

CHILD WELFARE SERVICES

Position Statement

NASW, Iowa Chapter, supports a comprehensive array of prevention and intervention services and supports to improve child safety and permanency, and to promote child and family well-being in instances where children have been or are at risk of being abused or neglected.

Discussion

- *Array of services*

Iowa provides an array of child welfare services, including child abuse prevention and early intervention services, assessment of child abuse, emergency services, in-home services to children at risk of abuse/neglect or who have been abused or neglected, out-of-home placement services to abused and neglected children, adoption services, and transition services for youth aging out of foster care. The Iowa Department of Human Services (IDHS) staff provide child abuse assessments and child welfare case management services; all other services are purchased through contracts with private or other public child welfare providers.

- *Differential response*

On January 2, 2014, IDHS implemented a Differential Response (DR) approach to child abuse reports that includes two pathways – family assessments for low-risk families and child abuse assessments for high-risk families. Safety and services recommendations occur in both pathways; however, only child abuse assessment result in a finding of child abuse and possible placement on the child abuse registry (IDHS, 2014, September). Community care and community-based services are available to families regardless of the type of assessment (personal communication, M. Muir, December 16, 2014).

From January 1, 2014 through June 30, 2014, 7,874 (66%) of accepted child abuse allegations received a child abuse assessment and 4,571 (34%) received a family assessment (IDHS, 2014, September 29). During that same time period, 4,117 families received state-funded child welfare services, a 50.75% increase over the same time period one year earlier (IDHS, 2014, September).

IDHS is monitoring the DR model fidelity by “comparing model designed expectations regarding pathway assignments and other data elements developed prior to implementation with real time data following implementation . . . monthly case readings, and a structured feedback loop for statewide consistency” (personal communication, J. Allison, December 23, 2014). IDHS also has worked to develop a standardized supervisory observation tool with the assistance of a national expert. IDHS is evaluating the *impact* of the DR approach on child and family outcomes by reviewing the federal Child and Family Service Review outcomes and by measuring additional safety and well-being outcomes, and will begin releasing outcome data in 2015.

- *Iowa Department of Human Services (IDHS) caseworker caseloads*

IDHS workers provide two direct services in child welfare cases – 182 staff conduct child and dependent adult abuse assessments, and 349 staff provide child welfare case management services. Child abuse assessment workers carry an average of 12 to 14 new assessments each month – this is 18% over national standards, which call for 10 to 12 new assessments per month. Child welfare case managers are responsible for an average of 28 to 33 children and families (IDHS, 2014, September 29) --this is 91% higher than the 15 to 17 cases recommended by the Child Welfare League of America (n.d.).

According to budget recommendations for FY 2016 and FY 2017, IDHS anticipates very little change in caseloads over the next two years and has requested no additional child welfare staff (IDHS, 2014, September 29).

High caseloads impact the quality of service provided to children and families, including frequency of worker visits with children and parents. IDHS administrative data indicates that workers conducted monthly visits with children in only

81.5% of cases (personal communication, M. Mathes, January 6, 2015), which is below the federal expectation of 95% (U.S. Department of Health and Human Services, 2014).

- *Foster and adoptive family rates*

Payment rates for foster and adoptive parents were increased by 1.5% for state fiscal year (SFY) 2013 and by 5% for SFY 2014. No rate increase was appropriated for SFY 2015. The IDHS budget request for SFY 2016 and 2017 also fails to request an increase, and recommends “notwithstanding” section 232.38, which requires that payment rates be set at 65% of the U.S. Department of Agriculture (USDA) estimated cost to raise a child. SFY 2015 rates average 58.66% of the USDA estimated cost (IDHS, 2014, September 29).

- *Child welfare provider rates*

Currently, child welfare provider rates are established through the Request for Proposal (RFP) process, with any annual adjustments set by the Legislature. Most providers also have an opportunity to earn additional payments associated with meeting certain outcome expectations. In SFY 2014, the Legislature provided most child welfare providers with a 5% cost of living rate increase (personal communication, M. Muir, December 16, 2014). For SFY 2015, with the exception of group care providers, the Legislature maintained child welfare provider rates at the same level as in SFY 2014. The IDHS budget request for SFY 2016 and 2017 budget fails to include an increase in child welfare provider rates (IDHS, 2014, September 29).

In 2012, a Foster Group Care Rate Methodology Workgroup, established by IDHS, identified a set of recommendations for a new rate setting methodology designed to result in equitable payment rates to be implemented in the next set of RFPs for new contracts to begin in SFY 2017 (IDHS, 2012). This methodology, among other things, would include consideration of an annual inflation factor.

- *Substance abuse*

Between 70% and 80% of open child welfare cases in Iowa are related to substance abuse (IDHS, 2010). In 2009, DHS and the Iowa Department of Public Health (IDPH) developed a joint protocol for child welfare and substance abuse workers to use when working with families involved in both systems (IDHS, 2010, December 15). Currently, six counties are implementing the full protocol (personal communication, J. Allison, December 23, 2014). In addition, IDHS has implemented many aspects of the protocol statewide, including training all workers using an on-line curriculum developed by the National Center on Substance Abuse and Child Welfare, and using research-based substance abuse screening tools (personal communication, J. Allison, January 2, 2015).

The Iowa Judicial Department also has made efforts to address the issue of substance abuse in child welfare through the development of family treatment courts in twelve counties, with two more under development. While most of the funding for Iowa's family treatment courts has been federal, the Iowa Legislature this year did appropriate \$320,000 to the Judicial Department for family treatment court coordinators, and has expressed interest in seeing family treatment courts expanded state-wide. Recently, the Judicial Department received a \$500,000 two-year grant from the U.S. Office of Juvenile Justice and Delinquency Planning to identify and develop a plan to replicate statewide the key family treatment court components within the court, substance abuse, and child welfare systems (personal communication, K. Thompson, January 5, 2015).

- *Disproportionality*

Data from the federal Adoption Foster Care Analysis Reporting Data System for 2012 (the most recent year for which data are available), indicates that African American, Native American and Hispanic children are placed at higher rates than white, non-Hispanic children. Compared to the placement rate for white, non-Hispanic children, Iowa's placement rate was over 4 times higher for African American children, 5.66 times higher for Native American children, and 1.38 times higher for Hispanic children (Child and Family Policy Center, 2014). Data from the IDHS (2014) also shows that African American and Native American children are disproportionately represented at key decision points, including accepted child abuse referral, determination of abuse, and foster care entry.

IDHS has developed two major approaches for addressing disproportionality within child welfare. In 2009, with the assistance of Casey Family Programs, IDHS began implementation of a Breakthrough Series Collaborative (BSC) on Reducing Disproportionality and Disparities for Minority Children and Families in each of the IDHS Service Areas. Sites

have implemented a number of specific activities to address disproportionality, including culturally specific parenting programs; engaging African American, Native American and other ethnic organizations in planning and addressing community needs; training on diversity and cultural responsiveness; and increased data tracking related to disproportionality (Devlon & Gray, 2012).

IDHS has also developed a Cultural Equity Alliance (CEA), a group of key leaders and partners from professional community backgrounds with expertise in child welfare issues. In 2014, the CEA adopted a set of service standards to help promote equity for families within the child welfare system (Cultural Equity Alliance, 2014). Subsequently, the CEA developed four sub-committees to guide on-going efforts to implement the standards. Currently the four sub-committees are focused on identifying future training, additional data collection, improvements in translation services, and recommendations to the IDHS cabinet to adopt the standards for the agency as a whole. IDHS also has used the standards to guide the work of local BSC teams (personal communication, M. Mathes, January 6, 2015).

A comparison of SFY 2010 and SFY 2014 data on key decision points suggests that there has been a decrease in disproportionality for African American children, since IDHS began the BSC and CEA. For example, in SFY 2010, African American children were placed in foster care at 3.47 times the rate of white children; in SFY 2014 that disparity rate decreased to 2.57 (IDHS, 2014). Data on Native American children is less clear, however, due largely to the fact that Iowa's Native American population is concentrated in a small number of counties (State Data Center of Iowa, 2012) resulting in a very small statewide percentage of Native American children in the population (less than 1%) and in foster care, which “leads to results that are highly variable” and “makes it difficult to identify trends in statewide data” (personal communication, J. Regula, December 23, 2014).

- *Lesbian, gay, bi-sexual, transgender and questioning (LGBTQ) youth in foster care*

According to the National Resource Center on Youth Development (n.d.), LGBTQ youth make up at least 5 to 10 per cent of youth in foster care. These youth often experience abuse and neglect from their family of origin, as well as verbal and physical harassment in school.

IDHS currently offers a 1-day course for child abuse assessment workers, child welfare case managers and supervisors related to working with LGBTQ youth in the child welfare system. In 2014, 36 staff took this course (personal communication, M. Mathes, January 6, 2015). In SFY 2015 through 2019, IDHS plans to offer this course 10 times annually (IDHS, 2014, June 3), including 9 offerings in the first quarter of 2015 (personal communication, M. Mathes, January 6, 2015).

- *Subsidized guardianship*

In October 2008, the federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections Act) gave states the option to use Federal Title IV-E funds for subsidized guardianship to allow children in the care of relatives to exit foster care into permanent families. Prior to this, 38 states and the District of Columbia had some form of subsidized guardianship, primarily paid for using state or local funds, but financed in some states through federal Temporary Assistance for Needy Families (TANF) monies, Title XX Social Services block grant funds or through a Title IV-E waiver (Grandfamilies State Law and Policy Resource Center, n.d.).

The IDHS offered a subsidized guardianship program from SFY 2007 to SFY 2011 through a Title IV-E waiver (University of Iowa, 2010). However, IDHS discontinued the program when the waiver ended. To date, the Department has not filed a state plan amendment to provide a subsidized guardianship program (T. Parker & J. Regula, personal communication, December 23, 2014).

Recommendations

- *Differential response.* The Legislature should provide funding to enable an independent evaluation to ensure that implementation positively impacts child welfare outcomes related to safety, permanency and child and family well-being. While IDHS can provide administrative data to measure changes in some safety and permanency outcomes (e.g., repeat maltreatment and reunification), an independent evaluation would be better positioned to measure the extent to which changes in outcomes were actually the result of implementing differential response, and would be able to measure changes in child welfare outcomes for which IDHS does not collect administrative

data (e.g., child well-being, parental satisfaction). Such an evaluation could be conducted by one of several national organizations, a university or a private organization based in Iowa. IDHS also should publish on a regular basis the data on the child welfare outcomes associated with cases assigned to the child abuse and family assessment pathways.

- *DHS Caseloads.* The Legislature should provide funding to reduce IDHS caseloads for child protective assessment workers and child welfare ongoing workers to bring them in line with national standards developed by the Child Welfare League of America in order to improve services provided to children and families, including frequency of worker visits with children and parents.
- *Foster & Adoptive Family Rates.* The Legislature should provide funding to increase foster and adoptive family rates to 65% of the USDA estimated cost to raise a child, as required in Section 234.38, Code of Iowa.
- *Child Welfare Provider Rates.* IDHS should implement the rate-setting methodology recommended by the Foster Group Care Rate Methodology Workgroup for all child welfare service providers, including a provision for annual cost of living increases.
- *Substance abuse.* The Legislature should provide the funding needed for statewide expansion of the key successful components of family treatment courts upon completion of the Judicial Department's plan. Funding should address needs identified within the court system, the IDHS and substance abuse treatment programs.
- *Disproportionality.* IDHS should routinely report child welfare data broken down by race and ethnicity, including county specific data.
- *Lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth.* IDHS should require that all child welfare workers take the 1-day training course related to working with LGBTQ youth in child welfare.
- *Subsidized Guardianship.* The Legislature should direct IDHS to file an amendment to add subsidized guardianship to the Title IV-E State Plan, and should provide state funds as necessary for the program. Subsidized guardianship should be available to children in foster care regardless of whether the guardian is a relative, the child is IV-E eligible, or the family has been receiving a foster care payment.

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