practice that promotes discharge planning and aftercare services from placement to return home.
- ◆ Establish performance standards and indicators for: stability in foster care, foster care re-entries, timely adoption, preserving connections, relative placement, maintaining relationship of child in care with parent. Conduct quarterly reviews of performance and initiate quality improvement to address non-compliance.
- ◆ Implement functional assessment to better identify underlying needs and risks.
- ◆ Develop one family – one plan to better coordinate services from multiple systems [e.g., child welfare and education].
- ◆ Implement Family Team Meetings statewide.
- ◆ Include performance measures related to stability and permanency in provider contracts.
- ◆ Implement ‘Partnering for Safety and Permanency – Model Approach to Partnerships in Parenting.’
- ◆ Implement diligent recruitment plans to assure adequate numbers of foster homes to meet the needs of Iowa children representing the ethnic and racial diversity of the identified services areas.
- ◆ Improve and increase the appropriate use of concurrent planning to facilitate timely permanence.
- ◆ Implement demonstration projects to preserve connections and address disproportionality.
- ◆ Contract with the University of Iowa Disproportionate Minority Resource Center for technical assistance to the demonstration projects.
- ◆ Implement Ansell Case Life Skills Assessment to improve assessment of children in need of transition planning and permanence.

- ◆ Establish Tribal agreements to preserve connections of Indian Children.
- ◆ Establish kinship care policies, provide training, and monitor compliance with diligent search procedures.

2005 Progress on Permanency Goals and Objectives

Goal: Reduce foster care re-entry.



Develop policy and practice that promotes discharge planning and aftercare services from placement to return home: Trial home visit policy and protocol was established 03/16/04 and published in the DHS employees manual on the website.

Implement Family Team Meetings statewide. [See progress description above.]

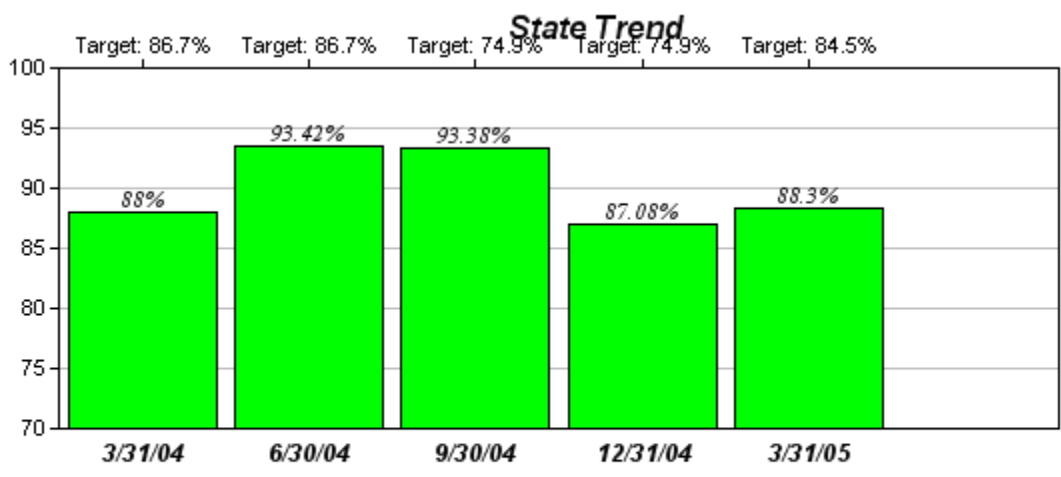
Establish performance standards and indicators for: stability in foster care, foster care re-entries, timely adoption, preserving connections, relative placement, maintaining relationship of child in care with parent. Conduct quarterly reviews of performance and initiate quality improvement to address non-compliance: DHS has incorporated practice standards related to foster care re-entries into our model of practice under “Out-of-Home Service Provision – Permanency and Stability” and “Standards Related to Transition and Case Closure”. We have also included foster care reentries into our Data Dashboard, which uses information technology to share child welfare performance data that can be analyzed at various levels, including statewide, Service Area, county, supervisory unit, as well as by age, gender, race, etc. (see attached examples). Iowa Child Welfare Model of Practice was published on the DHS Website 12/23/04. Service Area Managers and Social Worker 3 Supervisors were notified on 01/28/05 of the connections between the model of practice and the performance standard for several of the CFSR indicators and emphasized the link between the Data Dashboard and the federal CFSR indicators. The Model of Practice was a foundation component of the Redesign training that was held throughout January and February 2005. All child welfare staff, including SW2's, SW3's, supervisors, and central office staff were required to attend this training.

CWIS Programming in mainframe has been completed for the initial report 4/30/05 to record: Timeliness of investigations; Repeat maltreatment; Foster care re-entries; Stability of foster care; Timely permanency goal; Timely adoption; Preserving connections; Relative placement; Relationship of child in care with parents; Needs and services of child, parents, foster parents; Worker visits with child and parents; Children receive adequate health and mental health assessment and services. QSR format report design was completed for the initial report 4/30/05 to include: Timely and Appropriateness of permanency goal; Preserving connections; Relationship of child in care with parents; Needs and services of child, parents, foster parents; Children receive adequate health and mental health assessment and services.

Foster Care Activities designed to improve stability: The Foster Parent Handbook is distributed to families that participate in PS-MAPP Training. It is anticipated that the handbook, last updated in 2002, will be updated and published by September 2005. Adoption incentive funds will be used to pay for publication of the handbook.

A work group, with statewide representation, developed an implementation plan for the “dual licensure” of foster and adoptive parents. The goal of dual licensure is to develop “resources families” that can provide continuity of care for children in foster care. The work group consisted of DHS staff, private providers, and IFAPA. It is anticipated that dual licensure will be achieved by July 2006. Lorrie Lutz, National Resource Center for Family Centered Practice and Permanency Planning, is providing technical assistance for this project.

Goal: Improve stability of children in foster care.



Establish performance standards and indicators for: stability in foster care, foster care re-entries, timely adoption, preserving connections, relative placement, maintaining relationship of child in care with parent. Conduct quarterly reviews of performance and initiate quality improvement to address non-compliance. [See progress description above.]

Include performance measures related to stability and permanency in provider contracts. [See progress description above.]

Implement 'Partnering for Safety and Permanency – Model Approach to Partnerships in Parenting.' MAPP has been fully implemented as ongoing training in Iowa. During this reporting period Iowa State University staff provided four 6-hour training sessions regarding PS-MAPP principles to currently licensed foster parents that did not complete the 30-hour PS-MAPP course prior to licensing. This was a follow-up to the 8 sessions that were presented in FY 2004.

Implement diligent recruitment plans to assure adequate numbers of foster homes to meet the needs of Iowa children representing the ethnic and racial diversity of the identified services areas. A diligent statewide recruitment plan was developed with TA from AdoptUSKids that includes: a. Targeted recruitment based on the needs assessment; b. Focus on specific minority communities for recruitment; c. Work with communities of Faith for targeted recruitment; and d. Training assess the needs of teens, skills needed to work with teens, and development of recruitment strategies for families to foster and adopt teens. "Iowa's Foster Care and Adoption Recruitment and Retention Plan FY 2005 – FY 2010" and "KidSake Recruitment & Retention Team Plans July 2004-June 2005" outline the diligent statewide recruitment plans.

Each Service Area established a team that includes private agency staff, foster parents liaisons, foster and adoptive parents and community leaders to complete a needs assessment.

Through a contract with IFAPA, the Kidsake Foster Care and Adoption Recruitment Project recruits, on-going, foster and adoptive families, registers children with TPR on the state internet exchange and on the national internet exchanges, AdoptUSKids and Adoption. com. KidSake also accomplished the following:

- Serves as Iowa's response team for the AdoptUSKids national recruitment campaign.
- Coordinates 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 May 15, 2005
- Exhibited the art work of waiting children at an event titled "Art Spoken" at the Polk County Heritage Gallery in downtown Des Moines. The artwork was on display from May 7, 2005 – June 2, 2005.
- Developing DVDs for use by local area recruitment team. The DVDs will focus on teen recruitment, minority recruitment faith-based recruitment, children with challenging behaviors and siblings. It is anticipated that the DVDs will be completed by June 17, 2005.
- More specific details regarding additional KidSake's local diligent recruitment efforts can be found in the [KidSake Recruitment & Retention Team Plans, July 2004- June 2005.](#)

Training provided in July 2004 for DHS and private agency adoption staff on [Teen Recruitment](#) and [Minority Recruitment](#). The National Resource Center (NRC) for Family Centered Practice and Permanency Planning and the NRC for Special Needs Adoption presented the training, respectively.

An Adoption Subsidy Work Group was convened and developed a work plan in November 2004 to clarify practice and policy related to documentation in adoption subsidy cases to support a child's eligibility for the subsidy program and negotiation of "future needs" subsidy agreements.

Training (2 days) provided in August 2004 for DHS and private agency adoption staff on Negotiating Adoption Subsidies. The NRC on Special Needs Adoption presented the training. DHS is using materials developed by the NRC to develop on-going training. Training for staff regarding the, via ICN, is scheduled September 14, 2005 and September 21, 2005.

Implement demonstration projects to preserve connections and address disproportionality. Contract with the University of Iowa Disproportionate Minority Resource Center for technical assistance to the demonstration projects. The Department, through the DBDPS, has contracted with the National Resource Center for Family Centered Practice at the University of Iowa School of Social Work to provide consultation, technical assistance, training, and outcome evaluation services for the Department's Minority Youth and Family Initiative.

A minority project focusing on African-American children was announced for Polk County (Des Moines) in September '04. A project focusing on Native American children was announced for Woodbury County (Sioux City) in November '04. Both areas used a local community planning process to develop a plan that was submitted to the BR4 Kids Implementation Team for approval.

A 6 hour training session was held on 12/04/03 in Des Moines and 10/29/04 the in Sioux City. Attendees included judges, county attorneys, guardian ad litem, providers, tribal community members, and DHS staff. The training focused on cultural awareness and the IA- ICWA.

The ICWA Manual Letter explaining the new Iowa ICWA law was prepared and distributed to DHS staff on January 29, 2004. This information and numerous other ICWA resource materials, including the statute itself, are available for DHS staff on an electronic ICWA Share.

The RFP was issued 05/04 and can be found on the DHS website. The RFP was awarded to the Sac and Fox /Meskwaki Settlement 07/04.

Disproportionate Minority Resource Center contract with University of Iowa: the contract amount was set at \$75000 to support work of DMC Resource Center to provide assistance to the 2 Minority Youth and Family demonstration projects referenced in 14.3.1 in Sioux City and Des Moines, and promote statewide understanding of how to make an impact on minority overrepresentation in the child welfare system. The contract is effective from 6-1-04 to 9-30-05.

DMC Resource Center Scope of Work- The scope of work of this contract has been established and includes: technical assistance to the 2 minority youth and family demonstration projects, evaluation activities to monitor the impact of these projects, guidance to the Department on techniques to reduce minority overrepresentation at the various "points" in the child welfare case flow process, and inclusion of information on reducing minority child welfare overrepresentation in the Statewide DMC Conference to be held on December 2-3, 2004 in Des Moines.

The Minority Youth and Family Initiative component of the Child Welfare Redesign is intended to address the overrepresentation of minority children and families within the Iowa child welfare system. This legislative session appropriated an addition \$75,000 to continue this initiative through FY '06.

Goal: Establish appropriate permanency goals for foster children in a timely manner.

Implement functional assessment to better identify underlying needs and risks. Existing assessment tools and functional assessment protocols were reviewed through the redesign process and a contract with Center for Family Support. Gaps/needs were identified and assessment form's were revised and implemented 3/1/05. Statewide training was provided; 30 one-day sessions, with 933 staff participating. The training was completed by 2/28/05 for all service staff. Functional Assessment curriculum was finalized 6/15/05 and provides specific training in identifying underlying needs and risks.

Implement Ansell Casey Life Skills Assessment to improve assessment of children in need of transition planning and permanence: DHS contracted with the Iowa Foster and Adoptive Parents Association [IFAPA] to offer statewide training on effective transition planning for adolescents in foster care. Between January 2004 and April 2005, IFAPA has offered "Teaching Life Skills" training classes on 35 occasions, with each training being a 6 hour training module; six of these classes were cancelled due to low enrollment, and 29 classes were held. The total number of people trained to date is 568. The vast majority of participants have been foster parents and adoptive parents. Although the class is open to social workers and other mental health professionals, only a handful have attended.

The purpose of Teaching Life Skills is to teach foster and adoptive parents a wonderful and free assessment tool found on the internet. The Ansell-Casey Life Skills Assessment is a tool to help children gain life skills. This assessment is user-friendly and identifies a child's strengths and weaknesses in the following areas: Communication; Daily Living; Work/Study Skills; Home Life; Self Care; Social Relationships; Housing/Money Management; Career Planning; and Work Life. A treatment plan is formed from the assessment. This training also provides the Life Skills Guidebook that offer activities for parents to teach children, corresponding with each goal identified by the assessment. This curriculum is based on years of research of foster and adoptive children by Casey Family Programs in Seattle, WA. Feedback from participants has been very positive, citing the usefulness of the free assessment and the Life Skills Guidebook full of strategies to teach children mastery of the nine domains. Between January 2004 and April 2005, IFAPA provided 35, 6 hour training modules. 568 people attended.

During FFY '05 the ETV program materials were distributed to Iowa's high school guidance counselors, state workforce development centers, 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. In addition to higher education opportunities, we recognize the apprenticeship opportunities that exist in Iowa and have begun developing relationships with the

Department of Labor, Bureau of Apprenticeship and Training staff and the apprenticeship coordinators throughout the state. During FFY '05 the DHS and ICSAC partnered to promote awareness of the ETV program. Efforts were made to identify and contact the various agencies that work with foster youth in an effort to inform the agency staff about the ETV grant.

Contacts were established with the Iowa Department of Workforce Development, the Iowa Foster and Adoptive Parent Association, the Iowa Association of Student Financial Aid Administrators, the Iowa Guidance Counselor Association, and the Federal Department of Labor - Bureau of Apprenticeship and Training. As a result of these contacts, ETV staff was invited to attend several state-wide conferences to exhibit and present ETV program information. We look forward to continued contact with the aforementioned populations and seeking out additional consortiums. ETV staff as well as staff from Iowa's Aftercare Services Network is exploring the possibility of bringing a "Guardian Scholars" program to the state. We are investigating following the model established by colleges in California and Indiana - the scholar program recognizes the special needs of foster youth and attempt to create a supportive network within the college campus.

Year-round housing is made available to youth who have nowhere to go during school breaks; discounted or subsidized medical insurance and assistance is offered; tutoring and counseling services are made available to the youth; in addition there is a scholarship component that assists with school expenses. It is our hope that we can partner with an Iowa college on a pilot project and if successful, market the program to other schools in the state. To date, 100 ETV applications have been received; 71 awards have been made. Average award amount is \$3,722 and a total of \$265,092 has been spent on awards.

Local transition committees were established in each of DHS's 8 service area during FY '04; the committees are responsible for reviewing and approving transition plans for youth prior to the youth aging out of care, ensuring that the transition needs of youth in care have been or are being addressed in order to assist the youth in preparing for the transition from foster care to adulthood. Committee membership includes IDHS staff involved with child welfare, adult services and transition planning, juvenile court services staff, adult service system staff, education staff, service/care provider representation, and others knowledgeable about community resources. Training has been conducted for both transition committee members and IDHS caseworkers on methods and procedures of effective transition planning as well as the role and duties of the transition committee.

Establish kinship care policies, provide training, and monitor compliance with diligent search procedures. DHS has incorporated practice standards related to relative placements into our model of practice. We have also developed an indicator regarding the percentage of relative placements for inclusion in the Data Dashboard, and have included an indicator related to relative placements in our Quality Service Review tool and process.

A service request was submitted June 29, 2004 for CWIS programming to track relative cases. Programming has been completed and relative placement is being entered into our CWIS system. Reporting out of relative placements will be included in the PIP administrative reports.

Well Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.

Iowa did not achieve substantial conformity with Well-Being Outcome 1. This determination was based on the finding that the outcome was rated as substantially achieved for 24.0 percent of the cases reviewed, which is less than the 90 percent required for a determination of substantial conformity.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Iowa achieved substantial conformity with Well-Being Outcome 2. The outcome was determined to be substantially achieved in 92.7 percent of the applicable cases, which exceeds the 90 percent required for substantial conformity.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Iowa did not achieve substantial conformity with Well-Being Outcome 3. This determination was based on the finding that the outcome was rated as substantially achieved in 78.7 percent of the 47 applicable cases, which is less than the 90 percent required for a determination of substantial conformity.

Although the individual items pertaining to this outcome were rated as a strength for the state, there were an insufficient number of cases in which both items were rated as a strength. That is, in some cases, the agency was effective in addressing children’s physical health issues, but not their mental health service needs, and in some cases, the opposite was true.

Five-Year Well-Being Goals and Objectives:

Goal: Improve educational outcomes for children in foster care.

Goal: Improve physical health and mental health outcomes for children in foster care.

Goal: Increase frequency of face-to-face contact between workers and parents, and workers and children.

Objectives:

- ◆ Implement Family Team Meetings statewide.
- ◆ Establish performance standards and indicators for: adequately assessing the needs of children, parents, and foster parents, provision of services, child and family involvement in case planning, visits between case workers and children, visits between case workers and parents, mental health and physical health needs. Conduct quarterly reviews of performance and initiate quality improvement to address non-compliance.
- ◆ Eliminate needless documentation and streamline the remaining documentation in order to free up worker time for face-to-face contact with children and families.
- ◆ Develop one family – one plan in order to better coordinate services within education, health and mental health.

- ◆ Increase health care through Medicaid, HAWK-I or private insurance.
- ◆ Negotiate state level Memorandum of Agreement with Department of Education and the Department of Public Health to address services needs of children.

2005 Progress on Well-Being Goals and Objectives:

Goal: Improve educational outcomes for children in foster care.

Negotiate state level Memorandum of Agreement with Department of Education and the Department of Public Health to address services needs of children. DHS, the Department of Public Health and the Department of Education have identified a scope of the Memorandum of Agreements, have identified specific opportunities for collaboration and identified priority issues to be addressed in work teams. DHS developed a PowerPoint summary of the findings on Service Array. The actual excerpt from the final report with the findings related to Service Array will also be provided with the PowerPoint.

Goal: Improve physical health and mental health outcomes for children in foster care. [Physical and mental health outcomes are not measured]

Implement Family Team Meetings statewide. [See progress description above.]

Establish performance standards and indicators for: adequately assessing the needs of children, parents, and foster parents, provision of services, child and family involvement in case planning, visits between case workers and children, visits between case workers and parents, mental health and physical health needs. Conduct quarterly reviews of performance and initiate quality improvement to address non-compliance. DHS has incorporated practice standard and indicator for cases in which both physical and mental health needs (including substance abuse) are appropriately assessed into our model of practice and expectations. [See progress description above.]

Increase health care through Medicaid, HAWK-I or private insurance. DHS has a group working on increasing access to health care through Medicaid and HAWK-I. DHS received a grant from Wellmark Foundation that allowed DHS to contract with the University of Iowa to work with the group to identify barriers to eligibility. 20 sample counties have been identified. 20 cases will be reviewed in each county. See attached: "Requirements For CW/JJ Children & Families Receiving Iowa Plan Service"

Negotiate state level Memorandum of Agreement with Department of Education and the Department of Public Health to address services needs of children. The Iowa Plan the RFP was developed to strengthen expectations to improve assessment of mental health issues and access to mental health services for children in the child welfare and juvenile justice systems. The Iowa Plan the RFP was developed to strengthen expectations to improve assessment of mental health issues and access to mental health services for children in the child welfare and juvenile justice systems.

DHS developed an initial draft of agreements, which was shared with Department of Education and Department of Public Health. Both Departments provided comments and additional input. Those comments were integrated into the agreement and negotiations continue with the second round of review.

Goal: Increase frequency of face-to-face contact between workers and parents, and workers and children.

Eliminate needless documentation and streamline the remaining documentation in order to free up worker time for face-to-face contact with children and families. Case flow and documentation requirement changes were approved by Team Implementation 12/04. Revised documentation tools and forms aligned with the work will be more easily integrated into the day-to-day work of social workers. DHS is investing resources into new technology to automatically populate portions of the new tools and forms. Streamlining practice and aligning documentation with practice was a foundation component of the Redesign training that was held throughout January and February 2005. All child welfare staff, including SW2's, SW3's, supervisors, and central office staff were required to attend this training.

Case flow and documentation requirement changes were approved by Team Implementation 12/04. Revised documentation tools and forms aligned with the work will be more easily integrated into the day-to-day work of social workers. DHS is investing resources into new technology to automatically populate portions of the new tools and forms. Streamlining practice and aligning documentation with practice was a foundation component of the Redesign training that was held throughout January and February 2005. All child welfare staff, including SW2's, SW3's, supervisors, and central office staff were required to attend this training.

II. Key Findings Related to Systemic Factors

Statewide Information System

Iowa was determined to be in substantial conformity with this systemic factor because the State's Statewide Information System can identify the required information for all children in foster care.

Goal: Continue to enhance capacity of the information system to make data available to staff at all levels to enhance decision-making.

Objectives:

- ◆ Make the system user-friendlier for staff.
- ◆ Implement data dashboard and train staff in the use.
- ◆ Implement staff suggestions for making the information system work better for them.

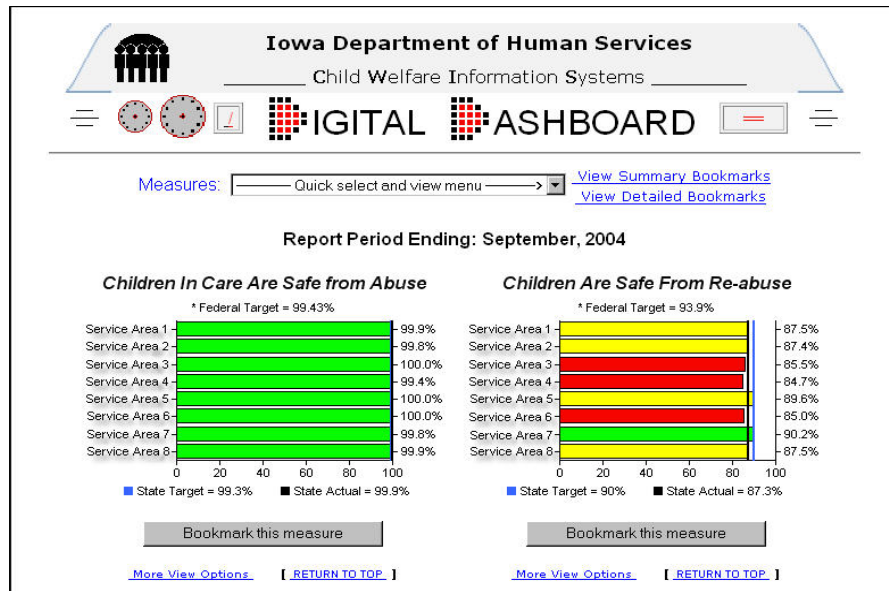
2005 Progress for Statewide Information System

Goal: Continue to enhance capacity of the information system to make data available to staff at all levels to enhance decision-making.

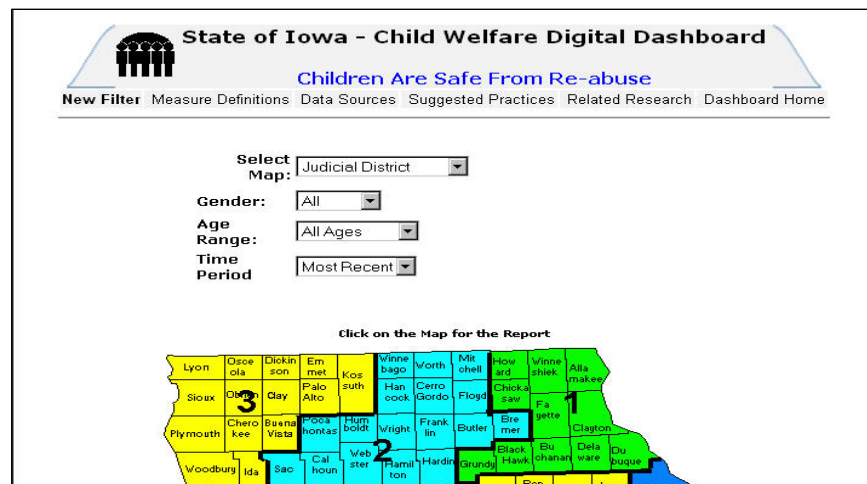
Make the system user-friendlier for staff. DHS has recently submitted to ACF an As Needed APD request for the procurement and development of a web-based Graphical User Interface (GUI) to the current SACWIS. This GUI will result in a much improved user interface that will significantly advance IT support for staff charged with serving Iowa's children and families. The new GUI will focus on (but not be exclusively limited to) presenting predefined processes to staff for use in performing most of the system-related duties such as intake, risk assessment, case planning, payment approval and service

delivery. The GUI will contain embedded links to policy manual, decision support tools, How-Do-I Guides® and other support tools that are not easily automated into the current environment. These improvements will incorporate all existing ACF-approved SACWIS functionality and the few requirements remaining. In addition, the design planned for the new GUI will significantly increase of the generation of automated forms, merging data from FACS and STAR to a much higher degree than in the current SACWIS.

Implement data dashboard and train staff in the use.



- Federal and state targets are displayed for each measure
- Actual performance for each area is shown
- Vertical *blue* line displays each area's performance against state target
- Vertical *black* line displays each area's performance against state average
- *Green* bar graph indicates area performance surpasses state average and target
- *Yellow* bar indicates performance exceeds state average but is less than state target
- *Red* bar indicates performance less than state average and target
- The next level of detail (not included in these slides) shows multiple workers' performance within a single supervisory caseload
- Data can be "sliced" (viewed) by state, service area, county, decat area*, empowerment area*, judicial district, gender, age, etc. Data is accessed by clicking on map area. New "slices" are added on a regular basis



- Staff can click on a button to view detailed information regarding how the measure is defined. This information helps in ensuring a common understanding of what the performance means.
- The dashboard contains a button that explains to staff exactly where the measure data is drawn from (including displaying the actual SACWIS screen and fields). This really helps staff understand the importance of maintaining accurate entries.
- The dashboard graphs are generated every quarter. Staff can view a page that shows 8 quarters worth of trend data. By clicking on a previous quarter's graph, all functions and all levels of detail are accessible

Digital Dashboard Future Enhancements

- Display redacted data to the public
- Display within each bar graph the purchased services costs associated with performance at every level
- Adding additional "slices" to the data such as performance by public assistance vs. nonpublic assistance recipient, parent receiving regular child support vs. not receiving, urban vs. rural, performance by specific service or group of service, etc.
- Display performance by provider
- Provide additional data analysis support to high-end users by displaying client info at all levels of detail (staff can then combine this data with other data sources and/or analyze it within easy to use software such as Excel, Access, SPSS, etc.

Implement staff suggestions for making the information system work better for them. For the past 1 ½ years (and continuing for State Fiscal year '06), DHS has funded two specific IT positions within our Child Welfare information Systems (CWIS) bureau to work solely on field staff requests for system improvements and IT-related worker relief. Field staff are periodically queried about their biggest needs for changes to the SACWIS. These requests are prioritized and represent the entire workload for these two staff.

Examples of worker-relief/system improvement projects include:

- Allowing wider view-only access to case records to better support more fluid staff coverage

- Reformatting the SACWIS alerts screen to better display client information
- Creating an additional default flow to the case transfer process to help supervisors ensure accuracy in the physical transfer of cases and the county of financial responsibility
- These staff have also been involved in a number of the automation and worker relief efforts related to DHS's Child Welfare Redesign effort.

Finally, the SACWIS GUI project referenced above includes several improvements requested by field staff:

- Increased variability in the SACWIS's search functions
- Alerts screens that are organized by process and priority
- Spell/Grammar check for the text-intensive areas of the SACWIS
- Better automation of the Case Notes area of the SACWIS, including increased search and filtering capabilities.
- On-line calendar of events (court, etc.), including views for supervisors.

Case Review System

Iowa was not in substantial conformity with the factor of Case Review system. Although the State implements 6-month reviews and 12-month permanency hearings on a timely basis, and has procedures in place for seeking termination of parental rights (TPR) in accordance with the provisions of the Adoption and Safe Families Act (ASFA), the CFSR determined that case plans are not consistently developed jointly with the child's parents.

In addition, the CFSR found that key stakeholders in the agency, courts, and community do not seem to have a clear and uniform understanding of who is responsible for notifying foster parents of reviews or court hearings, although the Statewide Assessment indicates that there is a written protocol for this process.

Goal: Increase family engagement in the case planning process.

Objectives:

- ◆ Implement family team meetings statewide
- ◆ Develop one family – one plan in order to better coordinate services for families.

2005 Progress for Case Review System

Goal: Increase family engagement in the case planning process.

Implement family team meetings statewide: [See progress description above.]

Quality Assurance System

Iowa was not in substantial conformity with the systemic factor of Quality Assurance System. Although the State has implemented standards to ensure the safety and health of children in foster care, DHS does not have a quality assurance system that operates statewide.

Goal: Implement comprehensive quality assurance system that helps ensure that services are delivered in a quality, appropriate, safe, respectful, and cost-effective manner that are focused on achieving results for the children and families served.

Objectives:

- ◆ Establish organization and structure for quality assurance.
- ◆ Develop a service area quality assurance committee and process.
- ◆ Develop review instruments, reviewer qualifications, sampling methodology, and report formats and distribution plan.
- ◆ Implement process for using QA information to improve service quality.

2005 Progress on Quality Assurance System

Goal: Implement comprehensive quality assurance system that helps ensure that services are delivered in a quality, appropriate, safe, respectful, and cost-effective manner that are focused on achieving results for the children and families served.

Establish organization and structure for quality assurance: The state level Quality Assurance Team was established and approved by the Redesign Implementation Team June 30, 2004. Membership includes:

- Quality Assurance Coordinators (8)
- Mental Health Bureau of the Division of Behavioral, Developmental and Protective Services Representative
- Practice and Policy Unit of the Division of Behavioral, Developmental and Protective Services Representative
- Child Protection Bureau of the Division of Behavioral, Developmental and Protective Services Representative
- Service Area Manager Representative
- Results Based Accountability Representative
- Field Operations Support Unit Representative
- Division of Results Based Accountability Representative
- Division of Financial, Health & Work Supports Representative
- Division of Medical Services Representative
- Representative from DHS operated Juvenile Institutions

During SFY05 Iowa established the following goals for a Quality Assurance and Improvement System at the state and local administrative levels:

- To improve outcomes for children and families served by the department through the use of quality assurance methods that provide data to support local practice reviews and change
- To provide a permanent structure for on-going objective review and tracking of the quality of services and outcomes for children and families
- To increase the capacity of the department to deliver improved services through the support of QA&I

Develop a service area quality assurance committee and process: Specific functions for the QA&I effort were established at the service area level, and new staff were hired. These individuals will work closely with administrators to establish local QA

committees; provide logistical and staff support for state-directed data collection and analysis; conduct special focused studies; and routinely collect, review and analyze outcome information for children and families and work to improve the Service Area's capacity to deliver services consistent with the goals and mission of the department. At the state level, a Quality Council was established. The Quality Council will receive reports and information from local QA Committees, identify opportunities for improvements in services and take action to affect changes that will improve results at the state and local level, and share lessons learned from the actions taken within and across the service areas.

At the end of SFY05, the Quality Council has been chartered, the local QAI staff and committee members have been trained, data collection and reporting methods have been enhanced and the QA&I process is poised to begin its mission.

Initiate change in a Service Area quickly, based upon *QA Data-Information-Knowledge*, by the local level management team under the authority of the Service Area Manager through:

- Identifying areas for change and performance improvement
- Identifying strategies and needed resources to make the change
- Implement the changes within available resources or provide justification in seeking additional resources

Develop review instruments, reviewer qualifications, sampling methodology, and report formats and distribution plan. Iowa has developed extracts from the state SACWIS system (STAR and FACS) to support our efforts in using administrative data to identify performance in the "normal range" as well as areas exceeding or lagging in performance (outlier's). The data is complete, that is to say the universe of children are pulled for analysis and no sampling methodology is used in looking at the performance.

Other specific tools will also be used to turn information into knowledge, they include the quality information gained about the strengths and areas for improvement identified by Iowa Quality Service Reviews. As an example, focused studies (non-random) exploration of targeted case criteria are planned to identify characteristics or factors, which relate to better or poorer performance. The Quality Service Review and the Focused Studies (includes Iowa's Telephone Survey's) are non-random inquiries into specific populations or case types to learn from those cases, and apply that knowledge to actions to improve the results for all children and families.

Iowa will also use random surveys to sample children and families served in the child welfare system to identify what factors our customers believe produced effective change and factors they believe interfere. A contract has been completed with the Center for the Support of Families to direct development of a QA system for Iowa

The QSR Protocol has been used as a practice development tool in Iowa since SFY00. Over 200 cases have been reviewed to date. In 2004 the QSR Protocol was revised to better emphasize areas of case practice that are included in the CFSR. A supplemental data collection sheet was developed in SFY05 to collect qualitative information about areas of practice that were found not to be in substantial compliance with CFSR standards.

In SFY05 three statewide QSR reviews were conducted involving 30 cases. The supplemental data sheet was used to collect qualitative information on 26 of these cases. The purpose of the exercise was to pilot the supplemental data sheet and determine its effectiveness as a reporting tool for the department. Over the past 5 years, QSR has shown itself to be an effective means to review local practice on an in-depth, case-by-case basis. Information from these reviews is scored against a standard and specific, practice-related information is fed back to caseworkers, supervisors and local administrators. The intent of this feedback is to recognize, support and sustain effective practice and to provide an opportunity for practice development and constructive problem solving when case status and results are less than desirable.

The following information is the first compilation of PIP-related qualitative data gleaned from QSR reviews and the pilot test of the supplemental data sheet.

QSR Area of Examination	Johnson	Scott	Sioux City – SHIP*
SAFETY			
Child Safety – Is the child safe from manageable harm caused by others or by the child) in his/her daily environments? Are others safe from the child? Is the child free from unreasonable intimidations and fears at home and at school?	N= 10 cases 10% refine 90% maintain	N=10 10% improve 40% refine 50% maintain	N=10 30% refine 70% maintain
In the sample of 26 cases included on the data sheet, repeat maltreatment was indicated in 14 cases. <ul style="list-style-type: none"> • 10 cases involved DCC • 8 cases involved the same perpetrator. • Substance abuse was involved in 8 cases • Domestic violence, substance abuse, and same prep co-occurred in 3 cases 	The majority of children were found to be safe in their daily environments. One child in the sample of 30 cases was found to be in an unsafe situation.		
Risk Reduction – To what extent is adequate progress consistent with the child’s life circumstances and functional abilities being made in reduction of specific risks identified for this child?	N=10 cases 25% refine 75% maintain	N=9 22% improve 44% refine 33% maintain	N=10 11% improve 67% refine 22% maintain

QSR Area of Examination	Johnson	Scott	Sioux City – SHIP*
<p>The sample of 26 cases include the following pattern of CPS referrals (including founded & unfounded reports)</p> <ul style="list-style-type: none"> • 0 referrals = 8 cases • 1 referral = 4 cases • 2 referrals = 6 cases • 3 – 4 referrals = 2 cases • 5 referrals = 2 cases • 6 – 7 referrals = 2 cases • 9 referrals = 1 case 	<p>Risk reduction is a new area of QSR inquiry. The need for practice development in this area was noted in the majority of cases reviewed.</p> <ul style="list-style-type: none"> • Assessment training - which will be piloted in the 2nd half of CY05, is expected to improve both initial and ongoing risk assessment. 		
STABILITY			
<p>Stability- Are the child's daily living and learning arrangements stable and free from risk of disruption? If not. Are appropriate supports and services being provided to achieve stability and reduce the probability of disruption?</p>	<p>N=10 cases 10% improve 40% refine 50% maintain</p>	<p>N=10 60% refine 40% maintain</p>	<p>N=10 Home: 20% improve 70% refine 10% maintain School: 89% refine 11% maintain</p>
<p>In the 26 cases captured on the data sheet:</p> <ul style="list-style-type: none"> 0 placements = 9 cases 1 - 2 placements = 9 cases 3 – 5 placements = 6 cases 6 – 8 placements = 1 case 10 + placements = 1 case 	<p>The need to significantly improve case practice was evidenced in 3 of the 30 cases reviewed. Stability in foster care remains a challenge for Iowa. In the SHIP QSR, the stability at school was attributed to local conditions of practice specifically an active alternative high school program and diligent school monitoring by juvenile court officers.</p>		
PERMANENCY			
<p>Permanency – Is the child living in a home that the child, caregivers, and other service team members believe will endure until the child becomes independent? If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in a safe, appropriate and permanent home?</p>	<p>N=10 cases 10% improve 50% refine 40% maintain</p>	<p>N=10 30% improve 60% refine 10% maintain</p>	<p>N=10 25% improve 25% refine 50% maintain</p>
<p>In the sample of 26 cases 17 reported a permanency goal</p> <ul style="list-style-type: none"> • Remain at home = 8 cases • Return home = 4 cases • Adoption = 3 cases • APPLA = 2 cases 	<p>In the 30 case sample the majority of cases were found to be in need of some degree of improvement in the area of permanency. Permanency continues to be a challenging area for Iowa.</p> <ul style="list-style-type: none"> • Fourteen cases reported a permanency goal that was established in timely manner; with the involvement and agreement of the parents. 		

QSR Area of Examination	Johnson	Scott	Sioux City – SHIP*
Continuity of Family Relationships			
<u>Family Connections</u> –When children and family members are living temporarily away from one another, are family connections maintained through appropriate visits and other means, unless compelling reasons exist for keeping them apart?	N=5 40% refine 75% maintain	N=5 20% improve 60% refine 20% maintain	NA
In the 26 case sample <ul style="list-style-type: none"> • 16 children were living with their birth or pre-adoptive family • 3 children were placed with relatives • In two cases family visits were as frequent as 2x weekly • Improvement was needed in 1 case • In 3 cases both parents & families were not thoroughly explored as a placement resource 	This is a new exam in the QSR child welfare Protocol. In the sample of 30 cases only 10 cases were applicable. One case showed a need to immediately improve family connections and the majority was doing a good to adequate job maintaining connections.		
Enhanced Capacity to provide for Children’s Needs			
<u>Family Progress to Independence</u> - Is the family making progress toward living together safely and functioning successfully independent of DHS Supervision? Is the family now demonstrating a continuing ability to live safely and function successfully without outside supervision, assuming that any necessary supports continue?	N=10 10% improve 40% refine 50% maintain	N=9 22% improve 56% refine 22% maintain	N=10 25% improve 25% refine 50% maintain
In the 26 case sample: <ul style="list-style-type: none"> • 12 parents demonstrated enhanced capacity to meet their children’s needs • 7 showed little progress in this area • 4 families are involved with SA or SA treatment • 3 families showed continuing problems in this area. 	This is a new QSR Exam. In about half of the cases reviewed families were moving toward safe and independent functioning. The most significant factor in those cases requiring improvement was the lack of informal, community-based support.		
EDUCATIONAL NEEDS			
<u>Academic Status</u> – Is the child according to age & ability 1) regularly attending school 2) in a grade level consistent with age 3) actively engaged in instructional activities 4) reading at grade level and 5) presently meeting requirements for promotion, course	N=6 100% maintain	N=8 13% improve 38% refine 50% maintain	N=8 School attendance 11% refine 89% maintain N=7 Instructional

QSR Area of Examination	Johnson	Scott	Sioux City – SHIP*
completion or graduation and transition to employment or post-secondary education?			engagement 13% improve 38 % refine 50 % maintain
In the sample of 26 cases <ul style="list-style-type: none"> • Educational advocacy was provided in 5 cases • The child was making progress in 15 cases • In 5 cases the child was making minimal or no academic progress • 2 children were in residential treatment • 1 child was referred to Early Access. 	Transition planning is closely related to academic success. In the sample of 30 cases <ul style="list-style-type: none"> • Only 6 cases identified any transition needs for education. Transition issues ranged from school-to-work planning to transition to the next grade. • In the sample 11 children are age 14+ and should have some involvement with independent living skills • Of 8 potentially eligible children only 2 are involved with Early Access. • 2 cases identified involvement in a child’s IEP. 		
PHYSICAL HEALTH NEEDS			
<u>Health/Physical Well-Being</u> – Is the child in good health? Are the child’s basic physical needs being met? Does the child have health care services as needed?	N=10 100% maintain	N=10 20% refine 80% maintain	N=10 100% maintain
In the sample of 26 cases <ul style="list-style-type: none"> • Health issues were assessed = 16 cases • In 9 cases health assessment was listed as either ‘no’ or NA • Dental care was identified as an unmet need in 2 cases 	Overall QSR results indicate that children are healthy and their medical needs are met. In one case the foster parents identified a need to better understand how to give the proper meds to their child. Parents/foster parents also felt a need for more and better management/monitoring of psych medications.		
MENTAL HEALTH NEEDS			
<u>Emotional Behavioral Status</u> – Is the child symptom free of anxiety, mood, thought, or behavioral disorders that interfere with his/her capacity to participate in daily living activities and benefit from his/her education? If such symptoms are present, what is the child’s current level of daily functioning at school, home and in the community?	N=10 30% refine 70% maintain	N=10 90% refine 10% maintain	N=10 Home: 80% refine 20% maintain School: 78% refine 22% maintain
In the sample of 26 cases – 13 children were receiving some kind of psychoactive medication. 5 cases – 2 psych medication 4 cases – 1 psych medication 4 cases – 3 or 4 psych medications	In the sample of 30 cases, emotional/behavioral status was generally good. <ul style="list-style-type: none"> • Behavioral needs were sighted as the reason for placement in 9 cases <ul style="list-style-type: none"> ○ In 7 cases where the child was age 14+ ○ In 2 cases the child was age 9 – 13. 		
<u>Symptom Reduction</u> – To what extent are the psychiatric symptoms, which resulted in DSM-IV diagnoses and treatment being reduced?	N=5 40% refine 60% maintain	N=7 86% refine 14% maintain	N=6 83% refine 17% maintain

QSR Area of Examination	Johnson	Scott	Sioux City – SHIP*
<p>In the sample of 26 cases</p> <ul style="list-style-type: none"> In 13 cases the child was felt to be making progress In only these cases the psyc meds were felt to be adequately 1 case reported symptoms were somewhat reduced In one case the child refused to take psyc meds. 	<p>This is a new QSR exam. In the sample of 30 cases the majority of cases fell in the middle – or refinement zone, meaning that some progress overall progress in symptom reduction was being made. Case review findings reported ongoing needs for</p> <ul style="list-style-type: none"> more and better medication monitoring pr management, specialized treatment for children who have witnessed domestic violence better diagnosis and services to address the diagnosis 		
<p>Behavioral Improvements – To what extent is the child/youth making adequate behavioral progress, consistent with the child/youth’s age and ability in presenting appropriate daily behavior patterns in home, school and work activities? To what degree is the child/youth demonstrating increased resiliency in meeting daily life challenges?</p>	<p>N=6</p> <p>33% refine 67% maintain</p>	<p>N=9</p> <p>56% refine 44% maintain</p>	<p>N=10</p> <p>Responsible Behavior</p> <p>20% improve 60% refine 20% maintain</p>
<p>In the sample of 26 cases identified 9 cases where the child’s behavior was sighted as the reason for placement. As part of the assessment of unmet needs parents sighted</p> <ul style="list-style-type: none"> The capacity to manage behaviors & provide structure for children as a needs Service supports were needed for relatives who are caring for a child placed in their home Access to mental health evaluations to help them manage problem behaviors at home. The need for residential placements close to home to help manage behavior when transitioned back to the home environment 	<p>This is a new QSR child progress exam. The information obtained from this review may overlap that provided by emotional /behavioral status. More information is needed in the form of case reviews before judging the usefulness of this exam.</p> <ul style="list-style-type: none"> The majority of cases fell in the refinement range – which can be expected with the number of teens and juvenile court cases in the sample 		
<p><i>*Note: The SHIP QSR Protocol was developed to include more community-based services than the Protocol used by the department. Some exams are identical and others vary slightly in scoring.</i></p>			

QSR Activity in SFY05 was severely curtained due to the demanding schedule for implementation of the child welfare services redesign. A goal of 50 cases statewide was initially set as part of the PIP.

In total, 30 cases were reviewed in 3 different sites.

- Johnson County – August, 2004
- Scott County – October 2005
- Sioux City/SHIP January 2005

In addition to case reviews, QSR reviewer training was held in January and February, 2005 as part of the orientation process for the 8 new, Quality Assurance Coordinators. It is anticipated that the QA Coordinator positions will play an active role in QSR as it is rolled out in each of the 8 service areas as part of the new Quality Assurance System.

Also in SFY05 two new Protocols were introduced. SHIP (Siouxland Human Investment Partnership) developed and piloted a community-based Protocol, which places an emphasis on the role of community agencies in the child welfare system. Following that pilot test in January, 2005, this Protocol was revamped and streamlined. It is anticipated that it will be used again in 2006 in a Community Partnership site somewhere in the state.

A second QSR Protocol is currently being developed to function as a case based review of family team meeting activities and results. The field test version will be piloted between September and November 2005. The target is to review 50 cases statewide that have had at least one family team meeting since opening. If successful, the FTM Protocol will be used throughout the state as a means to measure the effectiveness of family team meetings and share practice specific learning

In SFY06 plans are to conduct 5 QSR reviews for a minimum of 50 cases; and to review 50 additional cases using the modified FTM Protocol. Targeted sights for QSR in SFY06 will include communities that have initiated Community Partnership since 2003. These sites are:

CPPC Sites from 2003

- Lyon, Sioux, Plymouth, Cherokee Counties – Sioux City Area
- Bremer, Frankly, Grundy, Butler Counties – Waterloo Area
- Louise, Des Moines, Henry Counties – Davenport Area

CPPC Sites from 2005

- Pottawattamie County – Council Bluffs Area (August 29 – September 2, 2005)
- Jasper, Poweshiek, Tama Counties – Ames Area
- Marshall, Hardin Counties – Ames Area
- Appanoose, Davis, Monroe Counties – Cedar Rapids Area
- Madison, Marion, Warren Counties – Des Moines Area
- Clayton, Howard, Allamakee, Winneshiek Counties – Dubuque Area