FFPSA Task Force Report: Recommendations for Implementation

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I. Introduction

The Family First Prevention Services Act ("Family First") was signed into law on February 9, 2018. Family First is a funding bill for child welfare services that enables states to use federal funds available under parts B and E of Title IV of the Social Security Act. The new law intends to supplement — not supplant — state funding for prevention services. The bill's two major provisions, Part I – Prevention Activities under Title IV-E, and Part IV – Ensuring the Necessity of a Placement that is not a Foster Family Home were of particular concern when contemplating implementation in Iowa. Under Family First, money is now available to states through Title IV-E for time-limited services to avert entries into foster care.

To prepare for implementation, on November 8, 2018, Chief Justice Cady, signed an order creating a Judicial Branch Family First Prevention Services Act Task Force. From that task force, four multidisciplinary work groups were formed to address the various parts of Family First that would require additional efforts for successful implementation. The four work groups are: (1) Prevention Efforts and Pre-Filing Legal Representation; (2) Family First Training; (3) Court Oversite of Qualified Residential Treatment Program ("QRTP") Placements; and (4) Legislative initiatives. Now, under the leadership of Chief Justice Christensen, the efforts and recommendations of Family First implementation continue.

Below are the observations, analyses, and recommendations of those work groups. The list below is not exhaustive as successful implementation and performance remain an ongoing process. We look forward to continued dialogue and collaboration to ensure that Iowa's children and families have

meaningful opportunities available to maintain the family unit while they work together to heal and improve.

II. Work Groups

1. Prevention Efforts & Pre-Filing Legal Representation

Introduction

Prevention efforts and pre-filing legal representation were identified as two areas of potential intervention with Family First. Some of the prevention efforts were created by, and directed towards, judicial officers. Others were legislative in approach. To prepare for the sweeping changes of Family First, the Department of Human Services ("Department") and Juvenile Court Services ("JCS") drafted plans for their staff to provide prevention efforts for youth and family that come to their attention.

a. Four Questions, Seven Judges

From December 2019 through March 2020, seven judges across the state participated in a project aimed at reducing the number of children unnecessarily removed from their family. In the project, these seven judges when called upon by the Department for removal orders, asked the child welfare worker four questions. The questions were: (1) What can we do to remove the danger instead of the child?; (2) Can someone the child or family knows move into the home to remove the danger?; (3) Can the caregiver and the child go live with a relative or fictive kin?; and (4) Could the child move temporarily to live with a relative or fictive kin? Only after discussing these four questions were the removal orders approved or denied.

In the June 2020 issue of The Iowa Lawyer Magazine,[1] Judge Mary Tabor[2] wrote an article on the project. In the article, Judge Tabor discussed recent trends in child welfare in Iowa— such as the increase of appeals from termination of parental rights, substance abuse, mental health, domestic violence, and poverty. Judge Tabor's article is an astute and detailed explanation of the genesis, benefits, and direction of the pilot. For the purposes of this report, only a brief description of the pilot is discussed.

Drafted by two Iowa judges along with a Minnesota-based nonprofit focused on child welfare reform,[3] the Department and Iowa Children's Justice launched the pilot in hopes of decreasing preventable removals. The questions homed in on the actual, and not perceived, necessity of removal and possible mitigation efforts that could be explored to prevent removal. Furthermore, if removal was warranted, the goal shifted to keeping the child with their family, both biological and fictive.

The pilot project produced impressive results. Eighty three requests went through the seven judges. From those 83 requests, 44 were granted. A closer examination of the 44 removals reveals that over half were placed with either biological or fictive kin. The remaining 15 went to non-kinship foster care.

The four questions pilot compliments Family First nicely. Together Family First's re-direction of funding to assist with keeping children in the home along with the four questions prompting deeper and more thoughtful consideration of removal have the potential to even further decrease the

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[1] The Iowa Lawyer Magazine is a publication by the Iowa State Bar Association.
[2] Judge Tabor is a judge on the Iowa Court of Appeals.
[3] Alia Innovations, https://www.aliainnovations.org/.

number of children removed from their home. Following the results of the pilot, efforts are underway to expand the use of the four questions across Iowa.

b. State Public Defender Pilot Project

On June 17, 2020, the 88th General Assembly passed Senate File 2182—State Public Defender Pilot Project—Child Welfare Legal Representation.[4] Senate File 2182 amended two sections[5] of the Iowa Code. Section one of the Act added a new section to Iowa Code section 13B.13, approving the pilot project beginning July 1, 2020, until June 30, 2024. Under the project, the state public defender was granted authority to establish a pilot project in up to six counties in Iowa. The project's goal is to examine innovative methods of parental representation in an effort to reduce removals and the resulting trauma to children and families. In these efforts, the state public defender is able to coordinate with outside agencies and organizations to implement the pilot projects. The primary tool in the pilot to improve outcomes for families and children is the appointment of legal representation before formal proceedings in a child welfare case are initiated.

In February 2020, the Casey Family Programs authored a strategy brief regarding pre-petition legal representation and how those efforts strengthen and maintain the family.[6] Pre-petition legal representation "offer[s] parents legal and social work advocacy to address matters including . . . orders of protection, safe and affordable housing, public benefits. . . and other issues that help prevent child maltreatment and extended stay in foster care."[7] In the

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[4] Appendix A
[5] Section two of the act amends Iowa Code § 815.11 and allows the appropriation of indigent defense funds to be used pursuant to Iowa Code §13B.13 for the pilot projects.
[6] https://caseyfamilypro-wpengine.netdna-ssl.com/media/20.07-QFF-TS-Preventive-Legal-Support.pdf
[7] *Id.*

publication, Casey Family Programs discussed various models and the benefits produced.[8] Of particular note, the publication discussed the Iowa Legal Aid pre-file representation program reporting that in 2019, the project assisted in closing 62 pre-filing cases and helped 118 children avoid court involvement.[9]

The pilot project will utilize a multidisciplinary approach to study how pre-filing representation may deliver more positive outcomes to families and children throughout Iowa. With the recent passing of the Act, the program is still in its early stages and representation models are still in development. However, the Task Force is optimistic that results similar to those of the Iowa Legal Aid program, and others similarly launched, will be replicated if not improved upon through this project. Similar to the Four Questions, the project complements Family First. An increase in services to keep children in the home along with legal representation to address intertwining issues that may result in court involvement will aid in decreasing the children entering care.

c. The Department of Human Services Title IV-E Prevention Program

In response to Family First, the Department of Human Services ("Department") has outlined a prevention plan to capitalize on its preventative nature. The Department has outlined a differential response system to calls coming into the child abuse hotline. Under the prioritization, a family may receive either a Family Assessment ("FA"), Child Abuse Assessment ("CAA"), or a Child in Need of Assistance Assessment ("CINA"). The assessment drives the services available to the family. From those assessments, the Department

[8] *Id.*
[9] *Id.*

determines if the child and family meet the criteria for preventative service under Title IV-E as a "child who is a candidate for foster care."[10]

The family and Department then engage in drafting the initial case and prevention plan to best assist in addressing the issues that brought the family to the attention of the Department. Preventative service programs include: mental health and substance abuse assessment and treatment and in-home parent skill-based programs. The Department has identified two in-home parent skill-based programs to implement.

SafeCare is a trauma-informed parenting model program that has been shown to prevent and reduce child maltreatment and improve health, development, and the welfare of children ages 0 to 5. Families involved in SafeCare participate in 18 sessions, each 90 minutes in duration. During these sessions, the family and provider focus on reducing potential risk in the areas of abuse and neglect, focusing primarily on the parent-child relationship, home safety, and caring for the health and safety of young children.

Solution Based Casework ("SBC") is an evidenced-based case management method for assessment, case planning, and ongoing case management. SBC prioritizes the family and is appropriate for families with children of all ages. The family participates in weekly 45-minute sessions with a Family Support Specialist ("FSS") trained in SBC. During the sessions, the family works towards gaining and improving upon skills needed to navigate difficult situations that occur in everyday life. Understanding that life has its own inherent stressors, SBC focuses on those situations and skills required for

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[10] Family First defines a "child who is a candidate for foster care" as "a child who is identified in a prevention plan under section 471(e)(4)(A) as being at imminent risk of entering foster care . . . but who can remain safely in the child's home or in kinship placement as long as services of programs specified in section 471(e)(1) that are necessary to prevent the entry of the child into foster are provided."

success in a family unit. Family participation and buy-in is critical for the success of SBC as the solutions explored should target the specific needs and stressors of the family.

Both SafeCare and SBC will be available to families with children in the home, children with biological or fictive kin, and families with children in care. SafeCare may be provided for up to 6 months and SBC may be provided for up to 12 months. SBC is also available from providers for up to 3 months in cases where the Department is not involved.

To implement the prevention plan, contracts will be awarded to community based social service agencies that will become trained in the methodologies. Once trained and operational, quality control and evaluation measures are to be carried out by the Department periodically. Child safety is consistently monitored throughout the family's participation in services. Safety assessments will continue as an ongoing and dynamic tool for determining the family's needs and reasons for intervention. Face to face contact between the family and Department will stay at the same frequency as previously required.

The Department will periodically review and update the family's prevention plan. To do so, family team decision making ("FTDM") meetings will be held. In these meetings, not only will the professionals involved with the family be called upon for input, but also informal support as indicated by the family. The initial FTDM meeting will occur within 45 days of referral with reviews every 6 months and prior to case closure.

Training and implementation is likely to be delayed due to COVID-19. Despite the setbacks and challenges of the pandemic, the Department is confident that training and preventative efforts will be underway for Iowa's

families and children. Currently, the training deadline for service providers is December 1, 2020.

d. Juvenile Court Services & Preventative Efforts

Juvenile Court Services ("JCS") completed a Title IV-E prevention program plan to span five years. While JCS lacks infrastructure or finances to implement multiple Family First prevention services, it is working with outside partners in an evidentiary review and evaluation of services in Iowa. Using the Family First definition of "child who is a candidate for foster care" along with the Iowa Code, JCS is defining "child who is a candidate for foster care."[11] A child's identification as a "child who is a candidate for foster care" is dynamic and the child may be assessed to be an eligible candidate at any time depending on the family and child.

Despite these limitations, JCS is implementing preventative services for the youth under its observation. Functional Family Therapy ("FFT") and Multisystemic Therapy ("MST") are identified as two services in the prevention plan.[12] FFT is a "short-term, family-based therapeutic intervention for delinquent youth at risk for institutionalization and their families" that is shown to prove family relations and reduce recidivism.[13] FFT is both a preservation and intervention program designed for youth with maladaptive behaviors. Families work directly with trained practitioners over the course of

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[11] JCS is defining a "child who is a candidate for foster care" as a youth involved with JCS with the specific purpose of "either removing the child from the home or providing prevention services, such that if the services are unsuccessful, the plan is to remove the child from the home and place [them] in foster care or removing the child from the home.

[12] JCS offers various services for mental health and substance abuse prevention and treatment services, such as Cognitive Behavior Intervention – Core Youth ("CBI-CY") & Substance Abuse ("CBI-SA"), Decision Points, Aggression Replacement Training ("ART") and others. However, they are only requesting Family First payment for FFT & MST. See JCS FFPSA Service Description Table for more information.

[13] Blueprints for Healthy Youth Development. (2020). *Functional Family Therapy*. https://www.blueprintsprograms.org/programs/28999999/functional-family-therapy-fft/

twelve to fourteen sessions to reduce risk factors while increasing protective factors.

MST is a community based therapy for high-risk youth aged 12 to 17. MST's goal is to decrease delinquent behaviors and empower youth and families to thrive in their natural environments, centering the child and their community.[14] Long term, MST is shown to improve parent-child relationships, youth-peer relationships, reduce substance abuse/use, and reduce child maltreatment.[15] More information on FFT and MST is available in the "JCS FFPSA Five-Year Plan," including the evaluation strategy JCS will utilize in measuring outcomes.[16]

A qualified clinician will assess the child who comes to the attention of JCS to determine if the child is at "imminent risk of foster care." Both therapies can be offered by a qualified clinician for up to 12 months from the date of assessment by a juvenile court officer ("JCO"). Unlike the Department, JCS is not offering any in-home parent skill based program as part of its Title IV-E prevention plan. JCS will continue assessing the feasibility of such a program in its plan.

An assessment of youth safety is also part of the Title IV-E prevention plan. At intake, JCS conducts a safety assessment to examine risk and protective factors for the youth and their family. If a moderate or high risk youth is identified, a Treatment Outcome Package ("TOP") assessment will be completed to evaluate mental health, work and school functioning, and

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[14] MST Services (2020). *MST's Juvenile Delinquency Prevention Program.* https://www.mstservices.com/mst-juvenile-delinquency-prevention-program

[15] Zajac K, Randall J, Swenson CC. *Multisystemic Therapy for Externalizing Youth. Child Adolescent Psychiatry Clin N Am.* 2015;24(3):601–616. doi:10.1016/j.chc.2015.02.007

[16] Appendix B. The attached document is a confidential draft. JCS may make revisions to its five year plan after this report's release.

potentially risky behaviors. Subsequent to assessment, the youth and family are followed by an interdisciplinary team focused on promoting child safety. Individualized Prevention Plans are developed in partnership with the family to address the specific needs of the youth and family. To ensure the plan maintains relevancy, periodic reviews will be required.

If a youth under the supervision of JCS is identified as a candidate for foster care, under Title IV-B states may claim some expenses for collaboration and coordinated services to address the risks associated with the candidacy for foster care. JCS services that may be allowed are case management services and contracted services, such as crisis intervention. Family preservation, family reunification and community-based family support and administrative costs also may be claimed in an amount allowable by Title IV-B. Collaborative efforts with the Iowa Department of Human Services are underway to develop a Memorandum of Understanding detailing the responsibilities of each respective agency in coordination and service efforts. JCS and the Department will continue to discuss and implement programs and supports for dual-system involved youth and their families.

Conclusion

For preventative efforts to be effective, a collaborative approach will be necessary. All system actors have a role to play in making substantial and successful preventative efforts. Judicial officers asking the four questions, pre-file legal representation, and agency efforts can prove to be an effective tools in decreasing the number of children in care, while meeting the needs of the families and youth at the attention of the child welfare and juvenile justice systems.

2. Training Opportunities

Introduction

Training will be a key component of Iowa's implementation plan for Family First. During the course of group meetings, participants identified key stakeholders integral to the successful implementation of Family First. Through discussions, the subcommittee designated those who would require additional trainings. Some trainings were already being planned and conducted in the community and others would need more organization and collaboration. It was the goal of the subcommittee to create a clearinghouse of trainings already occurring in the community as well as those that need to be conducted. From those meetings, the subcommittee focused on the following stakeholders and trainings.

a. Training for various entities.

1. Judges:

Juvenile judges will need training from the overall concept of Family First through the nuts and bolts of how it will impact juvenile court families on a daily basis. Judges will need to understand the impact Family First will have on all organizations, including the Department, service providers, and attorneys. It is expected that judges' training will be ongoing. Judges received training on Family First on June 10 and 11, 2019 at the Iowa Judge's Conference, and Juvenile Judges received additional training at a training in Ames on November 5, 2019. The next extensive training opportunity for judges was scheduled to be held as part of the Children's Justice Summit on May 12 and 13, 2020. However, that training has been postponed due to the COVID-19

pandemic, and has been rescheduled to September 10 and 11, 2020, in Des Moines.

The summit will include an opportunity for each judicial district to bring a multidisciplinary team of stakeholders in the child welfare system. It is expected those teams will include juvenile judges, county attorneys, attorneys representing parents and children, guardians ad litem, Department workers, and providers. Speakers and topics are being finalized. It is hoped this will be an opportunity for those teams to discuss the impact of Family First across systems, and will include training on evidence-based programs and danger versus risk.

Other judicial training opportunities for judges will be scheduled when the Department finalizes its implementation plans.

2. Department of Human Services:

The COVID-19 crisis has had some impact on training, but the Department has continued its efforts to provide training to staff and to the service providers who work directly with families.

a. Solution Based Casework ("SBC") – Staff received initial training on the fundamentals of this evidence-based model in March and that training will continue in April, providing a solid understanding of the model's components and what they need to know to collaboratively implement the model with provider partners. SBC will be utilized with all cases managed by Department staff, as well as voluntary cases (those currently served under the Community Care contract).

b. SafeCare – In conjunction with existing resource materials, staff viewed an additional online overview of this evidence-based model in April. This parental skill development model will be utilized on all eligible cases with at least one child between the ages of 0 to 5 in the household.

c. Danger vs. Risk – Staff will receive initial training related to the Department's work with the National Council on Crime and Delinquency (NCCD) in the development of new Safety Assessment and Safety Plan tools. Training will focus on reframing and defining safety in terms of "danger" and explore the causality of danger on child safety. This training was recorded and made available to staff in May. Additionally, the training was provided to Kathy Thompson and the Coalition for Family and Children's Services in Iowa to distribute to juvenile justice and provider partners respectively.

d. Risk Re-Assessment – Staff received online training on the Department's new Risk Re-Assessment tool in May. This new assessment tool will be used in all cases managed by Department staff to assess changes in family risk factors as well as to determine eligibility for the continuation of services.

e. Family-Centered Services ("FCS")/QRTP Contract Fundamentals – Staff received online training in June on everything they will need to know regarding the rollout of the new FCS and QRTP contracts which began on July 1, 2020, to include clearly defining Department staff and provider staff responsibilities, practice changes, information system changes, and form changes. This recording will be provided to Kathy Thompson and the Coalition for Family and Children's Services in Iowa to distribute to juvenile justice and provider partners respectively.

f. Remote Staff Training – The Eastern and Western Service Areas are conducting training using remote video technology on the newly awarded FCS contracts. This same training will be offered in other service areas. This FCS contract training will also be offered on a recorded format available to staff, providers, and others. In addition, the Department will offer remote teleconferencing on issues related to QRTPs. That training will also be recorded so it is available to anyone who has an interest in watching it.

g. Provider Training – The Department will provide training to those agencies selected through the procurement process as providers of the FCS service array. Staff within the agencies will be trained in the service delivery of identified curriculum and/or interventions guided by the prevention plan and departmental practices, such as Solution Based Casework, SafeCare, Motivational Interviewing, and Family Team Decision-Making ("FTDM"). A FTDM training was scheduled for April. Due to COVID-19, some providers received trainings and others have not. Training remains an ongoing area for continued development.

3. Attorneys:

Training for attorneys who appear in juvenile court will be varied and occur throughout the state. Below are examples of trainings that have already occurred or are pending. Some trainings may be delayed due to the pandemic.

a. Judge Owens hosted a three-hour training in Ottumwa on February 27, 2020 on "Alia Training" based on a video presentation conducted by Dr. Amelia Franck Meyer. The training is available for presentation throughout the state.

b. The State Public Defender's office presented a one-hour presentation on April 16, 2020, put on by Polk County Model Juvenile Court. Individuals could access the webcast online for live viewing. But, the training was not recorded and is unable to viewed post webcast.

c. The Iowa County Attorney's Association sponsored a training on Family First at its fall conference in November 2019 presented by the Department of Human Services. A virtual juvenile training was provided by David Dawson of the Woodbury County Attorney's Office at the spring county attorney's conference in June 2020.

d. Department service area managers have put together a team to present on Family First to judges and attorneys. This model could be used throughout the state for additional training.

e. The Iowa State Bar Association Juvenile Law Seminar on April 2, 2020 included a presentation by Allison Green, National Association of Counsel for Children, titled "Implementing the Family First Prevention Services Act: Requirements, Lessons Learned and the Road Ahead." The program also included a presentation by Janee Harvey of the Department and Judge Owens titled "Reasonable Efforts Under Families First: Evidence Based Practices." These presentations were recorded and are available for viewing by members of the Iowa State Bar Association.

f. The Polk County Model Court Project presented a webinar training on April 16, 2020, on issues related to implementation of Family First.

g. Janee Harvey presented a multi-disciplinary webinar training on the following dates on the Family Centered Services service array: March 30, 2020: Sioux City and Council Bluffs April 6, 2020: Waterloo and Fort Dodge, April

10, 2020: Osceola and Des Moines, April 27, 2020: Washington County, May 4, 2020: Davenport, and May 8, 2020: Polk County.

4. Juvenile court officers:

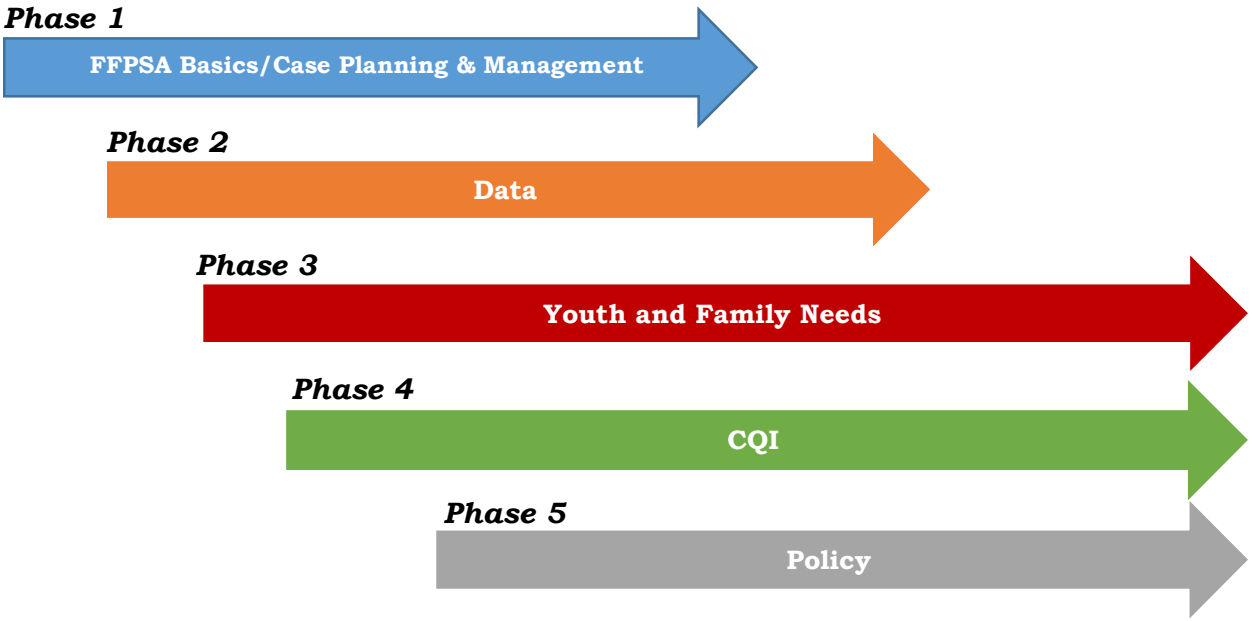
To ensure families receive quality treatment and supervision, JCS is committed to providing the training needed to retain a highly skilled and competent workforce. JCS recognizes the passage of Family First will create changes in the juvenile justice system. These changes necessitate the development and implementation of a workforce training plan to ensure all JCS staff have the knowledge and skills required to successfully incorporate Family First policies into daily practices.

JCS has identified six areas of training related to Family First: (1) Family First basics; (2) case planning and management; (3) data; (4) Continuous Quality Improvement ("CQI"); (5) youth and family needs; and (6) policy. Training in these areas will be implemented in a phased approach. Phase one of the training will focus on providing JCS staff a context for learning through an overview of Family First and its requirements. This phase of training will cover case planning and management related to Family First requirements, inclusive of candidacy determination/eligibility screening tool, prevention plan development and implementation, identification, matching, monitoring and evaluation of services, and family needs/safety assessment planning.

Phase two of training will introduce JCS staff to the data required for Family First. This will include data collection, reporting, entry and Random Moment Sampling ("RMS"). Phase three of training will focus on youth and family needs and address topics, such as trauma-informed care, child development, cultural diversity, and family engagement. Phase four of training

will center on training specific JCS staff in the CQI process. The final phase of training, phase five, will be structured to train staff on policy changes related to Family First. This phase will serve to bring all the components related to Family First together in a comprehensive manner.

A blended learning approach will be used throughout the trainings. This approach will include direct and on-line instruction, discussion, demonstration, and collaborative learning.



b. Training Opportunities:

Areas of opportunity that have been identified by the workgroup include live streaming the September Summit, uploading a Family First training on the Judicial Branch website to be viewed at an individual's preferred date and time, and a Family First presentation that could be done at the district level. Regional training sponsored by Children's Justice and/or the Department

could also be held to address gaps in training for attorneys, judges, JCO's and court staff.

c. Needs:

The workgroup has identified the following training needs that may require continued coordination between Children's Justice, the Department, and service providers.

a. Judges: There will be a need to advise judges to modify language in their orders to reference Family-Centered Services ("FCS") rather than Family, Safety, Risk and Permanency Services ("FSRP"). Judges will also need to be instructed on the appropriate judicial finding necessary for placement of a child in a Qualified Residential Treatment Placement ("QRTP").

b. Attorneys: Legal representatives – including guardians ad litem, parent counsel, and county attorneys will need to be instructed in opportunities for advocacy under Family First including opportunities in each of the four basic themes of Family First: Prevention of Unnecessary Placements in Foster Care, Promoting Kinship Placements, Reduced Reliance on Congregate Care, and Support for Transitioning Youth. Training on issues related to evidence-based practices and safety vs. risk will also be important as Iowa transitions to practice under Family First.

Conclusion

In sum, through continuing dialogue among the various competencies, stakeholders who will require training were identified. The workgroup also determined what types of training would be needed based on the role the participants play in how Family First is to be implemented and maintained.

While this list is not exhaustive, it begins the process of bringing people and professions across the child welfare system into a discussion of the greater plan and goals for implementing Family First. As circumstances change, the training needs will also change. More stakeholders may be identified or additional trainings or changes in the format of training is likely to occur.

3. QRTP Placements

Introduction

Family First also brought changes to the way congregate care is reimbursed and categorized. Under Family First, one of the four care settings eligible for Title IV-E reimbursement is the Qualified Residential Treatment Program ("QRTP"). Both the Department and JCS will require changes in practice and/or policy to adapt to the changes brought by Family First. To aid in the transition to QRTP, the workgroup presents some recommendations for future practices. The transition from previous congregate care settings to QRTP presents challenges and opportunities for involved parties.

The Department & QRTP

A QRTP is a licensed and certified program with a trauma-informed treatment model "designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances;" access to registered or licensed nursing staff or other licensed clinical staff 24 hours a day, 7 days a week; and facilitates family participation in the child's treatment program, to the extent appropriate and consistent with the child's best interest. Further, the QRTP is to facilitate outreach to the child's family members, such as siblings, and is required to maintain contact

information for biological and fictive kin for the child. Documentation is to be maintained detailing how family is integrated into the child's treatment; and the facility is responsible for discharge planning and at least 6 months of aftercare.

Following placement, for a child to remain in a QRTP an evaluation must occur. Within 30 days of the child's placement in the setting a "qualified individual" must assess the child's strengths and needs utilizing an age-appropriate, evidenced-based, validated, functional assessment tool. Child specific short and long term goals for both mental and behavioral health will be determined. Based on the assessment, the child's level of care is to be ascertained and the least restrictive environment that can meet the needs of the child should be provided. Should the child remain in a QRTP, the State is required to assemble a family and permanency team for the child.

The Department created a three-step process of assessing QRTP placement. The Clinical Summary Form for QRTP is a document used to determine if QRTP placement is necessary for the most effective and appropriate level of care for the child. First, the clinical assessment requires a qualified clinical to complete a comprehensive, face-to-face assessment of clinical and behavioral health needs. Second, the Treatment Outcome Package ("TOP") Tool is a collaborative assessment between the youth and clinician that assesses the youth's treatment needs. The TOP is appropriate for youth aged 12 years old and older. Last, the QRTP Placement Determination provides the justification for QRTP placement. After this three step process, the Department submits the assessment for review and approval by the court within 60 days of QRTP placement.

The TOP does not evaluate previous behaviors and only focuses on those experienced by the child within the last two weeks. The TOP utilizes input from multiple sources including the youth, Department worker, placement, parent, GAL, and others. The goal of the TOP is to give an overall picture of the child's current level of functioning. The TOP is intended to be proactive and provides ongoing assessment of the child's behavior, needs, and the services best suited to address those needs.

The TOP entails completing a Clinical Scales ("CS") form within 20 days of a child being placed outside of the home or before a child's removal if a QRTP placement is being considered. The CS form is then updated every 90 days. The information is then compiled into one report, the Multi-Rater Report ("MRR") showing a wide range of observations about the child's behavior from the different raters about the child's life and wellbeing. Behaviors are scaled in a severe, moderate, mild, and healthy range.

Once the child is placed in a QRTP, the court reviews the child's progress until they are discharged from treatment. The Department is responsible for providing documentation to keep the court updated on the child's progress along with the justification as to why QRTP placement remains to be necessary. However, if the court determines that QRTP placement is not necessary or is no longer necessary, the Department is responsible for moving the child per the court order. Under Family First requirements, the Department has 30 days to transfer the child out of the QRTP. If they fail to do so, the placement is no longer eligible for Title IV-E reimbursement.

In addition to court involvement, the Department has adopted a policy that requires its Director's written approval for a child's case plan when a youth over

13 years old has a length of stay in a QRTP for over 12 consecutive months or 18 nonconsecutive months and for child under 13 with a stay for over 6 months.

In June 2020, juvenile judges received training on QRTP placements and the process the Department will follow in placing youth in a QRTP. More training is likely to follow.

All current contracted congregate care providers will have QRTP beds as of July 1, 2020.

JCS & QRTP

Juvenile Court Services ("JCS") is proposing a policy to outline the criteria and process for QRTP placement. Fortunately for those working in the system, some of the terminology and practices are similar between JCS and the Department. JCS has identified processes for (1) determination and placement *following* a Licensed Practitioner in the Healing Arts ("LPHA") assessment[17] and (2) a process for assessment and determination *prior* to LPHA assessment.

Both processes require an Iowa Delinquency Assessment ("IDA"), the Juvenile Court Officer ("JCO") and youth to complete a TOP, a LPHA to complete an Admission Clinical Review Form ("ACRF"), and judicial review. While the two processes are quite similar, placement prior to LPHA assessment results in a different timeframe for completing the ACRF if the LPHA completing the review is from the QRTP. If the assessor is a QRTP provider, then the assessment should be completed within 14 days of placement as compared to within 30 days prior

[17] This is JCS's preferred methodology.

to placement. The processes are provided in greater details on the JCS QRTP Flowchart.[18]

Needs & Recommendations

The subcommittee has identified the following needs and recommendations. Some recommendations overlap with other areas, such as training and legislative initiatives.

a. Training. Juvenile Court Judges will likely require a refresher on Family First. The training should focus on the role of the judge in QRTP placement, the timeframes and responsible parties, judicial assessment for continued QRTP placement, and the required language in a judicial order for initial and continued QRTP placement. While some issues were addressed during the June 2020 training, other questions likely remain. Additional training will also likely be necessary for attorneys involved in child welfare proceedings.
b. Administrative or paper reviews. Should there be a need for evidentiary review, notice will need to be filed with the court. The recommendation of the group was to adopt and amend template orders used in other states, such as Nebraska or Kansas.
c. Legislative changes. Include a definition of QRTP in the Iowa Code. Michigan may serve as a model.
d. Judicial review. It is recommended that judicial review of QRTP be set within 45 days of the date of actual placement. JCO and Department social workers will inform the court of placement by affidavit.

[18] Appendix C

e. Policy. It is recommended that the Department develop a one-page information sheet using common language to be used Department-wide.

4. Legislative Initiatives

Introduction

One of the workgroups formed was dedicated to brainstorming ideas for both policy changes at the Department level and legislative changes throughout the state. Together, the group arrived at several suggestions that may be pursued by both the Department and by the legislature.

a. Safety Plans

The workgroup directed its attention to safety plans at the Departmental level. The goal identified was to adopt a policy within Child Protective Services that would standardize the safety plan process and documentation. Underpinning the goal was the idea that uniformity will help both those in the field implementing safety plans as well as the families who are subject to the safety plan. Uniformity in application and appearance will give all parties a better understanding of the scope of the safety plan and what is required from each party involved in the safety plan.[19] It creates accountability for both the Department and families. A workgroup is underway within the Department to address this issue.

[19] *Safety Plan*, Child & Family Services Review, https://training.cfsrportal.acf.hhs.gov/section-2-understanding-child-welfare-system/3016, ("The important thing is that everyone who is part of the safety plan understands his or her role and is able and willing to carry out their responsibilities.") (last accessed July 23, 2020).

b. Removal

The workgroup also dedicated attention to removal standards as required within the Iowa Code. Currently, in determining a child's removal, the court is not required to weigh the potentially detrimental effects of removal[20] against the potential harm that may arise should the child remain in the home. Using research and reframing the "best interest of the child" analysis, the group concluded it would be best practice for a balancing test to be utilized in the judicial decision making of a child's removal from their home.[21] To achieve this balance and informed decision making, the Iowa Code will need to be amended requiring legislative action and drafting.[22]

c. Attorney Appointment

Research has shown that legal outcomes are better when parents are represented by attorneys. This is not only true in other settings involving judicial involvement and decision making—like criminal or delinquency proceedings, but also the child welfare system. The system may be, and is likely often times, considered confusing and overwhelming to navigate for many families. Progress requires recognizing an inconsistency. The difficulty of the system is in conflict with the current practice of parents being solely responsible for protecting their interests and rights in initial proceedings of a child welfare case. Currently, the system asks for parents to navigate initial stages of involvement alone, without

[20] Shanta Trivedi, *The Harm of Child Removal*, 43 N.Y.U R. L. & Social Change 523, 527–41 (2019) (outlining the harms of removal).
[21] *Id.* at 571–77 (discussing the recommendation of both federal and state consideration of harm of removal and how judicial decision making does not require a change to legislation, but reconsidering what is the child's best interest).
[22] *Id.* at 573-76 (advising Washington D.C. may provide a model for legislation)

representation. To improve outcomes, changes to this current model are necessary.

Currently, parent representation does not occur until after the child has been removed from the home and judicial proceedings have begun. Complicating the matter even more, the child may have already been out of the home for a substantial period of time before attorneys are appointed. The group identified an earlier opportunity for representation—the initial removal hearing. Research has shown that attorneys can be effective once involved, making earlier involvement key.[23] Changes to appointment timeframes of attorneys in child welfare cases must be resolved through the legislature and requires further involvement in amending the Iowa Code.

As mentioned in the prevention efforts and pre-filing representation, in June 2020 the legislature granted authority for six pilot projects across the state. The project will provide parents with the assistance of an attorney before the Department initiates removal proceedings for a family. The recommendation to change appointment timeframes is independent of the pilot.

d. Child Involvement

The child's voice is one of the most important in child welfare proceedings.[24] Children, when able, can communicate their wants, desires, fears, and needs to those responsible for maintaining their safety and well-being. A potential change voiced by the group would allow the judge to speak with the

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[23] *See* Casey Family Programs, How does high-quality legal representation for parents support better outcomes?, August 1, 2019 accessible at https://www.casey.org/quality-parent-representation/ (last accessed July 13, 2020).

[24] *Engaging Youth in Court: Sample Court Policy*, 30 Child L. Practice 1, 1, 38–39 (2011) accessible at https://www.americanbar.org/content/dam/aba/administrative/child_law/youth-in-court-policy-clparticle.pdf.

child separate from the court proceedings.[25] A child's communication with the judge, outside of the presence of their parents, may allow for more open communication where the judge is able to ask questions the child may otherwise feel uneasy or hesitant about answering in front of their parent(s). In an effort to amplify the child's voice in their proceeding, the group proposed a change to the Iowa Code (and/or Court Rules) to allow for this open communication to occur. Since this change requires an amendment of either statutes or court rules, further work will be needed to ensure that all changes are able to be implemented while also addressing any ethical issues that may be raised by the legal community.[26]

In addition to changes allowing judges to speak with children, a change in the age where children are encouraged to attend and participate in hearings was advanced.[27] Currently, the age requirement is 14 years old, however, it was believed that children younger than 14 would benefit from court attendance. Also, the court can be another place where parents are able to see and interact with their children and the judge is able to view the child and observe how they are doing in their current placement.

e. Family Communication

As of now, the Department does not allow a social worker to return the call of a family's relative if that relative reaches out to the social worker. This policy

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[25] *See* Jessica R. Kendall, *Ex Parte Communications Between Children and Judges in Dependency Proceedings*, 29 Child L. & Practice 97 (2010), accessible at https://www.americanbar.org/content/dam/aba/publications/center_on_children_and_the_law/empowerment/ex_parte_communications.pdf.

[26] The child speaking with the judge outside of the presence of others may be viewed as an ex parte communication resulting in ethical implications.

[27] Elizabeth Whitney Barnes, Andrea Koury, & Kristin Kelly. *Seen, Heard, and Engaged: Children in Dependency Court Hearings–Technical Assistance Bulletin*, Nat'l Council of Juvenile & Family Court Judges, 5 (2012), accessible at https://www.americanbar.org/content/dam/aba/administrative/child_law/youthengagement/TABulletin.pdf.

impedes the social worker's ability to secure kinship placements. Kinship placements are shown to be more beneficial to children involved in the child welfare system.[28] Kinship care is known to minimize trauma, improve overall child well-being, increase permanency, improve both behavioral and mental health outcomes, and so much more.[29] A policy change, within the Department, allowing for social workers to return the calls of relatives who reach out would be in the best interest of the child and may secure more safety and security during a difficult and uncertain time in the child's life. As this requires a change in Department policies, efforts will be continued by those in the Department able to make these changes possible.

f. Attorney Representation

As stated above, attorneys may be effective once involved. However, most children receive the appointment of a guardian ad litem and not an attorney to advocate for their expressed position. A bifurcated process of child representation allows for proper advocacy of a child's desires through the appointment of an attorney to represent what the child wants, not what is deemed by others to be in their best interest.[30] Under the proposed change to the statute,[31] upon the court's inquiry, a child could also be appointed an

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[28] Heidi Redlich Epstein, *Kinship Care is Better for Children and Families*, American Bar Association, July 1, 2017, https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol-36/july-aug-2017/kinship-care-is-better-for-children-and-families/; last accessed July 23, 2020.

[29] *Id.*

[30] *See* Kathryn Piper et al., *The Role of the Child's Attorney in Child Protection Proceedings: When to Advocate a Child's Best Interests vs. Expressed Wishes: Policy Brief*, The American Professional Society on the Abuse of Children, 17 (2019) ("According to First Star and the Children's Advocacy Institute (2018: 5), '[t]he child is the person who knows best what has been taking place in his family, and, in a system that is not functioning well, may be the only person who can convey that critical information to the court.")

[31] The statute to be amended is Iowa Code §232.89 – Right to and appointment of counsel. Suggestion to amend as followed:

> Upon the filing of a petition, the court shall appoint counsel and a guardian ad litem for the child identified in the petition as a party to the proceedings. For any child age 14 and older, the court shall inquire of the child whether the child desires a separate attorney to advocate their position.

attorney to advocate for their express interests in the child welfare proceeding. Should we note that this happens sometimes now even without the legislative change?

Conclusion

Through meetings and discussion, potential changes requiring both Department action and action in the legislative branch were raised. Family First provides an opportunity to re-envision how child welfare is performed. It allows for a revamping of the child welfare system where, if thoughtfully considered, may pave the way for significant changes not in only how child welfare is carried out by the social workers responding to reports, but also how the judicial branch reacts to cases brought before the court.

Through these proposed changes, parents can get earlier representation when they come to the attention of child-welfare workers. Judges will consider the balance between harm of removal and harm of remaining in the home to make a decision that best serves the child. Children can have a more active role and voice in the child welfare proceedings in which they, and their best interests, are the subject. Social workers will be able to engage more with relatives aiming to keep the children in their family of origin. Ultimately, all the proposed changes are directed at finding solutions to improving the child welfare system for all of those involved.

III. Conclusion.

Family First allows for earlier intervention for children and families that come to the attention of the Department. Through the implementation of Family

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The judge shall consider the child's request along with other pertinent facts in determining whether to appoint separate counsel.

First, children will be able to stay with their family while receiving the services and supports necessary for safety and well-being. The shift in focus to evidence-based treatment will ensure families are receiving recognized and supported services in an effort to prevent removals. In the home, with proper services, families can become healthier. By not removing the child, trauma is reduced.

The recommendations put forth by the various workgroups will hopefully assist in directing system actors in how to implement Family First and how to improve upon the practice of child welfare in Iowa. The recommendations provided are only the beginning, as the effects of COVID-19 become more apparent, adaptation may be required. As families engage in the services authorized by Family First, additional training opportunities may arise. The pilot program of pre-file representation, preventative services, and legislative efforts will be ongoing. Continued efforts and partnerships across the judicial branch, the Department of Human Services, Juvenile Court Services, service providers, families, and others are vital to the transformative potential of Family First. We look forward to continued efforts and partnerships to improve the lives and outcomes of Iowa's children and families.

Appendix A

CHAPTER 1040

STATE PUBLIC DEFENDER PILOT PROJECT — CHILD WELFARE LEGAL REPRESENTATION

S.F. 2182

AN ACT relating to the state public defender pilot project and legal representation in child welfare cases.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. NEW SECTION. **13B.13 State public defender pilot project — child welfare legal representation.**

Notwithstanding any other provision of the law to the contrary, for each fiscal year for the period beginning July 1, 2020, and ending June 30, 2024, the state public defender may establish a pilot project to implement innovative models of legal representation in order to assist families involved in the child welfare system. The state public defender shall have sole discretion to establish and implement the pilot project. The state public defender may implement the new pilot project in up to six counties throughout the state. The purpose of the pilot project is to implement and study innovative ways, through a team approach or through other methods, to achieve positive outcomes for families, reduce trauma to young children, and deliver financial benefits to families and their communities. The state public defender may coordinate with other agencies and organizations to implement the pilot project, seek grant funding, and measure the results. The state public defender may appoint an attorney to represent an indigent person prior to initiation of formal proceedings, without court order, if such representation is deemed appropriate by the state public defender and relates to the purposes of the pilot project.

Sec. 2. Section 815.11, Code 2020, is amended to read as follows:

815.11 Appropriations for indigent defense — fund created.

Costs incurred for legal representation by a court-appointed attorney under chapter 229A, 665, 822, or 908, or section 232.141, subsection 3, paragraph "d", or section 598.23A, 600A.6B, 814.9, 814.10, 814.11, 815.4, 815.7, or 815.10 on behalf of an indigent shall be paid from moneys appropriated by the general assembly to the office of the state public defender in the department of inspections and appeals and deposited in an account to be known as the indigent defense fund. Costs incurred representing an indigent defendant in a contempt action, or representing an indigent juvenile in a juvenile court proceeding, or representing a person pursuant to section 13B.13 are also payable from the fund. However, costs incurred in any administrative proceeding or in any other proceeding under this chapter or chapter 598, 600, 600A, 633, 633A, 814, or 915 or other provisions of the Code or administrative rules are not payable from the fund.

Approved June 17, 2020

Appendix B

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STATE OF IOWA
JUVENILE COURT SERVICES

Title IV-E Prevention Program Five-Year Plan

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Forward

In 2017, Iowa's juvenile population for youth ages 10-17 years old was 331,434.[32] During that same year, Iowa's Juvenile Court received 14,003 juvenile complaints, which was a 17.4% reduction for all race and gender categories from 2013-2017[33]. As a result of those complaints, 3,420 juveniles were placed on informal probation, 798 were given consent decrees, 255 were waived to adult court, 946 youth were adjudicated delinquent and 683 were placed on formal probation[34]. The average recidivism rate for the eight highest populated counties; Polk, Linn, Woodbury, Pottawattamie, Scott, Dubuque, Black Hawk and Johnson, was 35.78%.[35] In addition to the financial costs associated with processing and supervising these complaints, there are significant expenses incurred when youth require out-of-home placement. For example, in 2016, Iowa spent $7,158,068 in federal funds and $23,449,698 in state funds on residential placement for youth.[36]

The monetary expenses of the court process are not the only costs associated with juvenile delinquency. Families and communities experience significant losses, as well, especially when youth are removed from their homes. However, community-based supervision programs for youth both cost less than confinement and provide increased rehabilitative benefits for youth.[37] These programs, which have been shown to reduce recidivism by up to twenty-two percent, at a cost significantly lower than imprisonment, place an emphasis on behavior change, decision-making, and the development of social skills among different groups.[38] The best programs tend to be those that focus on family-centered interventions that are developmentally and empirically based. Without services, such as these, youth frequently re-offend, dropout of school, become homeless, use drugs and alcohol, are unemployed and fail to seek appropriate medical care. As youth's difficulties in these areas increase, so do the social and economic costs to the community.

The purpose of Iowa's Juvenile Justice system is to hold youth accountable for their delinquent acts, provide treatment to correct their behavior, and promote public safety. To accomplish this purpose, Iowa's Juvenile Court Services began utilizing evidence-based practices in 1997, when it implemented standardized case planning and motivational interviewing. By 2004, all juvenile court officers had been trained in evidence-based practice and by 2007, JCS had developed and implemented the Iowa Delinquency Assessment (IDA).

The IDA is a standardized risk assessment tool that predicts the likelihood a youth will recidivate and directs treatment and services by identifying a youth's criminogenic risk and need areas. Risk refers to the likelihood a youth will reoffend and can be predicted by conducting an actuarial assessment of the characteristics or "risk" factors identified by research as being correlated to future delinquent behavior.

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[32] OOJDP, 2019. *Easy Access to Juvenile Populations: 1990-2018*. Retrieved https://www.ojjdp.gov/ojstatbb/ezapop/asp/comparison_selection.asp?selState=0

[33] CJJP, 2018. *Iowa's 3-Year Plan Program Narrative: Juvenile/Needs Analysis Data Elements*. Retrieved https://humanrights.iowa.gov/sites/default/files/media/2018_Juvenile_Needs_Analysis_Data_Elements.pdf

[34] CJJP, 2017. *State of Iowa Juvenile Delinquency Annual Statistical Report*. https://humanrights.iowa.gov/sites/default/files/media/2017%20State%20Annual%20Report%20for%20JCS.pdf

[35] Ibid.

[36] Child Trends, 2016. *Child Welfare Spending SFY 2016: Iowa*. (The Annie E. Casey Foundation). https:/www.childtrends.org/wp-content/uploads/2018/12/Iowa_SFY2016-CWFS_12.13.2018.pdf

[37] Richard A. Mendel, *No Place for Kids: The Case for Reducing Juvenile Incarceration* (Baltimore: The Annie E. Casey Foundation, 2011), www.aecf.org/noplaceforkids.

[38] National Mental Health Association, 2004

There are two types of risk factors – static and dynamic. Static risk factors are those that cannot be changed due to their historical context. Dynamic risk factors, however, are those characteristics that can be changed over time through treatment or the normal developmental process.

Criminogenic needs are variables related to dynamic risk factors that predict recidivism and when treated are associated with reductions in the risk of reoffending. Research shows there are four "Big" criminogenic factors that when targeted generate the greatest decrease in risk – antisocial attitudes, antisocial peers, antisocial personality and antisocial behavior/thinking.[39] Substance abuse, mental health issues and deficits in parenting skills and family relationships, areas of focus identified by FFPSA, are also considered criminogenic risk factors. These risk factors are identified by the IDA and targeted by Juvenile Court Officers (JCOs), as part of a comprehensive approach to treatment.

Iowa Delinquency Assessment Criminogenic Risk Factor Domains	***Scoring Items***
Record Complaints	12
Demographics	1
School History	4
Current School Status	11
Free Time Historic Use	2
Free Time Current Use	3
Employment History	4
Employment Current	4
Relationships History	2
Relationships Current	6
Family History	5
Family Current Living Arrangements	16
Alcohol & Drug History	6
Alcohol and Drug Current Use	4
Mental Health History	8
Mental Health Current	5
Attitudes and Behaviors	11
Aggression	6
Skills	11

In 2012, Iowa was one of three states selected by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to be a demonstration site for their Juvenile Justice Reform and Reinvestment Initiative (JJRRI), whose goal was the implementation of an evidence-based assessment and guide for program improvement. As a result, Iowa implemented the Standardized Program Evaluation Protocol system SPEP™ in five districts to assess the treatment services of residential programs statewide and

[39] Andrews, D.A. and Bonta, J. (1994). *The Psychology of Criminal Conduct*. Anderson Publishing Co.

community-based services locally. This afforded Juvenile Court Services a standardized method to assess services, enhance placement and programming recommendations, and guarantee the fidelity and quality of services. [40]

Since 2012, Iowa has maintained its commitment to providing quality services and programming for youth and their families by implementing to varying degrees numerous EBP services across its eight judicial districts. These services have been contracted according to each district's needs and budgetary limitations. The passage of FFPSA provides Iowa's JCS a viable funding mechanism for the expansion and consistent use of EBP services for delinquents across the state. [41]

[40] Husseman, J. and Liberman, A. (2017). *Implementing Evidence Based Juvenile Justice Reforms.* https://www.urban.org/sites/default/files/publication/90381/implementing_evidence-based-juvenile-justice-reforms.pdf

Acronyms and Abbreviations

ART	Aggression Replacement Training
CJCO	Chief Juvenile Court Officer
CJJP	Criminal and Juvenile Justice Planning
CQI	Continuous Quality Improvement
CSG	Council State Government
CST	Candidacy Screening Tool
DHS	Department of Human Services
DOJCS	Director of Juvenile Court Services
EPICS	Effective Practices in Community Supervision
FFPSA	Family First Prevention Services Act
FFT	Functional Family Therapy
ICIS	Iowa Court Information System
IDA	Iowa Delinquency Assessment
JCO	Juvenile Court Officer
JCS	Juvenile Court Services
JJSI	Juvenile Justice System Improvement
MDFT	Multi-dimensional Family Therapy
MST	Multisystemic Family Therapy
NCSC	National Center State Courts
NYSA	National Youth Screening Assessment
PSP	Prevention Services Plan
SAMHSA	Substance Abuse and Mental Health Services Administration
SCA	State Court Administration
SPEP	Standardized Program Evaluation Protocol

Section 1. Service Description and Oversight

A. Services

The driving philosophy for Iowa's Juvenile Court Services (JCS) has been the least proscriptive intervention for children and families is the best approach. Consequently, JCS has strived to implement a wide spectrum of treatment and prevention services to meet the multi-faceted needs of the children and families it serves.[42] Recognizing the need for standardized policies and practices to enhance the quality and breadth of services and supports, JCS recently worked cooperatively with the Division of Criminal Juvenile Justice Planning (CJJP) to initiate this process. Subsequently, in October 2019, Iowa finalized its Juvenile Justice System Improvement (JJSI) plan, which provides a structured strategy to accomplish this goal.
Currently, JCS provides the following services or programs throughout the state for a child and the parents or kin caregivers of the child when the need of the child, such a parent, or such a caregiver for the services or programs are directly related to the safety, permanence, or well-being of the child or to prevent the child from entering foster care: Aggression Replacement Training(ART) , Multi-Dimensional Family Therapy (MDFT), Functional Family Therapy (FFT), Multi Systemic Therapy (MST), In-Home Family Services, Strong African American Families, Love & Logic Parenting, Juvenile Court School Liaison Support, Standardized Case Management, Tracking and Monitoring, Mentoring, Substance Abuse Assessment and Treatment, Mental Health Assessment and Treatment, Adolescent Sexual Offender Treatment, and Day Treatment Programming.

In addition to these services, all Juvenile Court Officers in Iowa are trained in Motivational Interviewing and use it regularly in client interactions. JCOs also utilize Effective Practices in Community Supervision (EPICS), which employs a cognitive behavior therapy and motivational interviewing approach to structure client interactions. The type and dosage of each EPICS intervention is documented in a JCO's case notes. A summary of the services JCS provides and their evidence-based ratings, outcomes and population served are provided in Table 1.

At this time, JCS does not have the infrastructure or financial capacity required to implement multiple FFPSA prevention services. In addition, JCS is currently working with Georgetown University and the University of Cincinnati to complete an evidentiary review and evaluation of services in Iowa. Upon completion of that review, JCS will have a broader knowledge base to identify and select the programming and services best suited to meet the needs of the youth and families it works with. Until this review is completed and JCS has identified viable funding mechanisms, it is requesting that only Functional Family Therapy (FFT) be included as an approved FFPSA prevention service.

[42] US Congress, (1988). *HR 1801 to Reauthorize the Juvenile Justice Delinquency Prevention Act*.

1. *Mental Health and Substance Abuse Prevention and Treatment Services* – According to research, upwards of 70% of youth in the juvenile justice system have a diagnosable mental health disorder[43] and 20% to 50% of juvenile justice involved youth have substance use disorders.[44] Based on this, JCS is requesting Functional Family Therapy (FFT) and Multisystemic Therapy (MST) be part of Iowa's Title IV-E Prevention Program Five-Year Plan. FFT and MST services will be provided by a qualified clinician for not more than a 12-month period beginning on the date a child was assessed by a juvenile court officer (JCO) and identified as a child in "imminent risk of foster care." Eligibility for allowable child specific administrative costs will begin on the first day of the month that the child was identified by a JCO as in "imminent risk of foster care."

2. *In-home Parent Skill-Based Programs* – At this time, JCS is not utilizing any Title IV-E Prevention Services Clearinghouse approved in-home parent skill-based models. Therefore, JCS is not requesting the inclusion of any programs in this area. However, JCS is currently evaluating programs in this area and, at such time that it becomes feasible, will explore the possibility of expanding FFPSA prevention services.

B. Outcomes

Iowa's Juvenile Court Services commitment to improving youth and family outcomes can be seen through its long-term goals to expand and improve mental health and substance abuse services and improve treatment services to produce positive youth outcomes and reduce recidivism.[45] It is also evidenced by JCS's participation in the Juvenile Justice System Improvement Project (JJSI), which provided an opportunity for collaboration with nationwide experts from the Council of State Governments Justice Center (CSG), National Youth Screening and Assessment Partners (NYSAP), and the Center for Juvenile Justice Reform at Georgetown (CJJR) to perform a comprehensive evaluation of Iowa's juvenile justice system. This evaluation, which identified strengths and areas for improvement for JCS, resulted in the development of a comprehensive state-wide plan to standardize policies and practices and ensure the quality and effectiveness of services that youth receive.[46]

1. *Selected Services and Evidence-Base Rating* – JCS has selected only two Mental Health Services for inclusion in Iowa's FFPSA Five Year plan. These services, Functional Family Therapy (FFT) and Multisystemic Therapy (MST) have been rated "well-supported" by the Title IV-E Prevention Services Clearinghouse. In addition, FFT received a level "2 supported" rating and MST a level "1 well supported" rating from the California Clearinghouse.

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[43] OJJDP (2017). *Intersection between Mental Health and the Juvenile Justice System*. https://www.ojjdp.gov/mpg/litreviews/Intersection-Mental-Health-Juvenile-Justice.pdf

[44] Sales, M., Wasserman, G., Knudsen, H. (2018). *Perceived Importance of Substance Use Prevention in Juvenile Justice: A Multi-level Analysis*. Health and Justice. Dec.; 6:12.

[45] CJJP (2018). *2018 Iowa Criminal and Juvenile Justice Annual Plan Update.* https://humanrights.iowa.gov/sites/default/files/media/2018%20Iowa%20Criminal%20and%20Juvenile%20Justice%20Annual%20Plan%20Update.pdf

[46] Iowa Department of Human Rights (2018). *Juvenile Justice System Improvement (SMART) Project*. https://humanrights.iowa.gov/juvenile-justice-system-improvement-smart-project

Research on FFT, which has been conducted throughout the United States, has shown FFT produces improvement in family relations and statistically significant decreases in recidivism. [47] FFT is a prevention and intervention program that treats complicated and multidimensional family problems using a culturally sensitive and flexible clinical approach. Trained therapists spend twelve to fourteen sessions over 3-5 months working with youth and their families to reduce risk factors and improve protective factors. The program has three distinct intervention phases – engagement and motivation, behavior change and generalization and each of these phases have specific goals and assessment objectives.

The expected proximal outcomes for FFT include improved family functioning, reduced delinquent behavior, improved mental health, reduced youth substance use, fewer out-of-home placements and higher treatment completion rates. Distal outcomes that are anticipated include reductions in recidivism, increased family stability, decreased trauma and improvement in overall life outcomes for youth.[48]

MST is an intensive community-based therapy for high-risk juvenile delinquents ages 12-17 with possible substance abuse issues and their families. A master's level therapist provides services in the home for youth at times when it is convenient for the family. Treatment typically lasts three to five months with the therapists "on-call" 24/7. There is a broad base of research on the effectiveness of MST. Results, which have been replicated through numerous independent studies, show 54% fewer arrests for juvenile offenders and 54% fewer out-of-home placements. Communities in which MST was offered saw reductions in incarceration rates, mental health services and crime rates.[49] MST treatment has two primary goals 1) to reduce delinquent behavior and 2) decrease out-of-home placements. Critical components of MST include (a) incorporation of evidence based treatment methods to target complex risk factors found across environments (family, friends, education and community); (b) empowering caregivers and changing a youth's behavior within the community context, (c) meticulous quality assurance procedures that concentrate on accomplishing outcomes through preserving program fidelity and creating approaches to surmount obstacles to behavior change.

Proximal outcomes associated with MST include reductions in delinquent behavior and out-of-home placements, improvements in family functioning, and decreased behavior and mental health problems for high-risk juvenile offenders. Long-term outcomes of MST show improvements in child-parent relationships, improvement in youth-peer

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[47] Blueprints for Healthy Youth Development. (2020). *Functional Family Therapy*. https://www.blueprintsprograms.org/programs/28999999/functional-family-therapy-fft/

[48] EPIS Center. (2014). *FFT Logic Model*. Penn State University. http://www.episcenter.psu.edu/sites/default/files/ebp/Functional-Family-Therapy-Logic-Model-REV%204-2014.pdf

[49] MST Services (2020). *MST's Juvenile Delinquency Prevention Program.* https://www.mstservices.com/mst-juvenile-delinquency-prevention-program

relationships, reductions in youth substance abuse, and reductions in child maltreatment.[50]

2. *Implementation and Monitoring of Fidelity*
   a. *Implementation*

Functional Family Therapy

FFT requires completion of a three-phase training process – clinical, supervision and maintenance – and site certification prior to provision of services. Clinical training consists of a five-day in-person training followed by weekly phone consultations provided by an FFT expert trainer. Individuals selected to be site supervisors attend a two-day in-person training supported by monthly phone supervision. During phase II of FFT training, a one-day on-site training or a regional training is provided for all therapists. Phase III of the training process includes a review of Clinical Supervision System (CSS) to evaluate an agency's adherence, service delivery and outcomes. A one-day continuing education training is also provided.

Multisystemic Therapy

MST requires a pre-implementation assessment of an agency to identify the organizational, clinical and financial resources needed to implement MST. Upon completion of this assessment, a team of qualified clinicians is identified by the agency. This team of clinicians attends a five-day intensive training, followed by weekly telephone consultation and quarterly on-site booster trainings to monitor treatment fidelity and adherence to the model. Any agency providing MST must be complete a certification process to ensure it meets the training, program management and performance, and adherence requirements set forth by MST.

Through a competitive process, JCS selected qualified service providers who had successfully completed the required FFT and MST training and site certification. A contract was established with these providers that included allowable expenses, scope of service, rate of payment and billing codes, process evaluation criteria, administrative reporting and required training/certification protocols. JCS also required providers to report on data related to adherence, exposure, quality of delivery and participant responsiveness semi-annually.[51]

JCS districts have worked cooperatively to develop and distribute information packets to Juvenile Court Officers, support staff and additional referral sources

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[50] Zajac K, Randall J, Swenson CC. *Multisystemic Therapy for Externalizing Youth. Child Adolescent Psychiatry Clin N Am*. 2015;24(3):601–616. doi:10.1016/j.chc.2015.02.007

[51] Bell, James (2009). *Measuring Implementation Fidelity*. https://www.acf.hhs.gov/sites/default/files/cb/measuring_implementation_fidelity.pdf

to provide an overview of FFT and MST, including program objectives, structure, outcomes and eligibility guidelines. In addition, JCS staff will be trained on the referral processes respective of both. Districts have also collaborated with service providers to develop and provide program training and updates to JCS staff.

b. Fidelity and Outcome-Driven Practice Improvement

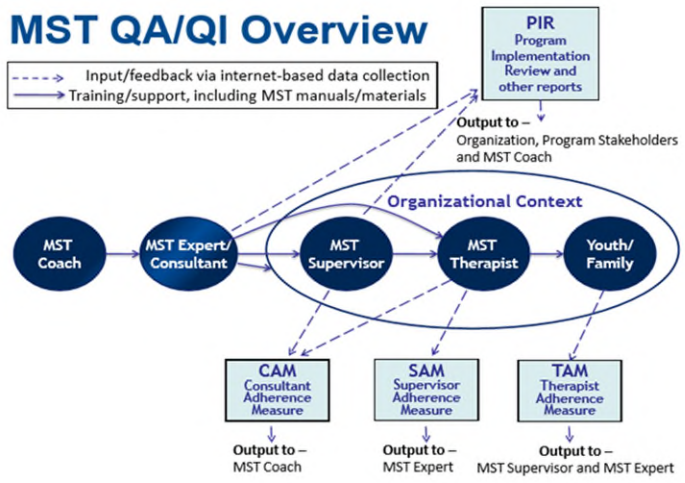
Functional Family Therapy

FFT has a systematic approach to training and program implementation, as well as a comprehensive system of client, process, and outcome assessment. This has allowed FFT to establish a fidelity model that ensures strong adherence to and high competency in the provision of FFT. To ensure continued fidelity, the organization responsible for providing FFT training, FFT LLC, developed the Clinical Services System (CSS), which gathers data input from FFT therapists. This system is used to track both individual and agency fidelity measures.

Multisystemic Therapy

MST has a rigorous qualify assurance/improvement program that evaluates elements on four levels – therapist, supervisor, expert/consultant and program – to ensure fidelity of and adherence to the MST treatment model. The MST QA/QI program is overseen by the MST Institute, who is responsible for setting quality assurance standards and measuring and monitoring program implementation. Through MST, agencies offering MST are provided various tiers of training, support, and feedback (see Figure 1).[52]

Figure 1: MST Quality Assurance/Quality Improvement System



[52] MST Institute.

In addition to the fidelity measures required by FFT and MST, JCS will monitor fidelity and identify and employ outcomes to enhance its practice by taking the following actions:

- Conduct quarterly meetings with provider to review progress, identify strengths and address any process and/or delivery issues.
- Require provider to report outcome and process measures semi-annually.
- Utilize the Continue Quality Improvement (CQI) framework to analyze provider data, monitor youth outcomes, make data-driven decisions about service delivery and ensure program improvements that address process and delivery are sustained.
- Conduct yearly quality assurance audits to address and correct drift from the model
- Conduct semi-annual joint trainings with provider

3. *Service Selection* – The services identified by JCS were selected through a comprehensive and longitudinal process that identified programs for their effectiveness in reducing criminogenic risk and ameliorating criminogenic needs, which are the overriding factors that contribute to a juvenile justice youth being a candidate for group foster care. This process included the following actions:
    a. Chief Juvenile Court Officers (CJCO) identified individual district needs and budgetary constraints through a detailed analysis of data obtained from the Iowa Court Information System (ICIS), the Iowa Delinquency Assessment (IDA) and research initiatives, such as the SMART project.

       The SMART project was a result of Iowa receiving one of three OJJDP planning grants for system improvement. Iowa used this grant to initiate the Juvenile Justice System Improvement Project (SMART). The SMART project allowed Iowa the opportunity to collaborate with experts from the Council of State Governments Justice Center (CSG), National Youth Screening and Assessment Partners (NYSAP), and the Center for Juvenile Justice Reform at Georgetown (CJJR) to perform a comprehensive evaluation of Iowa's juvenile justice system for the purpose of identifying strengths and deficit areas in Iowa's juvenile justice system. The long-term outcomes for the SMART project were to reduce reoffending, enhance outcomes for youth and families, improve community safety, and decrease disproportionate minority contact. As a result of the project, a comprehensive plan was developed that included recommendations to systematize policies and procedures and assure the quality and efficacy of services that youth receive. The SMART leadership team, which was comprised of juvenile justice participants from all three branches of government, worked collaboratively with expert advisors and local consultants to reach agreement on priorities for improvement, ascertain essential stakeholders, and generate a plan for Iowa's juvenile justice system that was progressive and realistic.
    b. CJCOs consulted with a variety of experts in the juvenile justice field, including Dr. Edward Latessa, Director and Professor of the University of Cincinnati School

of Criminal Justice; Dr. Robert Macy, founder and president of the International Trauma Center in Boston; Dr. Mark Lipsey, Research Professor at Vanderbilt Peabody College; and Diana Wavra, Orbis consultant and trainer for evidence based services in juvenile justice to identify evidence-based services and programs best suited to the identified needs of Iowa's youth and families.

c. Assessment of funding and resources needed to implement each selected service or program was completed to evaluate its feasibility.
d. Services and programs were selected based on overall assessment of criteria related to the service or program's evidence-base, level of suitability, outcomes, availability and required time, resources and costs associated with delivery and administration.

To continue the process of service selection, JCS is currently working with Georgetown University and the University of Cincinnati to complete an evidentiary review of programs/services in Iowa.

4. *Target Population* – The target population for FFT are youth age 11 to 18, who are justice-involved or at risk for delinquency, violence, substance use, or other behavioral and/or emotional problems and their parents/caregivers. The target population for MST are youth age 12 to 17 at-risk of out of home placement due to anti-social or delinquent behaviors and substance abuse issues and their parents. The target population for other services currently offered by JCS but not included in the FFPSA Five-Year Plan is provided in Table 1.
5. *Trauma Informed Delivery Assurance* – Iowa Juvenile Court Services recognizes the importance of trauma-informed approach to service delivery. All services or programs will be evaluated prior to being selected by JCS, as a FFPSA selected service/program, based on SAMHSA's six key principles of a trauma-informed approach. These principles include 1) safety, 2) trustworthiness and transparency, 3) peer support, 4) collaboration and mutuality, 5) Empowerment, voice and choice, 6) Cultural, historical and gender responsivity.[53]
6. *Service/Program Evaluation* - Services and Programs Eligible for Waiver of Evaluation Requirements (Well-Supported Practice) – FFT and MST have been designated by the Title IV-E Prevention Services Clearinghouse as "Well-Supported." In addition, both models have developed highly structured processes for program evaluation that providers are required to meet on a yearly basis. JCS has also established measures for program evaluation of FFT and MST, based on CQI and the Standardized Program Evaluation Protocol (SPEP) that includes semi-annual provider reporting of outcome and process measures, quarterly provider meetings, yearly audits and semi-annual provider trainings. Due to this, JCS is requesting a Waiver of Evaluation Requirement for a Well-Supported Practice, with supporting documentation for FFT.

[53] SAMHSA (2014). *Samhsa's Concept of Trauma and Guidance for a Trauma Informed Approach* https://store.samhsa.gov/system/files/sma14-4884.pdf

Section 2. Evaluation Strategy and Waiver Request

A. Evaluation Strategy Practices

JCS's evaluation strategy is based on Theory of Change, which provides a coherent framework for evaluating programs, processes and practices to determine if an intervention is working as planned and how it can be improved. As part of this strategy, JCS will also use the Continuous Quality Improvement[54] (CQI) process to develop individual assessment practices for each selected FFPSA service or program. The evaluation plan for each service selected for FFPSA implementation will contain the below listed CQI components. If a service or program, such as Functional Family Therapy (FFT) or Multisystemic Therapy (MST) has already identified an appropriate evaluation strategy, JCS will follow the requirements of that strategy to complete an evaluation of the service/program.

- Identify CQI teams in each district that will be comprised of Supervisors, JCOs and service providers. These teams will be connected to form a larger state-wide CQI team.
- Teams will operationalize the service or program by developing a logic model that includes target population, services delivered and expected outcomes.
- Develop measurable proximal and distal service delivery and youth outcome objectives, including fidelity to the model
- Collect quality data, in particular, outcomes related to recidivism and out-of-home placement, by developing a data collection plan, identifying mechanisms for aggregating data, training data collectors and conducting a data collection pilot.
- Analyze and utilize data to identify areas of program improvement
- Incorporate a review process by holding regular meetings to review and respond to data, sharing information routinely with staff and stakeholders, and making data-driven decisions.

As an additional measure to ensure a comprehensive program evaluation occurs, JCS will utilize the Standardized Program Evaluation Protocol (SPEP) to evaluate program performance for all eligible services. The SPEP process is a data-driven tool derived from meta-analytic research that is designed to compare existing juvenile justice services to the characteristics of the most effective services found in the research. It evaluates the effectiveness of four characteristics of juvenile programs: service type, amount of service, quality of service and risk level of youth served.

Fourteen therapeutic services have been identified by SPEP as effective in reducing delinquent behavior and recidivism. These fourteen service types have been divided into five separate services groups and assigned a point value based on the size of the effect that research has

[54] National Center for Juvenile Justice (2012). *Continuous Quality Improvement Guide for Juvenile Justice* Organizations. http://www.ncjj.org/pdf/Qii%20Improvement%20Guide%20for%20Juvenile%20Justice.pdf

indicated that particular service group is likely to have upon recidivism. FFPSA identified services will be matched to the SPEP service groups by a trained evaluator and assigned a corresponding rating.

Quality of service is the second element of the SPEP evaluation and is rated as low, medium or high. These ratings are based on individual assessments in four areas: 1) the presence of a comprehensive written protocol/manual 2) the level of staff training on the service and its protocols 3) staff supervision and monitoring of service delivery and 4) organizational procedures for responding to drift from protocol.

The third element of the SPEP evaluation is dosage or amount of service. This assesses the duration (number of weeks) and frequency (contact hours) the youth received services against the research identified target amount, which differs for each of the fourteen service types. The SPEP dosage score is based upon the percentage of youth who receive at least the minimum targeted amount of service.

The final element of the SPEP evaluation examines the risk level of youth being served. This score is based on a formula that measures the proportion of moderate to high risk youth, as identified by the Iowa Delinquency Assessment (IDA), who participated in the service. Simplified, the more moderate and high-risk youth served, the more likely a service is able to reduce recidivism.

A sum of the scores of these four elements produce a two overall SPEP evaluation scores – the Basic Score and a Program Optimization Percentage (POP). The Basic Score compares the service to other intervention services found in the research, regardless of type. It is meant as a reference for the expected overall recidivism reduction when compared to other service types. The POP is a percentage score that indicates where the service is compared to its potential effectiveness if optimized to match the characteristics of similar services found in research. All of the scores described above, plus the accompanying recommendations provided in the report form, are the core of this diagnostic evaluation and establish a baseline that is intended to be used for individual service improvement.

The Director of Juvenile Court Services will oversee this evaluation process in conjunction with each district's CJCOs, JCO Supervisors, Contract Administrator Accountants and Contract Administrator Auditors.

B. Request for Waiver of Well Designed, Rigorous Evaluation of Services and Programs for a Well-Supported Practice

Section 3. Monitoring Child Safety

The mission of Juvenile Court Services is to serve the welfare of children and their families within a sound framework of public safety. To accomplish this, JCS is committed to providing the guidance,

structure and services needed by every child under its supervision. Iowa's Juvenile Court System will utilize the following established tools and practices to assess and monitor child safety:[55]

Safety Assessment

At the initial intake with a youth and family, the JCO will utilize the Iowa Delinquency Assessment (IDA) to assess a youth's risk and protective factors in eleven domains. Included in these eleven domains are a youth's exposure to physical, emotional and sexual abuse and neglect. In addition to assessing a youth's risk factors, the IDA also assesses a family's risk factors in substance abuse, mental health, criminal conduct and child maltreatment. The IDA is a developmentally appropriate, structured decision-making tool that is based on the Risk-Need-Responsivity (RNR) principle. It is administered every six-months and anytime there after that there is a change in the youth's circumstances.

For any youth that scores as a moderate or high risk to reoffend and who is determined to be a Title IV-E Eligible Candidate, a Treatment Outcome Package (TOP) assessment will also be completed. The TOP is an evidence-based tool that captures multiple perspectives of a child's well-being and functioning in twelve behavioral health categories. These categories include suicide, violence, psychosis, depression, substance abuse, ADHD, mania, social conflict, sleep, conduct, work/school functioning and sexually worrisome behavior.[56]

The TOP, which documents statistically significant change in 96% of patients, enables the parent, child and other individuals involved in the child's care to have a voice in the assessment process. Results from the TOP are processed in real time, so notifications of worsening of symptoms or a degeneration in youth functioning are sent immediately to the JCO. In addition, critical alerts are sent to the JCO anytime an immediate concern of suicide or violence is identified. These alerts provide a detail of the items that precipitated the alert and required same day contact with the youth and parent. The TOP will be administered every six months and anytime a significant change in circumstance occurs.[57]

A youth's safety will also be assessed and monitored through periodic reviews of the Title IV-E Prevention Plan. These plans will be reviewed quarterly by the JCO and at least once during a 12-month period by a supervisor.

Safety Monitoring

JCO assessment and monitoring of child safety is not limited to the IDA and TOP. JCS will also assess and monitor child safety through standardized policies and procedures, family engagement, supervision, collaboration and training.

Each district has a policy and procedure work group that periodically reviews JCS policy and procedure. This includes policies and procedures related to assessing and monitoring child safety. Currently, JCOs are required to provide a verbal report of any suspected child to DHS within 24 hours. A written report of the suspected abuse is to be submitted to DHS within 48 hours. Districts also have written policies

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[55] Tuell, J. and Harp, K. (2016). *Letting Go of What Doesn't Work for Juvenile Probation, Embracing What Does.* Juvenile Justice Exchange.
[56] Outcome Referrals. (2020). *Treatment Outcome Package*. http://www.outcomereferrals.com/main/sub-page/category/top-assessment/top-assessment
[57] IBID

detailing the process for developing a safety plan when a JCO has determined a child's safety is at risk. Policy is aligned with the practice of 1) Respond 2) Report 3) Record 4) Refer.[58]

JCS provides for flexible and authentic opportunities for family engagement, which allows the JCO to assess and monitor youth safety through observations of family dialogue and interactions. These opportunities include interactions with the family in the home, community and office settings.

For moderate and high-risk youth, JCOs provide intensive monitoring and supervision. This is integrated with effective services and programs to ensure child safety. Monitoring and supervision include weekly in-person contacts with youth and their families in settings that include the office, school, home and the community. During these visits, JCOs utilize evidence-based approaches, such as Effective Practices in Community Supervision (EPICS) and Motivational Interviewing (MI), to conduct semi-structured open-ended interviews with youth and family members that assess potential and immediate potential threats to a child's safety. [59]

Individual districts have also worked to establish partnerships that promote the sharing of information and resources. These relationships have been established on multiple levels to promote child safety and include collaboration with:

- Community mental health providers to establish reliable and timely access to mental health and substance abuse treatment services. These relationships have created an advanced level of support for safety assessment of youth and have allowed some districts to provide on-site mental health services.
- Agencies who provide services, such as Functional Family Therapy (FFT), Multi-dimensional Family Therapy (MDFT), Multi-systemic Therapy (MST) and Behavioral Health Intervention Services (BHIS).
- School districts to provide liaison services, which increases consistent monitoring and supervision and enhances the sharing of contemporaneous information relevant to assessing child safety.

JCS districts also employ a team approach to case-management, which allows JCOs to review cases with colleagues weekly and gather collateral information that allows for a more comprehensive safety assessment. District teams typically include a JCO supervisor, JCOs, a mental health provider and school liaisons.

To ensure that all JCOs have the knowledge necessary to identify certain types of safety threats to children, JCS requires all JCOs participate in Mandatory Reporter Training. This training provides JCOs with the information necessary to recognize the categories and signs of child abuse and the knowledge needed to report suspected instances of child abuse. The training, which is provided by the Iowa Department of Human Services, is required every three years.

Safety Planning

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[58] ACF. *Safety Plan*. https://training.cfsrportal.acf.hhs.gov/section-2-understanding-child-welfare-system/3016

[59] Pecora, P., Chahine, Z. Graham, J.C. (2013). *Safety and Risk Assessment Frameworks: Overview and Implications for Child Maltreatment Fatalities*. Child Welfare 92(2), 143-160.

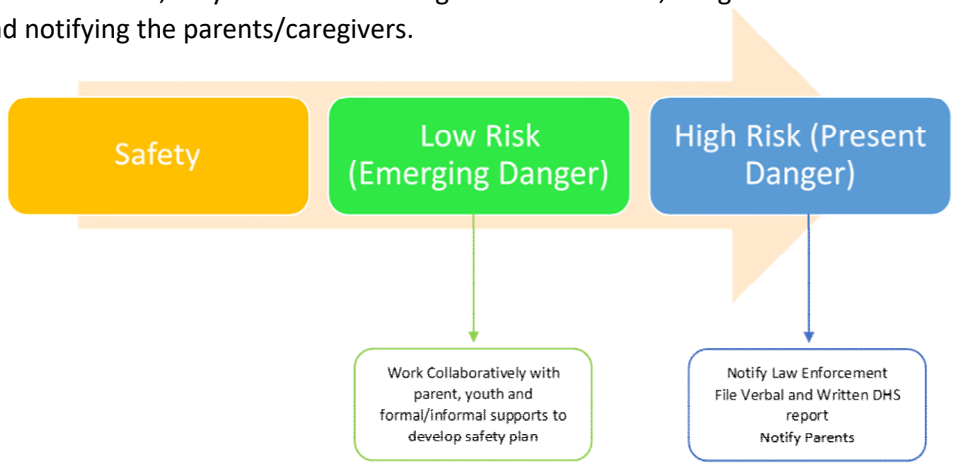
To establish what constitutes a viable threat to child safety, JCOs evaluate the information from the IDA, TOP, prevention plan and other sources of information based on the following criteria:

1) Potential to cause child serious harm and/or pain and suffering.
2) Condition is clearly identifiable – specific and observable
3) Situation is out of control and family has no mean to assume control
4) Child is vulnerable – susceptible to danger and unable to protect himself
5) Danger is imminent – could happen at any time

JCS views child safety on a continuum ranging from safety to danger. At any time a JCO identifies a threat to a child's safety, the JCO will work collaboratively with the parent, child, and involved parties to determine the level of threat – low or high – which will dictate the course of action taken by the JCO.

A low-level threat is one in which serious harm to a child is not immediately present but may occur in the near future. JCS procedure in this category requires JCOs to work cooperatively with the parent, youth and formal/informal supports to develop a written safety plan. This safety plan identifies the services, actions, activities and responsible parties necessary to immediately control and mitigate any threats to child safety. The safety plan remains in effect for the duration that a threat to a child's safety exists and the family is unable to ensure the child's safety.

A high-level safety threat is a threat that presents the capacity for immediate and serious harm to a child. These threats require an immediate response by the JCO. This response, which is dependent upon each child's situation, may include contacting law enforcement, filing a verbal and written report with DHS, and notifying the parents/caregivers.



Section 4. Consultation and Coordination

A. Consultation with State, Public and Private Agencies

Iowa's JCS employs the Systems of Care model to guide cross-system consultation and collaboration. The Systems of Care model is an approach to service delivery that crafts collaborative relationships to develop a comprehensive process for addressing a family's complex needs. Research has shown that agency adoption of and adherence to its principles, which include cross agency cooperation; strength based and individualized care that is culturally competent; family engagement, community-based services; and responsibility result in improved outcomes for children, youth, and families.[60] JCS engages in consultation with state, public and private agencies to achieve safety and permanency for children and improve agency efficiency, resources and opportunities.

JCS believes that an open and mutual exchange of information is integral to effective collaboration. Relationships must be mutually beneficial and built around common goals that motivate stakeholders to improve the assessment and delivery of individualized services for youth and families. This requires the development of trust and an effort to understand and consider the effects of any action taken on all involved parties.

To initiate the consultation process, JCS uses the below strategic approach:

- Define area of need
- Identify purpose of consultation
    - Outreach – provide information, exchange data, opinions and options
    - Information exchange
    - Recommendation – non-binding options that provide influential/expert advice
    - Agreement – reach a practical and feasible arrangement
    - Stakeholder action – empower stakeholders to act
- Based on purpose of consultation identify appropriate consultation model
    - Expert – evaluation of problem and technical assistance in identifying solution
    - Process –how to solve problem and system's role in problem
    - Medical – interactive decision making focusing on primary intervention
    - Emergent – evolving process for discovery and shaping
- Identify and contact possible state, public and private agencies available and interested in consultation
- Utilize consultation to
    - Identify and clarify problem/issue
    - Recognize factors that influence change process
    - Review technical and structural factors connected to change
    - Collect data
    - Formulate, organize and present data

[60] Child Welfare Information Gateway (n.d.). *Systems of Care*. US Department of Health and Human Services.

- Identify interventions
- Implement, monitor, assess and modify policies, procedures and/or services

The described consultation approach is inclusive of assessment, program formulation and development of recommendations. It ensures that a process of dialogue and measurement occurs that leads to decisions about comprehensive system improvement for JCS.

JCS has utilized all four models of consultation. It has collaborated with national experts in the juvenile justice field, such as Dr. Edward Latessa, director and professor of the University of Cincinnati School of Criminal Justice; Dr. Robert Macy, founder and president of the International Trauma Center in Boston; Dr. Mark Lipsey, Research Professor at Vanderbilt Peabody College; and Diana Wavra, Orbis consultant and trainer for evidence based services in juvenile justice to identify evidence-based services and programs best suited to the identified needs of Iowa's youth and families. Consultative relationships have also been established with national and local higher learning institutes, such as the University of Cincinnati, Georgetown University, the University of Iowa and Iowa State University for the purpose of program evaluation and implementation of evidence-based practices. JCS has sought out consultation with nationally recognized agencies for system improvement guidance. This includes, state and federal agencies, such as the Iowa Department of Human Services (DHS), the National Center for State Courts (NCSC), the Council for State Governments (CSG), the Office of Juvenile Justice and Delinquency Prevention (OJJPD), the Center for Juvenile Justice Reform, Iowa Criminal and Juvenile Justice Planning (CJJP), Iowa Department of Education (DE), Iowa Department of Labor and Iowa Vocational Rehabilitation Services.

Individual districts also consult locally. These local collaborative partnerships include advisory groups, oversight committees, work groups and service provider meetings. The purpose of this local consultation is to assess goals, objectives, data and progress by establishing working relationships with individuals and agencies in the private sector. This learning collaborative approach allows JCS to adopt and adapt best practices across diverse settings and create changes in the agency that promote effective interventions and services. Organizations can learn from each other and experts in specific areas and collaborate on where and how to improve practice. Members of these consultation teams, which include attorneys, judges, faith-based organizations, school representatives, Native American tribe members, service providers and law enforcement, often assist JCS in closing the gap between what it knows and what it does.

B. Service Coordination

Under Title IV-B subpart I and Subpart II, states may claim certain allowable expenses for youth who have been identified as an eligible candidate for foster care. The purpose of Title IV-B, the Stephanie Tubb Jones Child Welfare Service Program, is to promote state flexibility in the development and expansion of a coordinated child and family services program that utilizes community-based organizations. Allowable expenses under Title IV-B Subpart I are JCO case management services and contracted services, such as crisis intervention. The goal of Title IV-B Subpart II is to promote safe and stable families, develop, expand and operate coordinated programs of community-based services for family preservation. Eligible expenses for Title IV-B

subpart II include specific expenses related to family preservation, family reunification, community-based family support and administrative costs (maximum of 10% of total costs).

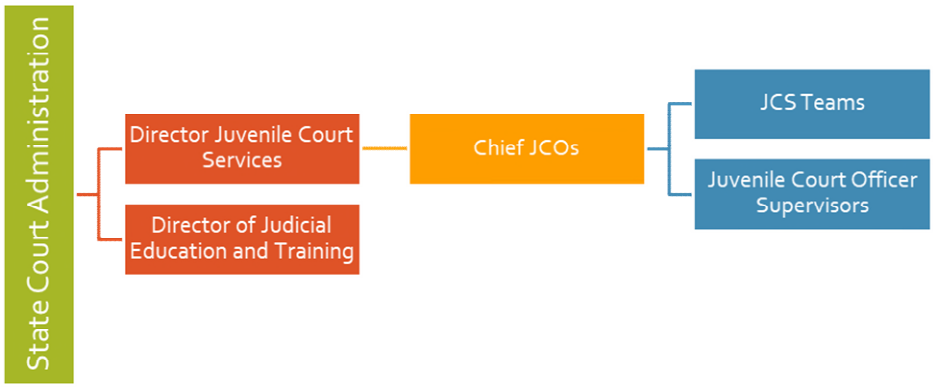
JCS will work collaboratively with the Iowa Department of Human Services (DHS) to develop a Memorandum of Understanding (MOU) detailing the responsibilities of JCS and DHS. This memorandum will outline purpose of MOU, each agency's role and responsibilities, financial and data sharing arrangements, reporting requirements and time period.

Section 5. Child Welfare Workforce Support

A. Assurance of Staff Qualifications

JCS Staff

Iowa's JCS is structured to provide assurance of staff qualifications, as well as support for Juvenile Court Services employees.



JCOs play a critical role in the justice process and have a unique opportunity to intervene in a youth's life. Because of this, it is imperative that JCOs are properly trained and qualified. [61] To increase assurance of staff qualifications, JCS has an intensive training process that requires completion of training requirements set by the Iowa Supreme Court. This includes 100 hours of mandated orientation the first year of employment and fifteen hours of mandated yearly continuing education units.[62]

Because JCS recognizes the importance of highly qualified staff, it also provides additional training opportunities through seminars, professional conferences and in-house trainings. Recent training topics have included youth development, cultural diversity (Implicit Bias and Race the Power of Illusion), communication skills (Motivational Interviewing), assessment, safety planning, case management and supervision, ethics, resources and time management, substance abuse, human trafficking, gender differences, trauma, community supervision (EPICS), services and programming

[61] Harvell, S. et al (2018). *Building Research and Practice in Juvenile Probation: Rethinking Strategies to Promote Long-term Change.* Urban Institute.
[62] Reddington, F. and Kreisel, B. (2000). *Training Juvenile Probation Officers: National Trends and Patterns.* Federal Probation 64(2).

and family engagement. In addition, JCS partners with a variety of local agencies to provide training on specific topics, such as trauma, opioid addiction and vaping. Individual training opportunities are also available through the Iowa Judicial Branch online learning management system "i-learn."

Annual performance reviews based on competency, self-assessment, feedback and specifically identified criteria are also employed to ensure a highly qualified JCS staff.

Service Provider Staff

Because JCS is committed to providing quality programming to youth and families all service provider contracts are monitored for quality assurance and compliance. Each district has a Contract Administrator (CA), who is responsible for completing independent audits on all contracts and ensuring providers meet contract expectations and submit monthly outcome reports.

To further assure services and programs provided by local agencies are being delivered by highly qualified staff, JCS intends to complete a review of all service contracts and ensure that a structured framework for accountability is included in contract language. This framework will include identification of service delivery outcomes (performance domains, indicators and measures) and defined responsibilities in the areas of monitoring and reporting outcomes, data collection, program evaluation and fidelity, and provider qualifications and training.

Quality assurance is not a method for assuring that something was done but rather a process of assuring that something was done well. To that end, JCS will use the Continue Quality Improvement (CQI) process for service planning, implementing, assessing and adjusting. As part of this process, JCS will elicit youth and family feedback, engage in quarterly meetings with providers, assist with providing booster trainings (when financially feasible), peer to peer consultation and individual coaching. [63]

B. Prevention Plan Development

JCS utilized information from research, ACF technical bulletins, other state agencies and the Iowa Department of Human Services (DHS) to identify the key components and requirements of the prevention plan. A work group was then established to develop the policies and procedures related to prevention plan development and implementation.

As a result of the workgroup's efforts, a Title IV-E Prevention Plan was developed (see attachment?). This prevention plan is a separate document from a youth's case plan and will be completed following a JCOs completion of the Title IV-E Candidacy Eligibility Screening. The prevention plan identifies the specific family and child strengths and needs and the child's criminogenic risk factors. The prevention plan requires JCOs to enter a prevention strategy, treatment objectives and appropriate service(s). It also instructs JCOs to enter who the recipient of the service(s) is and the date the service(s) was initiated and completed.

JCS requires that the prevention plan be developed with input from the family and child and be reviewed and approved by a JCO supervisor prior to implementation. Prevention plans will be

[63]Pennsylvania Juvenile Justice System (2019). *Continuous Quality Improvement (CQI) Sustainability Planning Guide.* Juvenile Justice System Enhancement Strategy.

reviewed by the JCO at six- and twelve-month intervals or when a substantial change in family circumstance occurs.

Section 6. Child Welfare Workforce Training

To ensure families receive quality treatment and supervision, JCS is committed to providing the training needed to retain a highly skilled and competent workforce. JCS recognizes the passage of the Family First Prevention Services Act (FFPSA) will create changes in the Juvenile Justice System. These changes necessitate the development and implementation of a workforce training plan to ensure all JCS staff have the knowledge and skills required to successfully incorporate FFPSA policies into daily practices.

To assist in the training process, the Director of Juvenile Court services and CJCOs created FFPSA implementation teams. These teams were tasked with assisting with the development and implementation of training related to FFPSA in six areas – FFPSA basics, case planning and management, data, CQI, youth and family needs and policy. Training in these areas will be implemented in a phased approach. Phase one of the training will focus on providing JCS staff a context for learning through an overview of FFPSA and its requirements. This phase of training will cover case planning and management related to FFPSA requirements, inclusive of risk/needs assessment, candidacy determination/eligibility screening tool, prevention plan development and implementation, identification, matching, monitoring and evaluation of services and family needs/safety assessment planning.

Phase two of training will introduce JCS staff to the data required for FFPSA. This will include data collection, reporting, entry and RMS. Phase three of training will focus on youth and family needs and address topics, such as trauma informed care, child development, cultural diversity and family engagement. Phase four of training will center on training specific JCS staff in the Continuous Quality Improvement (CQI) process. The final phase of training, phase five, will be structured to train staff on policy changes related to FFPSA. This phase will serve to bring all the components related to FFPSA together in a comprehensive manner.

A blended learning approach will be used throughout the trainings. This approach will include direct and on-line instruction, discussion, demonstration and collaborative learning.

JCS will also continue to provide ongoing training opportunities for staff in family engagement, accessing and delivering trauma informed services and evidence-based practices. The Director of Juvenile Court Services and the Chief Juvenile Court Officers (CJCOS) will work collaboratively with the Judicial Branch Director of Education and Training in identifying future state-wide and individual district training needs. Additional input on training needs will be elicited on the local level through feedback from JCS staff, youths and families and service providers.

Section 7. Prevention Caseloads

Currently JCS does not have an established client to JCO ratio. Because JCOs handle a variety of case types that fall on a continuum of court involvement, supervision and service needs, typical staffing formulas based solely on case counts are not able to differentiate the amount of time needed to manage cases. Due to the fact that JCOs need to provide varying amounts of supervision to be effective and efficient, their practice lacks the consistency needed to establish workload standards for JCOs. In addition, caseloads vary significantly between urban and rural areas, with rural areas often having larger coverage ages and higher travel time requirements. [64]

Iowa currently has 193 JCO positions. These positions are responsible for a continuum of cases that range from intake to formal probation and adult waivers. When considering the youth on informal probation, formal probation, consent decrees and adult waivers, JCOs management 5,156 cases in 2017. This produced a caseload ratio of 26.7 youth to 1 JCO.[65] This is lower than the President's Commission on Law Enforcement and Administration of Justice recommended caseload pf 35 clients per JCO[66] and the national average caseload of 40 to 1. [67]

JCS will utilize the Iowa Court Information System to monitor and evaluate time spent on Title IV-E activities to determine if prevention caseloads will need to be adjusted in the future.

Section 8. Assurance on Prevention Program Reporting

The Director of Juvenile Court Services and the CJCOs will work collaboratively with DHS to identify all required reporting elements and timeframes for the submission of data to DHS. JCS will then utilize the Iowa Court Information System (ICIS) as the mechanism for collecting data. Work has already been initiated to identify data collection points in the system and to build the Title IV-E Candidacy Eligibility Screening Tool and Prevention Plan into the case management system. JCS will work with the Criminal and Juvenile Justice Planning (CJJP) agency to aggregate and analyze data an develop a mechanism for reporting data in timely fashion to DHS.

Section 9. Child and Family Eligibility for the Title IV-E Prevention Program

FFPSA has broadly defined a "child who is a candidate for foster care" as a child

1. Who is a candidate for foster care as defined in section 475 (13) but can remain safely at home or in a kinship placement with receipt of services or programs.

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[64] Moran, B. (2013). *Juvenile Court Officers Perceptions of Innovation Adoption.* University of Nebraska
[65] CJJP, 2017. *State of Iowa Juvenile Delinquency Annual Statistical Report*. https://humanrights.iowa.gov/sites/default/files/media/2017%20State%20Annual%20Report%20for%20JCS.pdf
[66] Bilchik, S. (1999). *Workload Measurement for Juvenile Justice System Personnel: Practices and Needs*. US Department of Justice
[67] Torbet McFall, P. (1996). *Juvenile Probation: The Workhorse of the Juvenile Justice System*. US Department of Justice.

2. Whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement.
3. Who is in foster care and pregnant or parenting children in foster care.

Research has shown there are several factors that increase a youth's risk of foster care placement. These factors include parental risk factors associated with substance abuse, mental illness, deficits in parenting skills, lack of social supports and connections and child maltreatment. Factors related directly to the child include previous out-of-home placements, developmental delays and physical or intellectual disabilities.[68] The Center for the Study of Social Policy and the Administration on Children, Youth and Families also indicated protective factors, resilience, social connectedness and the cognitive and social/emotional competence of youth can directly impact a youth's risk of out-of-home placement.[69]

Utilizing FFPSA's definition, research and Iowa Code sections 232.2 and 234.1, which provide a definition for "child" and a "child in need of assistance," JCS is defining a "child who is a candidate for foster care" as a child whose involvement with JCS is for the specific purpose of either removing the child from the home or providing prevention services, such that if the services are unsuccessful, the plan is to remove the child from the home and place him/her in foster care or removing the child from the home. A child may be formally or informally involved with JCS and not be identified as an eligible candidate. However, if a substantial change occurs or safety issues emerge that places the child at imminent or serious risk of removal from the home and placement in foster care, a child may become an eligible Title IV-E candidate. A child is not a candidate for foster care if the planned out-of-home placement is an arrangement other than foster care, such as placement in a detention or psychiatric facility.

JCS intends to use a structured method to determine candidacy. This method will be utilized at the initial intake for each youth that JCS receives a complaint for and is based on the following:

1) Completion of the Iowa Delinquency Assessment (IDA) to identify the child's risk and protective factors. The IDA contains assessments in eleven domains, including family factors related to maltreatment, substance abuse and mental health. Based on the Ecological Model[70], the IDA takes into consideration the complex interactions between individual, relationship, community, and societal factors and identifies the scope of characteristics that put youth at risk of perpetrating or experiencing violence. The IDA detects areas of need across multiple levels of the ecological model, which is necessary for long-term prevention. For youth who score as moderate or high risk to reoffend, JCOs will complete the Title IV-E Candidacy Screening Tool (CST (see attachment?)).
2) Completion of Title IV-E CST. The CST provides a structured methodology for JCOs to accurately identify FFPSA candidates based on whether a child meets the candidacy threshold score, which is a composite tally of the family and child's identified risk factors associated with foster care placement.

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[68] English, D. et al (2015). *Predicting Risk of Entry into Foster Care from Early Childhood Experiences: A Survival Analysis using LongScan Data*. Child Abuse and Neglect 45: 57-67.
[69] Harper Browne, C. (2014). *The Strengthening Families Approach and Protective Factors Framework*. https://cssp.org/wp-content/uploads/2018/11/Branching-Out-and-Reaching-Deeper.pdf
[70] Center for Disease Control (2020). *The Social-Ecological Model: A Framework for Prevention.* https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html

3) Completion of the JCS prevention plan that clearly states that absent prevention services or should preventative services fail, the youth will be removed from the home and placed in foster/group care. The plan will also include youth and family strengths, objectives and related services and date youth became an eligible candidate. Prevention plans are progressive documents and are required to be updated and modified as the needs of the child and family change
4) Eligibility is evaluated every six-months or when changes in circumstances occur and a new prevention plan is developed.

Appendix C

QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP) PROCESS OVERVIEW (LPHA Assessment Prior to Placement)

Possible Need for Placement Identified

- Update long form IDA

TOP Assessment

- Request FACS # from designated DHS Payment Individual to initiate TOP (as a last resort you may enter seven 9's as a placeholder until DHS issues
- JCO & youth complete TOP

LPHA Assessment

- Identify LPHA (preferably one who has an existing relationship with child) to complete the Admission Clinical Review Form (ACRF).
- Must be completed within a 30-day timeframe prior to placement
- Invite LPHA as a TOP rater
- Request LPHA complete ACRF

QRTP Recommended

- Secure court order for placement
- Upload ACRF template, clinincal write up and TOP results as exhibit to court

QRTP Selection & Referral

- Complete TOP Level of Need Tool and IDA to identify provider best matched to youth's specific criminogenic and responsivity needs.
- Refer youth to QRTP providers in service area
- If information from the assessment tools and the JCO's specific knowledge of the case indicate a need for an out of service area placement, follow the Exception to Policy Procedure to request one.
- Attach the Foster Group Care Services (FGCS Referral Form) and the Admission Clinical Review Form (ACRF) should be attached to the required referral packet.
- Follow local protocol for notifying court of youth's official placement date

Judicial Review

- Follow local protocol to request judge to review the ACRF within 60 days.
- Participate in Judicial Review
- Ensure judge's order approving QRTP placement is maintained electronically in ICIS and a paper copy of the ordered is stored in the youth's hard-copy file.

QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP) PROCESS OVERVIEW (LPHA Assessment Following Placement)

Possible Need for Placement Identified

Update long form IDA

TOP Assessment

Request FACS # from designated DHS Payment Individual to initiate TOP (as a last resort you may enter seven 9's as a placeholder until DHS issues

JCO & youth complete TOP

Secure Order for Placement

Request modification to place youth

QRTP Selection & Referral

Complete TOP Level of Need Tool and IDA to identify provider best matched to youth's specific criminogenic and responsivity needs

Refer youth to QRTP providers in service area

If information from the assessment tools and the JCO's specific knowledge of the case indicate a need for an out of service area placement, follow the Exception to Policy Procedure to request one.

Attach the Foster Group Care Services (FGCS Referral Form) and the Admission Clinical Review Form (ACRF) should be attached to the required referral packet.

Follow local protocol to notify court of youth's official placement date

LPHA Assessment

Identify LPHA to complete the Admission Clinical Review Form (ACRF). **NOTE:** If LPHA completing the ACRF is a QRTP provider, the assessment should be completed within 14 days of placement.

Invite LPHA as a TOP rater

Within 5 days of receiving LPHA report recommending QRTP placement, follow established protocols for uploading ACRF(including template, clinical write up and TOP results), as an exhibit to the court.

Judicial Review

Follow local protocol to request judge to review the ACRF within 60 days.

Participate in Judicial Review

Ensure judge's order approving QRTP placement is maintained electronically in ICIS and a paper copy of the ordered is stored in the youth's hard-copy file.