Testimony before the Health and Human Services Appropriation Subcommittee

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By

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What is Child Welfare?

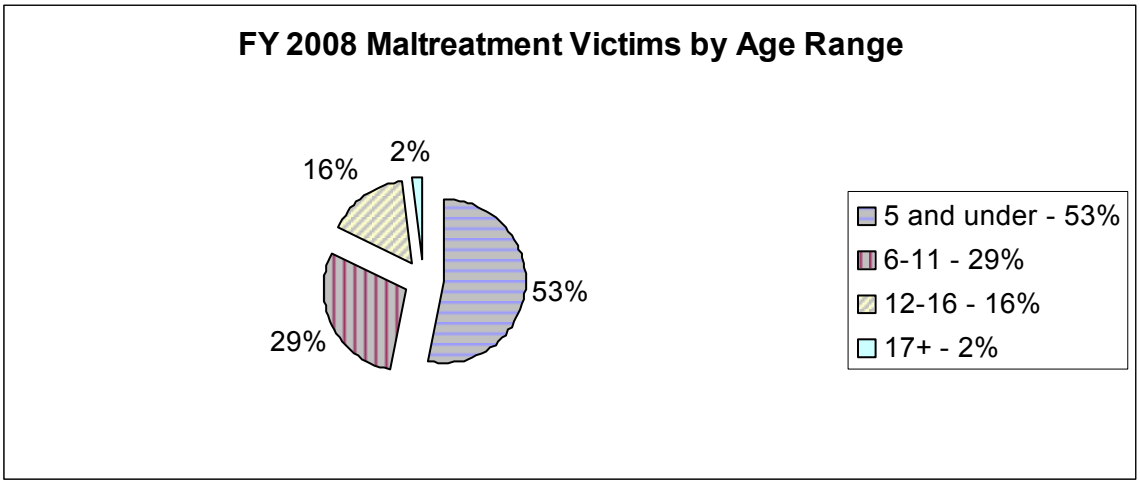
Child welfare is focused on children that have been or are at risk of being abused or neglected, as well as children that are determined by the Juvenile Court to be a child in need of assistance (CINA).

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

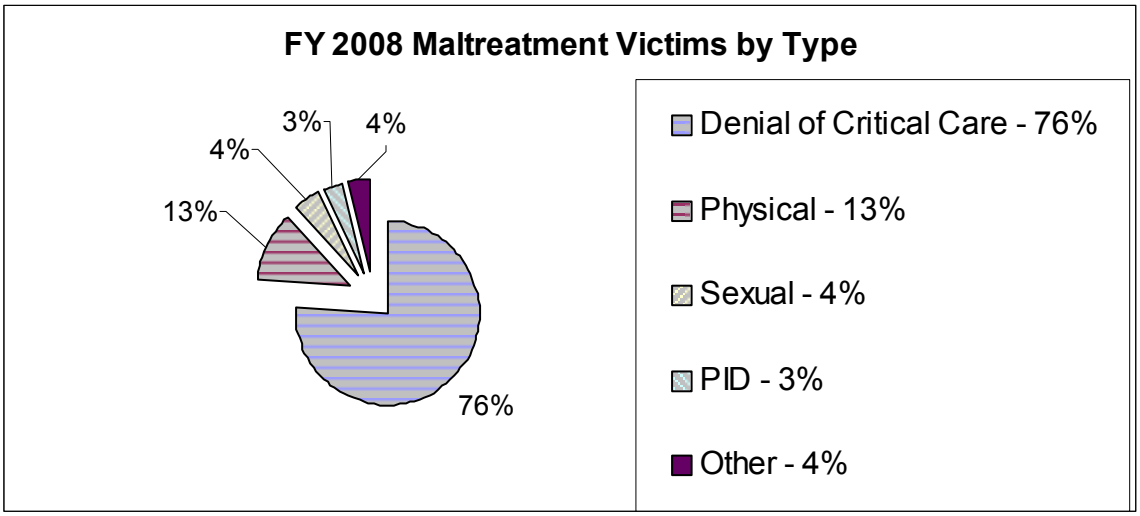
- Safety
  - Children are first and foremost, protected from abuse and neglect.
  - Children are safely maintained in their homes when possible and appropriate.
- Permanency
  - Children have permanency and stability in their living situations.
  - The continuity of family relationships and connections 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.*



- *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.*
- ***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 safety 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 117 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.

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
- 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 System[1]

- ***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 rate[2] 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 care[3] 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 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 $287,434[4] in shelter care "guaranteed bed" funding to develop alternative child welfare emergency services.

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[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.

[4] The annualized funding associated with these 14 "guaranteed" beds is $471,960.

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 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.

  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 services[5].
- ***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.