CHILD WELFARE SERVICES

Position Statement

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

Discussion

- *Child Abuse*

In state fiscal year (SFY) 2012, the Department of Human Services (DHS) identified 31,284 children as abused or at risk of abuse. Of those, DHS determined that 11,706 (37%) were victims of abuse; this reflects a 9.67% decrease from the 12,959 child abuse victims in SFY 2010. (Iowa Department of Human Services, Child and Family Services, 2012b).

- *Type of abuse* – 79% of abuse is denial of critical care/neglect, 9% is physical abuse, 6% involves presence of illegal drugs, 4% is sexual abuse, 1% is exposure to manufacture of meth, and 1% involves allowing access to a registered sex offender.
- *Age of victim* – 51% of abuse victims are age 5 or younger, 27% are age 6 to 10, and 22% are age 11 or older.
- *Impact of abuse* – Studies at the Centers for Disease Prevention and Control and by the Washington State Family Planning Council found that adverse childhood experiences, including child abuse, can put children at risk for lifelong health and social problems, including smoking, alcohol abuse, drug use, heart disease, and suicide attempts (Jackson, December 2012).

- *Child Abuse Prevention*

About 3% of child welfare funding goes to prevention initiatives (Jackson, December 2012). The state provides funding to local community-based volunteer councils to provide prevention services in 89 of Iowa's 99 counties (Department of Human Services, 2012a). Prevention services include parent development (education, support and leadership), respite/crisis childcare, voluntary home visiting programs, and sexual abuse prevention.

- *Child Welfare Services*

Child welfare services are provided to children and families who are either at risk of abuse or who have experienced abuse, and to children who have been adjudicated a child in need of assistance. Services are directed at safety, permanency, and child and family wellbeing. Services include early intervention and prevention services such as Community Care and Decategorization, in-home services, family foster care, group care, emergency services, and transition and aftercare services for children that "age out" of foster care. In SFY 2012, 80% of child abuse victims remained in their homes while receiving services to ensure safety. An average of 445 youth age out of foster care each year (Iowa Department of Human Services, 2012b).

- *Adoption Services*

The state also provides services to find permanent adoptive homes for children whose parental rights have been terminated, and adoption subsidies to provide financial support to families that adopt children with special needs (e.g., a diagnosed physical, mental or emotional disability). The monthly subsidy is designed to assist families with costs associated with meeting the child's special needs; families are also eligible for post-adoption support services. On July 1, 2012, 9,676 children were eligible for adoption subsidy, with 9,136 receiving an adoption subsidy payment (Iowa Department of Human Services, 2012e).

- *Federal Child and Family Services Review (CFSR).*

The Children's Bureau conducted Iowa's second CFSR in August 2010. Iowa did not achieve substantial conformity with any of the seven CFSR outcomes during the 2010 CFSR (U.S. Department of Health and Human Services, January 2011). The State did achieve overall ratings of strength for the following individual items – placement proximity, child's physical health, and child's mental/behavioral health. Iowa also met the national standards for the data indicators pertaining to absence of maltreatment of children in foster care by foster parents or facility staff, timeliness of adoptions, and permanency for children in foster care for extended time periods. Iowa is currently implementing a two-year Program Improvement Plan to improve the child welfare system.

Issues

- *DHS Caseloads*

Currently, DHS child protective assessment workers carry an average of 15 to 16 child abuse assessments each month. This is 25% to 33% higher than the 12 assessments per month recommended by the Child Welfare League of America (CWLA). DHS child welfare on-going workers carry an average of 29 cases (L. Armstrong, personal communication, November 1, 2012); this is 71% to 93% higher than the 15 – 17 cases recommended by CWLA. High caseloads impact the quality of service provided to children and families, including frequency of worker visits with children and parents. DHS case-reading shows, for example, a steady decline in worker visits with children over the last year from 62.7% of children receiving a monthly visit in the first quarter to 26.7% in the most recent fourth quarter (K. Harvey, personal communication, November 30, 2012). Similarly, monthly caseworker visits with parents declined from 36.6% in the first quarter to 13.4% in the fourth quarter. The first round of federal CFSR's conducted between 2001 and 2004 found that when state child welfare agencies do well on caseworker visits, they are better positioned to assess children's risk of harm and need for alternative permanency options, to identify and provide needed services, and to engage children and parents in planning for their future (Child Welfare Information Gateway, June 2011) DHS has a supervisory ratio of 1 supervisor for each 7 child welfare caseworkers; this is 40% higher that recommended by the Child Welfare League of America (L. Armstrong, personal communication, November 21, 2012.)

- *Provider Rates*

According to a report done by the Iowa Department of Human Services in 2009), the Consumer Price Index – Urban adjusted rate outpaced the annual rate increases for providers by 12.16% between December 1998 and December 2007. The report also noted that private agency staff earn 67 – 79% of the salaries of their public-agency counterparts, and that this contributes to high voluntary turnover (20% - 47%) of direct service workers, which can negatively impact permanency outcomes. Provider rates for group care and supervised apartment living (SAL) were reduced further on January 1, 2010 when DHS implemented a 5% across the board reduction in rates for family foster care, adoption subsidy and selected child welfare providers on January 1, 2010 in response to Executive Order 20 (Iowa Department of Human Services, 2012b & e)[1]. Although the Legislature appropriated a 1.3% - 1.5% rate increase in SFY 2013, rates for foster and adoptive families and for group care and SAL providers remain below those in effect on December 31, 2009.

- *Adoption Subsidy Shortfall* - DHS currently projects that the adoption subsidy program will experience a $1 million shortfall in the current fiscal year, SFY 2013 (Iowa Department of Human Services, 2012e). If the Governor and Legislature do not agree to provide a supplemental appropriation to cover this shortfall, DHS would have to reduce services to adoptive families or cover it from within their existing budget (e.g., by cutting funding for other child welfare services).
- *Parent Partner Program Expansion* - The Parent Partners program provides peer mentoring for families in the child welfare system in order to reduce length of out-of-home placement, prevent repeat abuse and improve successful reunification. Currently, there is a parent partner presence

[1] Family Safety, Risk and Permanency (FSRP) and shelter care services were not subject to the 5% across-the-board cut (V. Wiedemeier, personal communication, December 10, 2012).

in approximately two-thirds of the state (Iowa Department of Human Services, 2012b). DHS is working with the Midwest Child Welfare Information Center to expand the program and to evaluate its impact on child and family outcomes (M. Muir, personal communication, December 10, 2012). DHS' goal is to expand the program statewide over the next two years, at an estimated cost of $2.8 million (Iowa Department of Human Services, 2012b). However, at this point, no stable funding source has been identified, and the funds needed for expansion are not included in the DHS SFY 2014 or 2015 budget requests.

- *Substance Abuse*

70% - 80% of open child welfare cases in Iowa are related to substance abuse (Iowa Department of Human Services, December 15, 2010). In 2009, DHS and the Iowa Department of Public Health developed a joint protocol for child welfare and substance abuse workers to use when working with families involved in both systems (Iowa Department of Human Services, 2009). Currently, four counties are implementing this protocol (W. Rickman, personal communication, November 21, 2012), and DHS plans to expand use of the protocol to 2 additional counties over the next year (Iowa Department of Human Services, 2012d). In 2007, the Iowa Judicial Branch received a 5-year $500,000 grant from the Children's Bureau to implement family drug courts in five pilot county sites – Linn, Polk, Scott, Wapello, and Woodbury. The Judicial Branch also created a State Partnership Team to address state policy and procedural barriers that prevent effective treatment.

- *Differential Response*

The Legislature directed DHS in HF 2226 to develop a "differential response" to complaints of child abuse that would provide services in cases of less-serious abuse without a formal investigation or finding. At least 20 states have piloted or implemented differential response approaches to child abuse reports (Rohm and Lockwood, 2010). Research in Missouri, Minnesota and Ohio (Rohm and Lockwood, 2010) found that children were safer under such as approach than under the traditional child abuse response. DHS created a work group to guide the development of Iowa's version of differential response, and submitted a report to the Legislature at the end of November recommending statewide implementation of differential response (Iowa Department of Human Services, December 3, 2012). Iowa's differential response would involve a two-track system to respond to screened in reports, in which denial of critical care cases would be assigned the track which does not result in an investigation, or a finding of abuse & placement on the Central Abuse Registry unless there was a high risk of injury or an immediate threat to a child. Although the work group recommended an independent evaluation of implementation, DHS did not support funding an independent study and recommended instead that existing system data be used to evaluate and report outcomes (Iowa Department of Human Services, December 3, 2012).

Recommendations

- *DHS Caseloads*. The Legislature should provide funding to reduce DHS caseloads for child protective assessment workers and child welfare ongoing workers to bring them in line with national standards developed by the Child Welfare League of America in order to improve services provided to children and families, including frequency of worker visits.
- *Provider Rates*. The Legislature should provide funding to, at a minimum, restore rates for foster and adoptive families and for group care and SAL providers to those in effect on December 31, 2009. In addition, the Legislature should adopt language to annually increase provider rates to reflect increased costs as reflected in the consumer price index.
- *Adoption Subsidy*. The Legislature should provide funding to address the $1 million projected shortfall in the adoption subsidy program in the SFY 2013 budget, and build these funds into the base for SFY 2014 and 2015.
- *Parent Partner Program Expansion*. The Legislature should provide sufficient funding to expand the Parent Partner Program statewide over the course of SFY 2014 and 2015.

- *Substance Abuse.* DHS and the Iowa Department of Public Health should develop and implement a time-line for expanding use of the joint child welfare-substance abuse protocol statewide over the next several years.
- *Differential Response*. The Legislature should support implementation of differential response, and should provide funding to enable an independent evaluation to ensure that implementation positively impacts child welfare outcomes related to safety, permanency and child and family well-being. While DHS could provide administrative data to measure changes in some safety and permanency outcomes (e.g., repeat maltreatment & reunification), an independent evaluation would be better positioned to measure the extent to which changes in outcomes were actually the result of implementing differential response, and would be able to measure changes in child welfare outcomes for which DHS does not collect administrative data (e.g., child well-being, parental satisfaction). Such an evaluation could be conducted by one of several national organizations or by a university or private organization based in Iowa.

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