

Child and Family Services Review

Statewide Assessment

July 31, 2026

IOWA
Health and Human Services

Table of Contents

SECTION I: GENERAL INFORMATION **3**

SECTION II: STATE CONTEXT AFFECTING OVERALL PERFORMANCE **14**

SECTION III: ASSESSMENT OF CHILD AND FAMILY OUTCOMES AND PERFORMANCE ON NATIONAL STANDARDS **17**

A. Safety 17
B. Permanency 19
C. Well-Being 23

SECTION IV: ASSESSMENT OF SYSTEMIC FACTORS **27**

A. Statewide Information Systems 27
B. Case Review System 29
C. Quality Assurance System 38
D. Staff and Provider Training 44
E. Service Array and Resource Development 57
F. Agency Responsiveness to the Community 63
G. Foster and Adoptive Parent Licensing, Recruitment, and Retention 93

SECTION V: APPENDICES **107**

A. CFSR State Data Profile
B. Links to Documents and Policies
C. New Social Work Case Manager Training Plan
D. CPW and CPW Supervisor – New Worker Training Plan FY26
E. Checklist for Initial Foster Licensing/Adoption Home Approval
F. Checklist for Renewing Foster Home Licensing/Adoption Home Approval
G. Family Centered Services (FCS) Listening Sessions Report
H. Example of Foster Parent Notice of Court Hearing
I. CFSP Feedback from Parent Partners and PP Coordinators
J. Sample of Family Case Plan Template

Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.

Section I: General Information

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Iowa Department of Health and Human Services

Statewide Child Welfare Contact Person(s) for the Statewide Assessment

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List of Statewide Assessment Participants

Name	Affiliation	Role in Statewide Assessment Process
21 confidential youth	External Stakeholder	Youth with Lived Experience, State of Iowa youth Advisory Council (SIYAC)
25 confidential parents-statewide	External Stakeholder	Parents with Lived Experience
Adam Andre	Children and Families of Iowa	Service Area Parent Partner Coordinator
Adam Hanson	Bremer County Attorney's Office	County Attorney, Member of START Statewide Steering Committee
Aislinn Conrad	University of Iowa	Lead Evaluator, Member of START Statewide Steering Committee
Alexandrea Jensen	Children and Families of Iowa	Member for Child Protection Council/State Citizen Review Panel
Alexis Bugger	Children and Families of Iowa	Parent Partner Coordinator
Alexis McQuown	External Stakeholder	Foster Parent, Member of Safe Kids Advisory Panel
Amanda Macias	Children and Families of Iowa	Parent Partner, Member of Parent Partner Policy and Practice Committee
Amber Searls	Children and Families of Iowa	Parent Partner Coordinator
Amy Carpenter	CASA of Iowa	Bureau Chief, Member of Child Protection Council/State Citizen Review Panel
Andrea Denclau	Iowa ACES 360	Research and Systems Innovation Manager, Chair of Child Protection Council/State Citizen Review Panel
Andrea Hickman	Iowa Department of Health & Human Services	Social Work Administrator - Northern Service Area
Andrea Rice	Iowa Department of Health & Human Services	Child Protective Worker (CPW) - Des Moines Service Area
Andrea Vitzthum	Polk County Attorney's Office	Juvenile Public Defender, Member of Safe Kids Advisory Panel

Name	Affiliation	Role in Statewide Assessment Process
Andrew Allen	Youth Shelter Services	President and CEO, Chair of Juvenile Justice Advisory Committee
Angie Blair	Iowa Department of Health & Human Services	Social Work Supervisor - Western Service Area, Member of START Statewide Steering Committee
Angie McCann	Iowa Department of Health & Human Services	Senior Project Manager, Member of Safe Kids Advisory Panel, Member of START Statewide Steering Committee
Anna Johnson	Children and Families of Iowa	Parent Partner Coordinator
April Gardner	Children and Families of Iowa	Service Area Parent Partner Coordinator
Arminta Damken-Navarro	Mainstream Living, Inc.	Member of Juvenile Justice Advisory Committee
Ashley Johnson	Child Welfare Provider Training Academy	Director of Learning & Evaluation, Member of Child Welfare Partners Committee (CWPC)
Ashley Scholten	Children and Families of Iowa	Parent Partner Coordinator
Audrey Penningroth	University of Iowa	Evaluation Team, Member of START Statewide Steering Committee
Betty Kilburg	Iowa Department of Health & Human Services	Social Work Case Manager (SWCM), Member of START Statewide Steering Committee
Brad Richardson	Iowa Department of Health & Human Services	Safe Babies Statewide Coordinator, Member of START Statewide Steering Committee
Breann Kurtz	Iowa Department of Health & Human Services	Family Mentor-START TEAM, Western Service Area
Brenda Bartz	Iowa Department of Health & Human Services	Social Work Administrator - Cedar Rapids Service Area
Brynne Howard	Iowa Department of Health & Human Services	Attorney
Calen Holman	Ankeny Police Department	Law Enforcement Officer, Member of Juvenile Justice Advisory Committee
Camille Kahn	Iowa Judicial Branch	Clinton County Attorney, Member of START Statewide Steering Committee
Cara Bockes	Iowa Department of Health & Human Services	Deputy Compact Administrator, CPS Bureau of Title IV-E, ICPC, & ICJ
Carly Shaw	Children and Families of Iowa	Service Area Parent Partner Coordinator
Carrie Welton	Meskwaki Family Services	Social Worker

Name	Affiliation	Role in Statewide Assessment Process
Chad Jensen	Iowa Judicial Branch	Director of Juvenile Court Services, Member of Juvenile Justice Advisory Committee, Member of Child Welfare Partners Committee (CWPC)
Cheryll Jones	Ottumwa Regional Health Center	Health Services Coordinator, Member for Child Protection Council/State Citizen Review Panel
Chet Johnson	Iowa Department of Health & Human Services	Social Work Case Manager (SWCM), Member of START Statewide Steering Committee
Chief Trica Thein	Decorah Police Department	Chief of Police, Member of Child Protection Council/State Citizen Review Panel
Christina Hazelbaker	Iowa Department of Health & Human Services	Statewide Assessment Coordinator
Christine Fair	Children and Families of Iowa	QA Specialist
Christy Porter	Children and Families of Iowa	Parent Partner Coordinator
Cindy Hook	Children and Families of Iowa	Parent Partner Coordinator
Clarice Vincent	Iowa Department of Health & Human Services	Child Protection Service Deputy Director, Member of START Statewide Steering Committee
Craig Smith	Iowa Department of Health & Human Services	Foster Care Program Manager
Cristal Wilson	Iowa Department of Health & Human Services	Family Mentor-START TEAM, Eastern Service Area
Dan Larson	Polk County Juvenile Detention Center	Program Administrator, Member of Juvenile Justice Advisory Committee
Danica Haas	Iowa Chapter of Child Advocacy Centers	Executive Director, Member of Child Protection Council/State Citizen Review Panel
Daniel Vakulskas	Iowa Judicial Branch	District 3 Associate Judge, Member for Child Protection Council/State Citizen Review Panel
Daphanie Martin	Children and Families of Iowa	Parent Partner, Member of Parent Partner Policy and Practice Committee
Darin Kreiner	Children and Families of Iowa	Parent Partner, Member of Parent Partner Policy and Practice Committee
David Dawson	Woodbury County Attorney's Office	County Attorney, Member of START Statewide Steering Committee
David Selmon	Children and Families of Iowa	Service Area Parent Partner Coordinator
Denise Moore	Iowa Department of Health & Human Services	Safe Babies Coordinator, Member of START Statewide Steering Committee

Name	Affiliation	Role in Statewide Assessment Process
Derek McComas	Iowa Department of Health & Human Services	Des Moines Service Area Manager
Diamond Denny	Iowa Department of Health & Human Services	Special Initiatives Manager, Member of Juvenile Justice Advisory Committee
Doug Sedgwick	Iowa Department of Health & Human Services	Social Work Administrator - Northern Service Area
Dr. Kristina Cook	Unity Point - North Crossing	Pediatrician, Member for Child Protection Council/State Citizen Review Panel
Elexa Mollet	Winnebago Tribe of Nebraska	Child Welfare Staff
Elexia McCormack-Saucerman	Iowa Department of Health & Human Services	Social Work Case Manager (SWCM), Member of START Statewide Steering Committee
Elizabeth J. Cervantes	Scott County Attorney's Office	Senior Assistant Attorney, Member for Child Protection Council/State Citizen Review Panel, Member of START Statewide Steering Committee
Elizabeth Lockwood	Iowa Department of Health & Human Services	Social Work Supervisor - Des Moines Service Area
Elizabeth Webster	Iowa Department of Health & Human Services	Social Work Administrator - Eastern Service Area
Emily Schultz	Iowa Department of Health & Human Services	Social Work Case Manager (SWCM), Member of START Statewide Steering Committee
Emma Bear Comes Out	Iowa Department of Health & Human Services	Family Mentor-START TEAM, Western Service Area
Eric Gundfasts	External Stakeholder	Foster Parent, Member of Safe Kids Advisory Panel
Floyd Bumpers Jr.	Hope Connection Counseling & Therapy	Clinical Social Work/Therapist, Member for Child Protection Council/State Citizen Review Panel
Gabrielle Willoughby	Youth and Shelter Services	Achieving Maximum Potential Council member
Gypsy Buist	Children and Families of Iowa	Parent Partner, Member of Parent Partner Policy and Practice Committee
Haley Schneider	University of Iowa	Evaluation Team, Member of START Statewide Steering Committee
Heaven Gaskins	Children and Families of Iowa	Parent Partner, Member of Parent Partner Policy and Practice Committee
Hope Edwards	Iowa Department of Health & Human Services	Family Mentor-START TEAM, Western Service Area
Hope Metheny	Youth and Shelter Services	Coordinator, Member for Child Protection Council/State Citizen Review Panel

Name	Affiliation	Role in Statewide Assessment Process
Jamie Smith	Iowa Department of Health & Human Services	Behavioral Health, Member of START Statewide Steering Committee
Janee Harvey	Iowa Department of Health & Human Services	Division Director of Family Well-Being and Protection
Jason Geyer	Iowa Department of Health & Human Services	Operations Manager of CPS, Member of Service Business Team (SBT)
Jason Kilby	Iowa Department of Health & Human Services	Northern Service Area Manager, Member of Service Business Team (SBT)
Jayme Aaron Kirsch	Woodbury County Attorney's Office	County Attorney, Member of START Statewide Steering Committee
Jennifer McMurrin	Iowa Department of Health & Human Services	CFSR Case Reviewer (QIC/ Statewide Assessment Coordinator)
Jennifer Robertson-Hill	Iowa Department of Health & Human Services	Behavioral Health, Member of START Statewide Steering Committee
John Big Eagle	Office of Native American Affairs	Member of Juvenile Justice Advisory Committee
Josh Sienkiewica	Perry Police Department	Police Detective, Member of Safe Kids Advisory Panel
Joshua Seltz	North Central Consortium School	Principal, Member of Juvenile Justice Advisory Committee
Judge Cheryl Traum	Iowa Judicial Branch	District 7 Associate Judge, Member of Juvenile Justice Advisory Committee, Member of START Statewide Steering Committee
Judge Cord	Iowa Judicial Branch	District Associate Judge, Member of START Statewide Steering Committee
Judge Dalson	Iowa Judicial Branch	District Associate Judge, Member of START Statewide Steering Committee
Judge Forker Parry	Iowa Judicial Branch	District 7 Associate Judge, Member of Safe Kids Advisory Panel, Member of START Statewide Steering Committee
Judge Kristal L. Phillips	Iowa Judicial Branch	District 3 Associate Judge, Member of START Statewide Steering Committee
Judge Linnea Nicol	Iowa Judicial Branch	District Associate Judge, Member of Child Protection Council/State Citizen Review Panel
Judge Melinda B. Wicks	Iowa Judicial Branch	District 3 Associate Judge, Member of START Statewide Steering Committee
Judge Michael E. Motto	Iowa Judicial Branch	District 7 Associate Judge, Member of START Statewide Steering Committee
Judge Peter G. Gierut	Iowa Judicial Branch	District 7 Associate Judge, Member of START Statewide Steering Committee
Judge Shepard	Iowa Judicial Branch	District Associate Judge, Member of START Statewide Steering Committee

Name	Affiliation	Role in Statewide Assessment Process
Judy Lundy	Iowa Department of Health & Human Services	Family Well-Being and Protection Deputy Director
Julie Clark-Albrecht	Iowa Department of Health & Human Services	Parent Partner Program Manager, Member of Parent Partner Policy and Practice Committee, Member of START Statewide Steering Committee
Justin Siefkin	Iowa Department of Health & Human Services	Child Protection Program Manager
Kai McGee	Four Oaks	Statewide Director Foster Care, Adoption, and Kinship
Kara Lynn Regula	Iowa Department of Health & Human Services	2nd Level Support
Kathleen Dunmore	Iowa Department of Health & Human Services	Family Mentor-START TEAM, Eastern Service Area
Kathleen Thompson	Iowa Judicial Branch	Children's Justice Director, Member of START Statewide Steering Committee
Kati Swanson	Iowa Department of Health & Human Services	Youth Residential Setting Program Manager
Kayla Backer	Winnebago Tribe of Nebraska	Child Welfare Staff
Kayla Powell	Iowa Department of Health & Human Services	External Relations Executive Officer 2, Member of Safe Kids Advisory Panel
Kellee McCrory	Iowa Peer Workforce Collaborative	Member of START Statewide Steering Committee
Kelly Erickson	Children and Families of Iowa	Parent Partner Coordinator, Member of Safe Kids Advisory Panel
Kim Aboyure	Scott County Attorney's Office	County Attorney, Member of START Statewide Steering Committee
Kelly Erickson	External Stakeholder	Parent, Member of Safe Kids Advisory Panel
Klaire Wisniewski	Iowa Department of Health & Human Services	Communications Specialist, Member of Safe Kids Advisory Panel
Kris Tharp	Children and Families of Iowa	Parent Partner Coordinator
Kristen Huffman	Iowa Department of Health & Human Services	Cedar Rapids Service Area Manager
Kristie Oliver	Coalition for Family & Children's Services in Iowa	Executive Director, Member of Child Welfare Partners Committee (CWPC)
Kristin Konchalski	Iowa Department of Health & Human Services	Child Protective Services Bureau Chief, Member of Service Business Team (SBT)
Lacy Andre	Children and Families of Iowa	Lead Parent Partner, Member of Parent Partner Policy and Practice Committee

Name	Affiliation	Role in Statewide Assessment Process
Laticia Aossey	Youth and Shelter Services	Program Operations Manager, Achieving Maximum Potential (AMP) Council member
Lauryn Muzny	Children's Justice	Deputy Director of Iowa Children's Justice, Member of START Statewide Steering Committee
Leslie Lampe	Impact Allies, LLC	Youth Advocate, Member of Juvenile Justice Advisory Committee
Libby Beckman	Iowa Department of Health & Human Services	Social Work Administrator - Western Service Area, Member of START Statewide Steering Committee
Libby Lamphere		Member for Child Protection Council/State Citizen Review Panel
Linda Dettmann	Iowa Department of Health & Human Services	Case Management Program Manager, Member of START Statewide Steering Committee
Lori Frick	Iowa Department of Health & Human Services	Child Protective Services Director, Member of Service Business Team (SBT)
Lynda Miller	Iowa Department of Health & Human Services	Data Management Analyst 3
Lynn Bell	Iowa Department of Health & Human Services	Eastern Service Area Manager, Member of START Statewide Steering Committee
Madison Ollila	Youth and Shelter Services	Achieving Maximum Potential Council member
Mariah Ferrell	Iowa Department of Health & Human Services	Family Mentor-START TEAM, Eastern Service Area
Marina Cruz	Children and Families of Iowa	Parent Partner Engagement Coordinator, Member of Parent Partner Policy and Practice Committee
Mary Beth O'Neil	Four Oaks	President and CEO, Member of Child Welfare Partners Committee (CWPC)
Mary Hodson	Children and Families of Iowa	Parent Partner Coordinator
Mary Kate Tuftee	Bettendorf Counseling Center	Licensed Independent Social Worker, Member of Juvenile Justice Advisory Committee
Mary Miller	Omaha Tribe of Nebraska	ICWA Specialist
Matt Haynes	Iowa Department of Health & Human Services	Training and Support Bureau Chief, Member of Service Business Team (SBT)
Melissa Krug	Iowa Department of Health & Human Services	Social Work Administrator - Des Moines Service Area
Melissa Miller	Children and Families of Iowa	Parent Partner Coordinator

Name	Affiliation	Role in Statewide Assessment Process
Melody Bentson	Iowa Department of Health & Human Services	Family Mentor-START TEAM, Western Service Area
Melody Gavenish	Children and Families of Iowa	Operations Coordinator
Melvin Gaye	Des Moines Today	Lived experience, Member of Juvenile Justice Advisory Committee
Michelle Hynes	State of Iowa Public Defender Office	Public Defender, Member of Child Protection Council/State Citizen Review Panel
Michelle Leeper	Iowa Department of Health & Human Services	Social Work Case Manager (SWCM), Member of START Statewide Steering Committee
Michelle Tyrrel	Iowa Department of Health & Human Services	Training Specialist
Mindy Druschel	Iowa Department of Health & Human Services	Social Work Administrator - Cedar Rapids Service Area
Miskoo Petite	Winnebago Tribe of Nebraska	Child Welfare Staff
Misty McElroy	Children and Families of Iowa	Service Area Parent Partner Coordinator
Monica Good Dawn	Siouxland Human Investment Partnership (SHIP)	Achieving Maximum Potential Council member
Monica Malek	External Stakeholder	Youth with Lived Experience, Member of Safe Kids Advisory Panel
Mylene Wanatee	Meskwaki Family Services	Family Services Director, Member of Child Welfare Partners Committee (CWPC)
Natalie Clapp	Families First Counseling Services	Northern Regional Director, Member of Child Welfare Partners Committee (CWPC)
Nick Maybanks	Linn County Attorney's Office	Assistant County Attorney, Member for Child Protection Council/State Citizen Review Panel
Nicki Enderle	Iowa Department of Health & Human Services	Social Work Administrator - Eastern Service Area, Member of START Statewide Steering Committee
Nicole Sims	Iowa Department of Health & Human Services	Social Work Administrator - Western Service Area
Ona Miller-Robertson	American Home Finding Association (AHFA)	Aftercare Advocate, Achieving Maximum Potential Council member
Paige Casteel	Iowa Department of Health & Human Services	Social Work Administrator - Cedar Rapids Service Area
Patricia Harland	Children and Families of Iowa	Parent Partner Coordinator
Renae Wolf	Santee Tribe of Nebraska	ICWA Coordinator

Name	Affiliation	Role in Statewide Assessment Process
Renee Hawkins	Four Oaks	Member of START Statewide Steering Committee
Rhonda Rairden-Nelson	Iowa Department of Health & Human Services	Project Director, Member of START Statewide Steering Committee
Riley Keimig	Iowa Department of Health & Human Services	Social Work Case Manager (SWCM), Member of START Statewide Steering Committee
Robert Kimble	Dubuque Dream Center Academy (DDCA)	Head of School, Member of Juvenile Justice Advisory Committee
Samantha Magpie	Iowa Department of Health & Human Services	ICWA Program Manager
Samantha Marlatt	Youth and Shelter Services	Director of Youth Empowerment & Advocacy, Achieving Maximum Potential (AMP) Council member
Sara Buis	Iowa Department of Health & Human Services	Family Centered Services Program Manager, Member of START Statewide Steering Committee
Sara Persons	Children and Families of Iowa	Parent Partner Statewide Director, Member of Parent Partner Policy and Practice Committee, Member of START Statewide Steering Committee
Shana Michalski	Iowa Department of Health & Human Services	Social Work Case Manager (SWCM), Member of START Statewide Steering Committee
Shane Frisch	Iowa Department of Health & Human Services	Social Work Supervisor - Western Service Area
Shane Morgan	External Stakeholder	Parent, Member of Safe Kids Advisory Panel
Shannon Ryan	Iowa Department of Health & Human Services	Social Work Supervisor-Eastern Service Area, Member of START Statewide Steering Committee
Sharon Miller	Prevent Child Abuse Iowa	Executive Director, Member for Child Protection Council/State Citizen Review Panel
Shawn Hollenkamp	Woodward Academy	Executive Director, Member of Child Welfare Partners Committee (CWPC)
Shayla Henrich	Iowa Department of Health & Human Services	Social Work Case Manager (SWCM), Member of START Statewide Steering Committee
Shelby Strong	Iowa Department of Health & Human Services	Family Mentor-START TEAM, Eastern Service Area
Shireen Baedke	Children and Families of Iowa	Parent Partner Coordinator
Stacy Zachmeyer	Children and Families of Iowa	Parent Partner Coordinator

Name	Affiliation	Role in Statewide Assessment Process
Stephanie Hernandez	Siouxland Human Investment Partnership (SHIP)	Member of Juvenile Justice Advisory Committee
Susan Godwin	Iowa Department of Health & Human Services	Quality Assurance Bureau Chief, Member of Service Business Team (SBT)
Tachelle Dowell	Children and Families of Iowa	Parent Partner, Member of Parent Partner Policy and Practice Committee
TaLana Holman	MercyOne North Outpatient Behavioral Health	Behavioral Health Counselor, Member of Juvenile Justice Advisory Committee
Tiffany Brown	Children and Families of Iowa	Parent Partner Coordinator
Tiffany Spencer	Ponca Tribe of Nebraska	ICWA Director
Tina Meth-Farrington	Iowa Department of Health & Human Services	Attorney
Tracy Wilson	Iowa Department of Health & Human Services	Social Work Administrator - Western Service Area
Travis Heaton	Iowa Department of Health & Human Services	Western Service Area Manager, Member of START Statewide Steering Committee
Trisha Gowin	Iowa Department of Health & Human Services	Social Work Administrator - Des Moines Service Area, Member of START Statewide Steering Committee
Valerie Wilson	Children and Families of Iowa	Parent Partner Coordinator
Vanessa Abrams	Iowa Department of Health & Human Services	Social Work Case Manager (SWCM) - Cedar Rapids Service Area
Vera Wallican	Iowa Department of Health & Human Services	Facilitator for Child Protection Council/State Citizen Review Panel
Veronica Russell	Iowa Department of Health & Human Services	Administrative Support Assistant 2, Member of Safe Kids Advisory Panel
Wendi Cupples	Iowa Department of Health & Human Services	Social Work Supervisor - Cedar Rapids Service Area
Wendy Berkey	Blank STAR Center	Manager, Member for Child Protection Council/State Citizen Review Panel
Zoie Points	Des Moines Public Schools	Morris Elementary Office Manager, Member of Juvenile Justice Advisory Committee

REPORTS		
Change and Innovation Agency Report	Change and Innovation Agency	Contracted by HHS to assess Iowa's child welfare system and provide recommendations to strengthen performance
FCS Service Array Recommendations	Sellers Dorsey and Sivic Solutions Group	Contracted by HHS to evaluate data gathered from systems, focus groups, surveys, and stakeholders on Iowa's array of services and effectiveness

FOCUS GROUPS/LISTENING SESSIONS		
C!A Workgroups	Ongoing	Various focused workgroups comprised of Service Area Managers, Social Worker Administrators, front line workers and policy team members.
Family Centered Services Listening Sessions	Held 12/10/24	35 participants comprised of Child Protective Workers, Social Work Case Managers, and FCS Supervisors
Family Centered Services Listening Sessions	Held 12/12/24	8 participants comprised of Child Protective Workers and Social Work Case Managers
Family Centered Services Listening Sessions	Held 12/16/24	12 participants comprised of FCS frontline staff
Family Centered Services Listening Sessions	Held 12/19/24	18 participants comprised of HHS Service Area Managers and Social Work Administrators
Family Centered Services Listening Sessions	Held 1/6/25 and 1/7/25	35 participants comprised of various judicial partners
Family Centered Services Listening Sessions	Held 1/10/25	26 participants comprised of FCS frontline staff and Parent Partners
Foster Parent Training Focus Groups	Held 9/3/25 and 9/4/25	12 foster parents participated, led by HHS policy staff and Four Oaks Training Coordinator

Description of Stakeholder Involvement in Statewide Assessment Process

Child welfare leadership and staff from all levels of the agency, along with parents, youth and families with lived experience, legal professionals, the judicial community, Tribes and other key partners and were actively engaged in assessing the state's child welfare system. Stakeholder involvement in the Statewide Assessment (SWA) was gathered through various methods, such as internal and external group discussions, review of federal data indicators and measures, analysis of agency and court administrative data, case record review results, and information collected through surveys and focus groups. The evidence and data obtained during this process helped to identify both strengths and areas needing improvement.

Section II: State Context Affecting Overall Performance

Vision and Tenets

The Iowa Department of Health and Human Services (HHS) has a societal vision that individuals, families, and communities are safe, resilient and empowered to be healthy and self-sufficient. Iowa's child welfare vision statement: "Family Connections are Always Strengthened and Preserved" supports HHS' societal vision.

Principles and Commitments:

- Family Voice and Choice. Family and youth/child perspectives are intentionally elicited and prioritized during all phases of involvement. Nothing about the family without the family.
- Team Based. The team consists of individuals agreed upon by the family and are committed to them. The team is family inclusive, but not family exclusive.
- Natural Supports. The team actively seeks full participation of individuals drawn from family members' networks of natural support. This should begin at first contact with the family and continue throughout their involvement in services.
- Collaboration. Team members work cooperatively and share responsibility for developing, implementing, monitoring and evaluating the family plan. The plan reflects a blending of team members' perspectives, mandates and resources. The plan guides and coordinates each team member's work toward meeting the team's goals.
- Community-Based. The team implements service and support strategies that take place in the least restrictive settings as possible; and that safely promote child and family integration into home and community life.
- Culturally Responsive. The team demonstrates respect for, and builds on the values, preferences, beliefs, culture and identity of, the child/youth and family and their community.
- Strengths Based. The plan must identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family by utilizing their community and other team members.
- Persistence and Creativity. Despite challenges, the team persists in strengthening and preserving family connections by considering possibilities outside the status quo.
- Outcome Based. Goals and strategies of the system and team plans are observable, have measurable indicators of success, monitor progress in terms of these indicators, and revise strategies and plans accordingly.
- Universal. Practice commitments are relevant, true and applicable for micro and macro interactions.

Cross-System Challenges

Currently, the overarching issues that HHS is facing are related to our work with Behavioral Health to pursue Intercept, converting QRTP to PMIC beds to ensure the appropriate intensity of treatment is available to youth, intersections with the juvenile justice system and our efforts to create a more collaborative and seamless process with our Crossover work with Georgetown University and JCS.

Another challenge we have is related to our core providers' workforce. High turnover within residential and FCS erodes the quality of services given to families.

Current Initiatives

Iowa continues to advance several improvement initiatives designed to sustain progress in key priority areas. These initiatives emphasize prevention, timely access to high quality services, and streamlined internal processes that strengthen outcomes for children and families.

Iowa has committed to evidence-based, specialized services. An example of this commitment is implementation of the Sobriety Treatment and Recovery Teams (START) model. START is a Title IV-E Prevention Services Clearinghouse "Supported" practice that embeds specialized units within local child welfare offices to serve families with at least one child age five or younger and primary concerns related to caregiver substance use. Each family is served by a team consisting of an HHS caseworker and a Family Mentor with lived experience. To ensure timely, intensive services, START maintains small caseloads and provides rapid access to substance use treatment, mental health care, and comprehensive case management. The model's effectiveness relies on strict fidelity standards that ensure families receive immediate, coordinated support at the point of need.

In parallel, Iowa is preparing to implement the Intercept Program delivered by Youth Villages, an evidence-based, intensive in-home intervention designed to safely prevent out-of-home placement or support timely reunification. Family Intervention Specialists engage frequently with caregivers and children—typically three times per week—and offer 24-hour on-call crisis support. Intercept is rated "Well-Supported" by the IV-E Clearinghouse and has demonstrated strong outcomes, including a 53 percent reduction in placement risk and a 24 percent increase in the likelihood of permanency. Specialists carry caseloads of four to five families to support intensive engagement. Iowa has begun drafting the RFP to pilot the program and plans initial implementation in Polk County and surrounding areas with future statewide expansion.

Iowa is also modernizing its Foster Care licensing process to reduce delays from initial inquiry to engagement, application to training, and training completion to licensure. A workgroup redesigned the licensing process with a goal of completing licensure within 12 weeks. A new area of emphasis with the RRTS provider will ensure urgent upfront engagement with applicants, which will include a requirement that applicants receive contact within 48 hours and frequent ongoing support until training begins. The redesign reduces paperwork by more than 50 percent and removes requirements not directly linked to safety, such as proof of vehicle registration. Iowa has established a new respite-only licensing track that streamlines requirements and training that are more relevant to the specific responsibilities of respite care, while maintaining a clear, efficient pathway for caregivers to pursue full foster care licensure later without repeating completed steps. Staff training and transition planning are underway, with full licensing redesign implementation scheduled for August 1, 2026, and respite licensing beginning October 1, 2026.

Complementing the licensing improvements, Iowa is redesigning the Foster Care Preservice Training to ensure training is tied to the applicants' competencies. Required preservice hours will decrease from 33 to 18. Following completion of foundational content, which includes five key areas: the legal system, behavior management, real-life scenarios, trauma and child development, and connections with bioparents. Certain classes can be exempted if you have relevant experience. Respite applicants are required to finish 6 out of 18 hours. The Mandatory Reporter training and Reasonable and Prudent Parenting training are conducted individually. After licensure, foster parents complete two more classes (Attachment and Child Development) within the first year. Caregivers will receive targeted training tailored to their specific learning needs. New modules are in development, and the updated structure is scheduled for implementation in July2026.

Iowa is strengthening assessment quality and consistency through the Central Consult Unit (CCU). HHS has recently stood up the CCU, which is a specialized team that helps ensure timely and consistent decisions during child protective assessments. The unit focuses on situations where children have already

been assessed as clearly safe and supports Child Protection Workers (CPW) in determining the right case disposition. Consultants provide real-time guidance grounded in Iowa law, administrative rules, and CPS policy to help workers sort through questions, resolve documentation issues, and navigate complex case details.

Using a standardized consultation process, the unit helps move cases toward resolution more quickly by identifying the appropriate next steps—whether that's closing the case, requesting more information, or elevating concerns when safety issues emerge. Since CCU consultants are able to complete documentation for CPWs and finalize assessments, Iowa CPS has seen an overall reduction in the number of open cases. The implementation of the Central Consult Unit has reduced administrative burden, improved workflow and supported more timely resolution for families.

Collectively, these initiatives—START, Intercept, Foster Care Licensing Redesign, Preservice Training Redesign, and the Central Consult Unit—reflect Iowa's coordinated effort to enhance child safety, strengthen family stability, and improve the efficiency and effectiveness of the child welfare system. Each initiative is designed to support better outcomes and ensure families receive timely, high-quality services aligned with Iowa's commitment to continuous improvement.

Section III: Assessment of Child and Family Outcomes

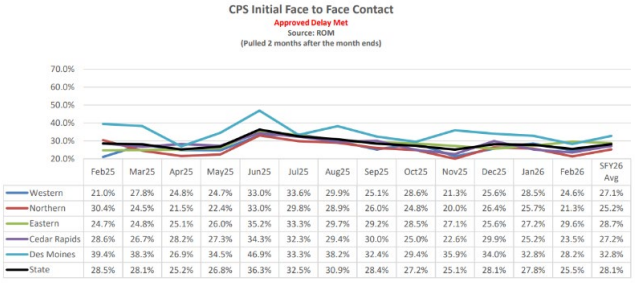
A. Safety

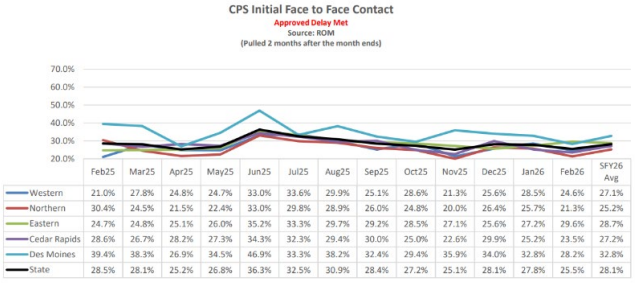
SAFETY OUTCOMES 1 AND 2

Safety outcomes include children are, first and foremost, protected from abuse and neglect, and children are safely maintained in their own homes whenever possible and appropriate.

STATE RESPONSE:

Item	CY2023	CY2024	CY2025
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.			
1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	61% (25/41)	81% (17/21)	78% (39/50)
Safety Outcome 2: Children are safely maintained in their homes, whenever possible and appropriate.			
2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care	85% (22/26)	78% (14/18)	74% (29/39)
3: Risk and Safety Assessment and Management	51% (33/65)	58% (19/33)	60% (59/98)



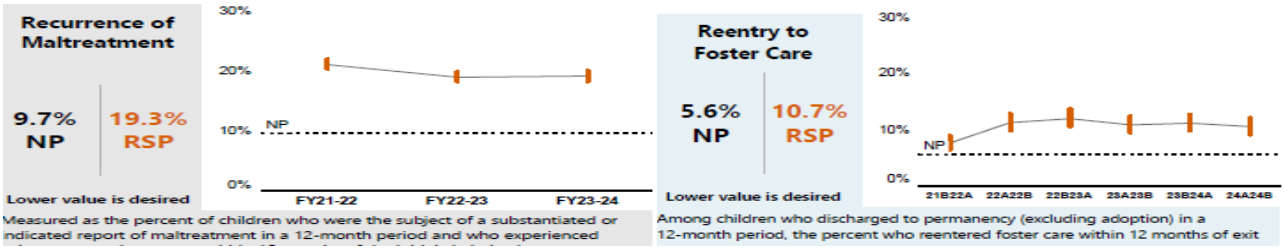


Throughout this assessment of data there will be what appear to be discrepancies in performance based on the different data sources. It's noteworthy that the federal case review tool often assesses quality elements whereas administrative data is unable to do the same; this changes the actual criteria being applied. In addition, case review data is generated based on small samples which may lead to significant margins of error. Throughout this analysis, when these types of issues impact the data, they will be noted in the description.

Case review data has been most helpful when used in conjunction with administrative data as it is able to provide qualitative and contextual detail to flesh out trends that may emerge from a robust review of data sources. For example, as seen in the graphics above, administrative data for timely initial face to face contact with an alleged victim consistently shows performance to be 99%+ when combining contact made within the initial assigned time and contact that was delayed but approved by a supervisor, while the case review data reflected 78%. This difference led to additional exploration of the case review data to identify root cause. The OMS Practice Performance Report indicated a quality issue with delayed face-to-face contact, which is not able to be captured fully in the IT system. Iowa's protocol for delaying the observation has many steps, including consultation with the supervisor prior to the assigned timeframe expiring, assurance of safety of the child, check-backs every 24 hours with the supervisor, and documentation of all aspects. The IT system documents the initial approval of the

delay but does not have specific prompts for the other criteria; this can make the established workaround confusing for new and experienced users. The cases rated ANI due to delay showed an overall trend of not following the established protocol but there was not a specific trend within the protocol; examples of issues seen include delayed efforts to locate the family, missing regular consultations and supervisory check-backs, and lack of documentation of actions associated with the delay. The data indicates a review of the authorization protocol is warranted to confirm the process with training and monitoring follow up as needed. The discrepancy between case review and administrative data in this area is primarily due to system limitations in documentation regarding all aspects of the process to approve delays. This will be corrected with implementation of the CCWIS but until then, the analysis of case review narratives in conjunction with the administrative data provides for greater understanding of Iowa's performance.

Additional priority safety areas to address were identified through CFSR case reviews and Iowa's February 2026 Data profile, including: 1) recurrence of maltreatment of children (19.3%) is more than double the national expectation to be below 9.7%; 2) children re-enter foster care following reunification at the rate of 10.7%, which is significantly higher than the national performance target of 5.6%; 3) abuse of children in foster care which indicates 25.84 victimizations per 100,000 days in foster care, which exceeds the goal of 9.07 per 100,000 days in foster care, although Iowa has improved from 42.61 and 28.66 in the previous two years., .



Iowa Data Profile, February 2026, Children's Bureau

Maltreatment in care (victimizations /100,000 days in foster care) RSP

FFY21	FFY22	FFY23
42.61	28.66	25.84

Iowa Data Profile, February 2026

These three performance areas have some common underlying themes. Per Iowa's February 2026 Data Profile contextual information and reports from Results Oriented Management (ROM) system, parents are the primary perpetrators of abuse in all three of these areas (initial maltreatment (83%); subsequent maltreatment (81%); abuse in foster care 78%). It follows that if services have not mitigated the initial safety issues in the home, these issues will continue and re-entry to foster care will continue to be at a higher rate. This information coincides with Iowa's recent deep dive into reasons for re-entry to foster care following reunification which center on diminished parental capacities due to substance use disorder /relapses and mental health needs.

Iowa's rate of re-entry to foster care is higher than the national target, showing a significant increase with the complementary decreased use of trial home visits. Feedback from internal stakeholders is that the data associated with the federal statewide indicators is calculated so far in arrears that it does not reflect current practice and therefore has limited applicability. To gather data reflective of current practice, in September 2025, HHS surveyed front-line workers about children who returned to foster care following reunification. Survey results and data analysis indicated that substance use disorder or relapse, untreated mental health needs, limited access to community services, caseworker turnover, and service disruptions are key contributors to re-entry. Findings also noted that children experience

increased stability when informal supports are engaged. Social Work Administrators (SWAs) and the Quality Assurance and Improvement (QAI) Bureau are collaborating to determine the most effective structure for advancing and aligning related improvement efforts.

Iowa continues to work with Change & Innovation (C!A) consultants to explore many foundational practices around child protective intake, permanency, roles, structure of work, and generally how we can be more efficient, so work is focused on achieving permanency for children. All these efforts, (such as permanency teams, family finding, child protective intake efficiencies, optimal use of current roles) will impact reduction in repeat maltreatment, abuse in care, and re-entry to care. Additional activities focused primarily on the quality of services and maintaining children safely in their homes have been built into the FCS contract. The new contract requires increased intensity of services when a child is exiting foster care and reunifying with the caregiver. A specific step-down in contacts for each family will be developed to mitigate potential risk factors especially during the higher risk transition period, decreasing based on observable competencies. In addition, this contract specifically identifies the parents as the recipient of the services; this is a change in how services are focused but supports the needs for parents to develop their protective capacities to safely support their children. New FCS contracts are effective 7/1/2026.

In addition to these efforts, Iowa implemented a pilot of the START program in 2025 to focus on substance use disorder; developed an interdisciplinary team to strategize service resources for high-risk youth in care; and led an exploratory group of internal and external stakeholders in discussion of new allegations in open service cases.

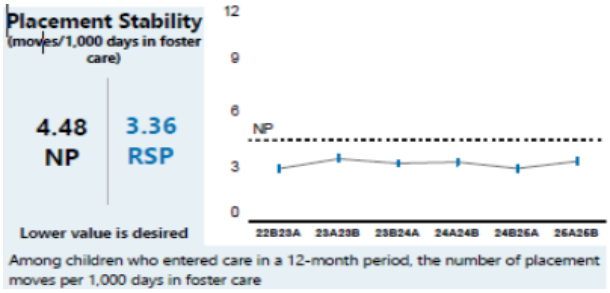
B. Permanency

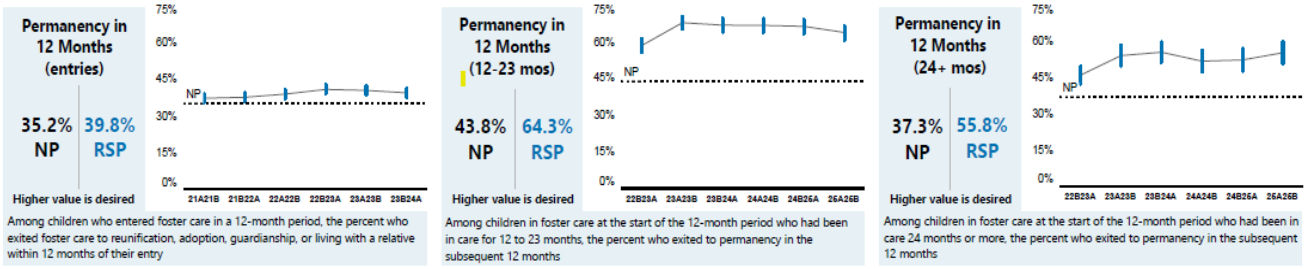
PERMANENCY OUTCOMES 1 AND 2

Permanency outcomes include children have permanency and stability in their living situations; and the continuity of family relationships is preserved for children.

STATE RESPONSE:

Iowa provided data and discussion of permanency data indicator re-entry to foster care with the Safety section above as it reflects the safety of children when reunified and not just permanency of reunification. Data profiles have consistently shown performance that surpasses national averages and target goals in placement stability and in achieving permanency for children in 12 months. Iowa's most recent data profile from February 2026 for these permanency data indicators is displayed below.



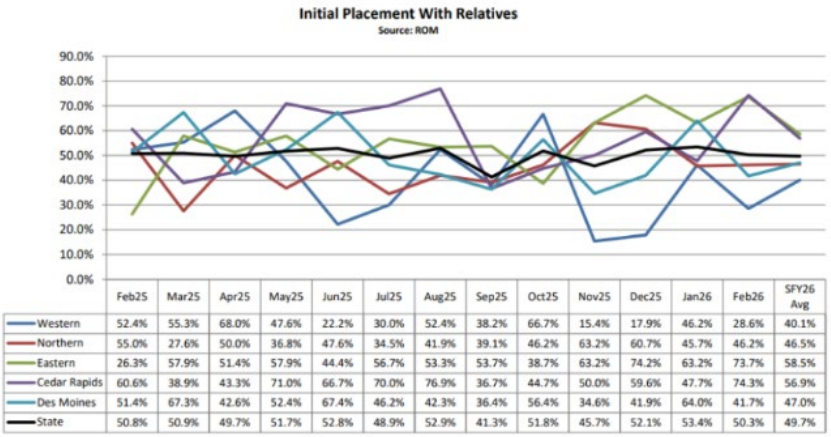


The case review data on items 4 – 6 (below) touches on actions related to achieving the outcomes measured in the data profile. Case review data continues to be more variable than AFCARS-generated data due to the small sample sizes; the data below has a margin of error between 11% and 15% so can appear more discrepant than it may be. This data is still valuable when utilizing it in conjunction with other administrative data available as the narratives and detailed sub-questions on each item can provide robust context that enhances the analysis. When the data is reviewed comprehensively, the sources provide complementary information regarding overall performance and anecdotal information for context. Permanency 1 items are Strengths.

Item	CY2023	CY2024	CY2025
Permanency Outcome 1: Children have permanency and stability in their living situations.			
4: Stability of Foster Care Placement	68% (27/40)	67% (16/24)	60% (40/67)
5: Permanency Goal for Child	95% (38/40)	83% (20/24)	80% (53/66)
6: Achieving Reunification, Guardianship, Adoption, or OPPLA	75% (30/40)	75% (18/24)	66% (44/67)
State Summary Report, CFSR Portal			



FACS: Data Source

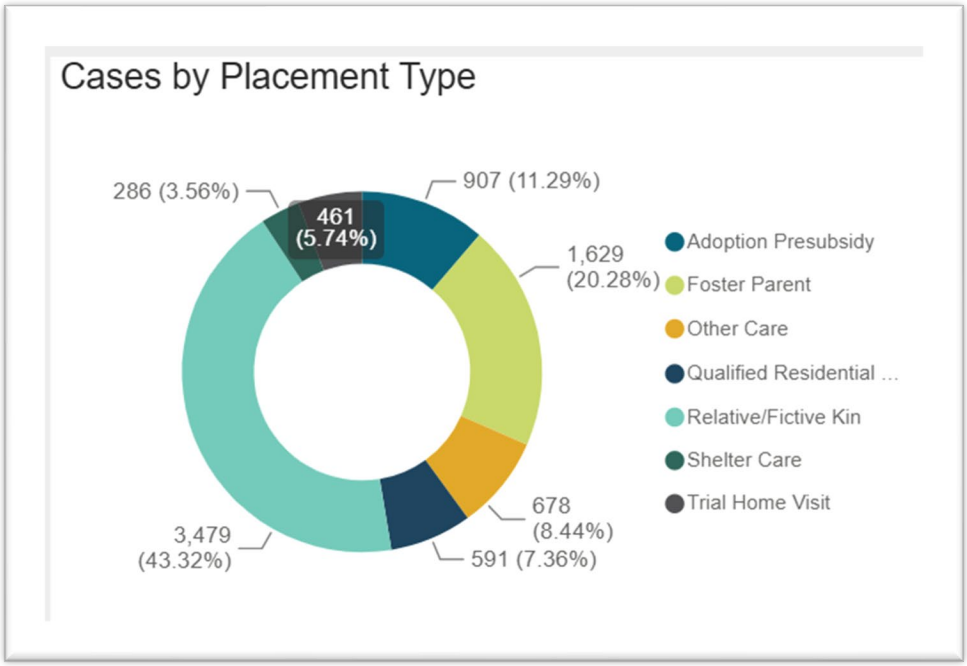


	Feb25	Mar25	Apr25	May25	Jun25	Jul25	Aug25	Sep25	Oct25	Nov25	Dec25	Jan26	Feb26	SFY26 Avg
Western	52.4%	55.3%	68.0%	47.6%	22.2%	30.0%	52.4%	38.2%	66.7%	15.4%	17.9%	46.2%	28.6%	40.1%
Northern	55.0%	27.6%	50.0%	36.8%	47.6%	34.5%	41.9%	39.1%	46.2%	63.2%	60.7%	45.7%	46.2%	46.5%
Eastern	26.3%	57.9%	51.4%	57.9%	44.4%	56.7%	53.3%	53.7%	38.7%	63.2%	74.2%	63.2%	73.7%	58.5%
Cedar Rapids	60.6%	38.9%	43.3%	71.0%	66.7%	70.0%	76.9%	36.7%	44.7%	50.0%	59.6%	47.7%	74.3%	56.9%
Des Moines	51.4%	67.3%	42.6%	52.4%	67.4%	46.2%	42.3%	36.4%	56.4%	34.6%	41.9%	64.0%	41.7%	47.0%
State	50.8%	50.9%	49.7%	51.7%	52.8%	48.9%	52.9%	41.3%	51.8%	45.7%	52.1%	53.4%	50.3%	49.7%

This ties in with the significant focus Iowa has made to increase relative involvement with placements of children. A key performance measurement of initial placements with relatives of children coming into foster care has emphasized not only the importance of diligent relative searches, but of completing these relative searches at the front end of a case to get ahead of a child's first placement.
ROM KPM Report, IA

If initial placement with a relative is not possible, Iowa continues efforts to locate and engage family members. The chart below represents the distribution of children by placement type during SFY25; it is noteworthy that 43% of children in any foster placement are with a family member or fictive kin; when looking only at family-like settings, relative placements out-number stranger foster care 2 to 1. Relative placements often provide a natural opportunity for children to maintain connections with extended family, friends, and activities.

Iowa is focusing on reducing barriers for relatives to become involved in fostering, such as addressing financial constraints through an expedited relative/fictive kin licensing process implemented during the last year.



Permanency Outcome 2: The continuity of family relationships and connections is preserved for children. Item	CY2023	CY2024	CY2025
7: Placement with Siblings	96% (22/23)	59% (10/17)	64% (23/36)
8: Visiting with Parents and Siblings in Foster Care	82% (26/32)	89% (16/18)	56% (24/43)
9: Preserving Connections	88% (35/40)	90% (20/23)	78% (50/64)
10: Relative Placement	84% (31/37)	92% (22/24)	77% (48/62)
11: Relationship of Child in Care with Parents	84% (25/30)	81% (13/16)	70% (26/37)

State Summary Report, CFSR Portal

When evaluating CFSR case review performance in Permanency Outcome 2, data shows significant variation from CY2023 through CY2025. It's not unusual to see both high and low fluctuations over time due to the small sample population; in this case, the margin of error in these items varies from 12% to 23%, making it statistically unreliable. However, this data does provide valuable context and anecdotal information that is useful when paired with additional data sources. If other data sources are not available, the case review findings may prompt a more in-depth review of an area. Regardless, we seek additional data sources or detailed information from the narratives or sub-questions in the on-site review tool, when possible, to get a more robust understanding of the information.

Placement with Siblings (Item 7) and Visiting with Parents and Siblings in Foster Care (item 8) are examples of this. An analysis of case review narratives indicates the sibling groups not placed together were anywhere from three (3) to eight (8) children, and often within the smaller sibling groups there were special needs, such as behavioral or medical issues, that made care more complex. This performance highlights the need to prioritize recruitment of foster parents who have the capacity to take on larger sibling groups and complex needs; this is not new and will be considered when developing the comprehensive plan for "A Home for Every Child" initiative.

Involving relatives in child welfare placements increases the likelihood of keeping sibling groups together and maintaining connections with extended family. When siblings cannot be placed in the same home, placement with multiple relatives can help preserve frequent family interactions. Relatives are also often able to supervise visits between parents and children, allowing for more flexible, frequent, and natural contact. These connections improve the chances of successful reunification and, when reunification is not possible, support adoption or guardianship within the family.

HHS anticipates that the focus on increasing opportunities for relatives to be engaged will have a broad impact on Permanency Outcomes 1 and 2 in general, with stability of placement, timely permanence, placement with siblings, frequent visits with parents, and preserving connections all being enhanced by additional involvement. Performance in these areas is related to the state's performance measures and is routinely monitored, analyzed, and adjusted as needed. In addition, Iowa recognizes that not every child needing foster care will have a relative able to provide a home;

the need for quality non-relative foster parents is real and the effort to increase non-relative foster parents will be achieved through the training/licensing redesign work previously described.

B. Well-Being

WELL-BEING OUTCOMES 1, 2, AND 3

Well-being outcomes include families having enhanced capacity to provide for their children's needs; children receive appropriate services to meet their educational needs; and children receive adequate services to meet their physical and mental health needs.

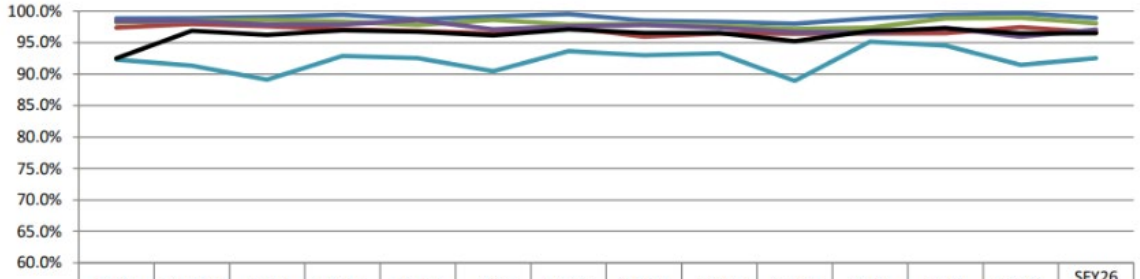
STATE RESPONSE:

This outcome was a primary target during Iowa's CFSR Round 3 PIP period. Engaging with fathers became a strategic area for improvement as it identified a clear trend driving the overall performance; those targets were met and the summaries below now look at overall engagement across the various roles. Iowa focuses on the social worker visits with the children receiving services and visits with the parents involved. When quality visits can occur, the assessment of safety, needs, and services is a natural part of the conversation; it is through these relationships that active engagement of all involved parties will be promoted.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs. Item	**CY2023**	**CY2024**	**CY2025**
12: Needs and Services of Child, Parents, and Foster Parents	62% (40/65)	64% (21/33)	63% (62/98)
13: Child and Family Involvement in Case Planning	80% (48/60)	73% (22/30)	72% (59/82)
14: Caseworker Visits with Child	59% (38/65)	79% (26/33)	71% (70/98)
15: Caseworker Visits with Parents	49% (28/57)	64% (18/28)	51% (37/72)

State Summary Report, CFSR Portal

Administrative Data: Social Worker Visits with Children

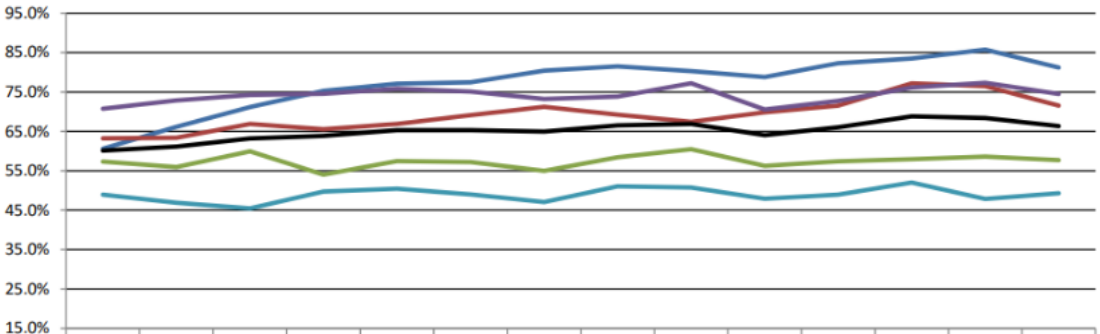


	Feb25	Mar25	Apr25	May25	Jun25	Jul25	Aug25	Sep25	Oct25	Nov25	Dec25	Jan26	Feb26	SFY26 Avg
Western	98.9%	98.9%	99.1%	99.4%	98.7%	99.2%	99.5%	98.5%	98.3%	98.0%	98.9%	99.4%	99.7%	98.9%
Northern	97.4%	98.0%	97.6%	97.1%	96.9%	96.5%	97.4%	95.9%	96.4%	96.4%	96.4%	96.5%	97.5%	96.6%
Eastern	98.2%	98.5%	98.6%	98.3%	97.8%	98.6%	97.9%	98.0%	97.7%	97.2%	97.4%	98.9%	98.9%	98.1%
Cedar Rapids	98.4%	98.4%	97.9%	97.9%	98.6%	97.1%	97.6%	97.8%	97.4%	96.7%	96.6%	97.4%	95.9%	97.1%
Des Moines	92.3%	91.3%	89.1%	92.9%	92.5%	90.5%	93.7%	93.0%	93.3%	88.9%	95.2%	94.5%	91.5%	92.5%
State	92.5%	96.9%	96.2%	96.9%	96.7%	96.2%	97.1%	96.5%	96.5%	95.2%	96.8%	97.2%	96.4%	96.5%

Administrative data looks at monthly frequency of worker visits with children which consistently performs between 92% - 97%; when reviewing the case review data for frequency through the OMS

Practice Performance Report, performance on frequency is at 94%. This similarity in data diverges when factoring in the quality of visits; the case reviews assess quality at 73% of all the cases reviewed; this involves things such as assessing child's safety, discussing current happenings and input on case goals, engaging the child in decisions wherever possible, etc.. The administrative data does not assess the quality of the visit, which appears to be the cause of the differences in data. The similarity in frequency performance indicates the focus needs to be on the content of the visits.

Social Worker Visits Parents (Item 15)



	Feb25	Mar25	Apr25	May25	Jun25	Jul25	Aug25	Sep25	Oct25	Nov25	Dec25	Jan26	Feb26	SFY26 Avg
Western	60.6%	66.1%	71.2%	75.3%	77.1%	77.5%	80.4%	81.5%	80.3%	78.8%	82.3%	83.5%	85.8%	81.2%
Northern	63.2%	63.4%	66.9%	65.5%	66.9%	69.1%	71.2%	69.2%	67.4%	69.8%	71.6%	77.2%	76.5%	71.5%
Eastern	57.3%	56.0%	59.9%	54.0%	57.5%	57.2%	55.0%	58.4%	60.5%	56.3%	57.4%	58.0%	58.6%	57.7%
Cedar Rapids	70.7%	72.9%	74.2%	74.6%	75.8%	75.1%	73.2%	73.8%	77.2%	70.5%	72.7%	76.1%	77.3%	74.5%
Des Moines	48.9%	46.9%	45.4%	49.7%	50.5%	49.0%	47.0%	51.0%	50.7%	47.9%	48.9%	52.0%	47.9%	49.3%
State	60.1%	61.2%	63.2%	63.9%	65.3%	65.3%	64.9%	66.5%	66.9%	64.1%	66.1%	68.8%	68.4%	66.4%

Administrative data regarding social worker visits with parents is slightly higher than that seen in the case reviews. The administrative data and the case review data both define 'visits with the parents' to include all parents associated with a child; if only one parent in a two-parent family is seen, that measure is "not met". In addition to seeing all parents associated with the child, the case review also assesses the quality of the visit; both quality and frequency for both parents must be met for the item to be rated as a "strength". The OMS report and the administrative data report show a consistent trend with mothers being seen more frequently than fathers (OMS: 71%, 50%; Admin: 82%, 66%). Visiting fathers and the quality of parental visits are the drivers of performance in the case review data, as the frequency of seeing fathers is the driver of the administrative data. While father engagement has maintained improvements resulting from the Round 3 PIP, this is an area Iowa could continue to build upon

Data reports on visits are used to help social workers and their supervisors track which visits have occurred to support better management and planning for visits. While we monitor these areas as KPMs, we don't have a specific strategy in place beyond monitoring. Visits will be integrated into our active focus areas for more intentional strategizing.

Iowa continues to focus on social worker visits with children (14). This has long been a priority area and is the key practice that determines success throughout items rated in Well-Being 1. Population factors were analyzed to determine commonalities and variations including areas such as foster care versus in-home, case open timeframe, the number of children in the family, the age of the children involved in services, and the inter-connectedness of items within Well-Being 1. Findings indicated a lack of significant differences across most factors; however, the following observations were made:

Social worker visits with children (item 14) when analyzed by age shows the younger children are the population most consistently visited monthly. This reflects the increased vulnerabilities of children under six years of age.

Age Range	Frequency and Quality Visits
<6 years	78%
7-12 years	48%
13-15 years	65%
>15 years	67%

Data Source: OMS Multi-Item Data Analysis Report

Deeper exploration into the category of connections between 12A and 14 for both foster care cases and in-home cases revealed a significant difference based on children placed with relatives versus non-relatives or children receiving in-home services. Data shows a high correlation between performance in social worker visits (14) and assessment and provision of services for the child (12A). The following table represents the percentage of cases in which children in each living situation were rated as a 'strength' in both items:

Relative	Non-Relative	In-Home
75%	67%	58%

Data Source: OMS Multi-Item Data Analysis Report

The active involvement of the family in case planning (item 13) also shows a positive influence based on higher performance on 12A and 14; this is somewhat weaker but affected by the prevalence of children who are too young to participate. Iowa's approach has been to focus on visits including tracking worksheets for social workers, managerial reports for ongoing monitoring for supervisors to consult with staff regarding barriers, assistance needed, etc.; overall performance is also measured statewide and by service area and is a key performance measurement for each Service Area Leadership team to achieve. Significantly, this analysis supports Iowa's emphasis on prioritizing relative placements and the active work that has taken place over the last two years to increase relative involvement (see Permanency 2 narrative).

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs. Item	CY2023	CY2024	CY2025
16: Educational Needs of the Child	89% (32/36)	100% (20/20)	86% (42/49)

Data Source: CFSR Portal OMS, State Summary OMS Statewide Summary Report

Educational oversight is a strength for Iowa. When a child is being discharged from a residential facility it can become complicated to transition to the correct learning environment and grade, making this an important time to provide support to maintain success.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs. Item	CY2023	CY2024	CY2025
17: Physical Health of the Child	52% (23/43)	77% (20/26)	66% (49/74)
18: Mental/Behavioral Health of the Child	50% (13/13)	67% (12/18)	63% (29/46)

Data Source: CFSR Portal OMS, State Summary OMS Statewide Summary Report

Items 17 and 18 regarding physical and mental and behavioral health have many strengths. HHS performed well on assessment of physical, mental, and behavioral health needs; specifically, recent case reviews demonstrate strong performance regarding accessing mental and behavioral health services for children; this may be due in part to the restructuring of Iowa's behavioral health system. This change, signed into law in 2024, made for a more coordinated system that sought to provide needed services throughout the state rather than regional concentration. Assessment of physical needs and providing services also was a strength. Overall performance in the case reviews was impacted primarily by lack of consistent oversight of prescription medication for both mental and physical health (76% physical; 58% mental/behavioral) per the OMS Practice Performance Report. Often foster parents actively take the lead and are very well-versed in the children's medications, usage, effectiveness, and side effects; this quality oversight serves as a strong foundation for the social workers and foster parents to monitor the medications.

Section IV: Assessment of Systemic Factors

A. Statewide Information System

Iowa acknowledges that the state is not in substantial conformity with this systemic factor for Round 4, consistent with the finding in Round 3.

ITEM 19:STATEWIDE INFORMATION SYSTEM

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

STATE RESPONSE:

This item continues to be rated as an area needing improvement for CFSR Round 4.

Iowa utilizes multiple data sources to assess performance, including user feedback, CWIS Help Desk observations, quality assurance reviews, and data reports that track the status, demographic characteristics, placement locations, and permanency goals of children in foster care.

There are known limitations related to the timeliness of entering initial demographic and placement information, as well as timely end dating placements in the Family and Children's System (FACS). Policy instructs staff to complete placement entries within three business days of a child's initial foster care placement or any placement change. As of May 15, 2026, HHS Timely Reports for SFY 2026 show that placement entries are completed within required timeframes 53% of the time, while family visit note entries are timely 86% of the time.

A recent accuracy review of selected AFCARS elements conducted by the CPS Bureau of Quality Assurance and Improvement (QAI) found the following:

- Accuracy rates have steadily improved over time across most elements reviewed.
- Notably, elements related to race and ethnicity (FC-08 and FC-09) show significant improvement since CY 2021.
- Several elements, including FC-06 (Date of Birth), FC-07 (Gender), FC-25 (Manner of Removal), and FC-41 (Current Setting), continue to demonstrate strong accuracy across review years.
- CY 2023 data were not available at the time of review.

Table 19A

Element	Item Description	CY 2021	CY 2022	CY 2023 Data Not Available	CY 2024	CY 2025
FC-06	Does the child's DOB in FACS accurately reflect what is listed in paper file documentation?	100%	99%	-----	98%	100%
FC-07	Does the child's Gender in FACS accurately reflect what is listed in paper file documentation?	99%	100%	-----	100%	98%
FC-08	Does the child's Race in FACS accurately reflect what is listed in paper file documentation?	51%	83%	-----	95%	97%
FC-09	Does the child's Hispanic or Latino Ethnicity in FACS accurately reflect what is listed in paper file documentation?	41%	65%	-----	98%	100%
FC-21	Does the child's Date of Latest Removal in FACS accurately reflect what is listed in paper file documentation?	91%	96%	-----	97%	97%
FC-25	Does the child's Manner of Removal in FACS accurately reflect what is listed in paper file documentation?	100%	100%	-----	100%	98%
FC-41	Does the child's Current Setting in FACS accurately reflect what is listed in paper file documentation?	99%	99%	-----	97%	100%
FC-43	Does the child's Case Plan Goal in FACS accurately reflect what is listed in paper file documentation?	96%	96%	-----	91%	98%
FC-56	Does the child's Discharge Date in FACS accurately reflect what is listed in paper file documentation?	91%	94%	-----	90%	100%

Iowa's current child welfare system of record, FACS, is antiquated, limited in functionality, and not intuitive or user friendly. Its outdated architecture presents challenges for both users and IT developers, making enhancements and coding updates difficult. As a result, additional web-based systems such as JARVIS have been developed over the past two decades to supplement FACS and meet evolving documentation and case management needs.

Despite its limitations, IT developers have continued to update FACS to meet minimal functional requirements and ensure data accuracy. However, FACS does not fully meet current AFCARS reporting requirements, and end users—particularly newer staff—consistently express dissatisfaction due to its mainframe interface, which is significantly outdated compared to modern technologies.

To address these issues, HHS is implementing a Comprehensive Child Welfare Information System (CCWIS), called VISION, which will consolidate all current FACS and significant JARVIS functionality into a single, modern system. VISION is anticipated to launch in Spring 2027 as the child welfare system of record and will be fully AFCARS compliant at the time of implementation.

B. Case Review System

Iowa acknowledges that, at the time of this submission, the state is not in substantial conformity with this systemic factor for Round 4, consistent with the finding in Round 3. However, Iowa anticipates providing additional data by November 2026 for Item 21 that might indicate this systemic factor is in substantial conformity.

ITEM 20: WRITTEN CASE PLAN

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

STATE RESPONSE:

Iowa continues to rate this item as an area needing improvement in CFSR Round 4.

Iowa policy requires that a written case plan be developed jointly with the child's parents and, when appropriate, the child. The assigned Social Work Case Manager (SWCM) is primarily responsible for preparing the case plan. The Family Case Plan is the Department's primary tool for gathering, organizing, and documenting information throughout the life of a case. It provides a comprehensive view of the child and family, outlines the conditions leading to child welfare involvement, and identifies the services and supports necessary to promote safety, permanency, and well-being. The case plan also documents compliance with state and federal requirements.

Initial case plans must be completed and filed within 25 calendar days, and comprehensive plans within 60 calendar days from either the opening of a child welfare service case or the child's entry into foster care, whichever occurs first (IAC 441–130.7(3)a(2)). Case plans must be reviewed and updated:

- At 180 calendar days from the start of service
- At 365 calendar days from the start of service
- At least every six months thereafter while the case remains open
- More frequently if significant changes occur or if ordered by the court

https://hhs.iowa.gov/media/3916/download?inline=

Case Reviews

The Family Case Plan is designed to align with anticipated VISION system functionality. HHS is in the process of incorporating the case plan into the VISION CCWIS build and is anticipated to go live in Spring of 2027. VISION is expected to allow caseworkers to spend more time directly with families and support better informed decision making.

Per 441 IAC 130.7(4), case plans must be updated and filed with the court at least every six months, or more frequently if significant changes occur or if ordered by the court. Supervisors are required to review and approve each case plan to ensure family involvement, appropriateness of goals, and adequacy of action steps. In Child in Need of Assistance (CINA) cases, the court also reviews and approves the case plan.

Case planning identifies formal and informal services and strategies that:

- Build on family strengths
- Address identified needs
- Manage risk
- Support goal achievement
- Promote positive case outcomes

Each goal must include clear responsibilities, timelines, and measurable criteria for assessing progress.

The JARVIS system issues alerts when case plan reviews are due; however, concerns remain about alert accuracy. As a result, staff and supervisors often maintain their own tracking systems to ensure compliance.

Family Involvement Through Family Focused Meetings

Family Focused Meetings (FFMs) are used to support authentic family involvement in case plan development. These meetings provide documentation of parent involvement and opportunities for review and adjustment of the case plan. Signatures on the "Signature and Notifications" page confirm participation. If a parent does not participate, the reason is documented.

Case Review Performance Data

Performance data regarding parent involvement in case planning are summarized in Table 20A below. Performance has remained generally consistent, with no known data limitations.

Table 20A

Item 13: Parents Involvement in Case Planning in Foster Care Cases	CY2023	CY2024	CY2025
(Question 13B) The agency made concerted efforts to actively involve the mother in the case planning process.	83.87% (26 of 31)	83.33% (20 of 24)	82.69% (43 of 52)
(Question 13C) The agency made concerted efforts to actively involve the father in the case planning process.	73.08% (19 of 26)	73.33% (11 of 15)	70.97% (22 of 31)

Data Source: OMS Practice Performance Report

Stakeholder Feedback

On January 29th and 30th of 2024, feedback on the redesigned Case Plan format was collected from approximately 25 Parent Partners and Parent Partner Coordinators. Their comments reflected experiences with the earlier pilot case plan template, which was not fully implemented.

Parent Partners—peer mentors with lived experience—reported the following:

Strengths:

- Increased team-based approaches and attention to families' needs
- Progress in making the case plan more family friendly and culturally responsive
- Improved engagement with fathers and non-custodial parents
- Greater family input in case planning

Areas needing improvement:

- Parents can feel overwhelmed by expectations in the case plan
- Caseworkers need to review the plan with parents and help prioritize tasks

Ongoing challenges:

Parent Partners report a continued need for regular, dedicated time between case managers and parents to review case plan expectations, progress, and priorities. They note that contact often occurs around court hearings or during visits, leaving little opportunity to focus on case plan content. They also report variations across the state in how frequently expectations are reviewed or how family interactions occur. These observations are anecdotal, and Iowa does not have data to measure how these differences impact outcomes.

In summary, Iowa continues to rate this item as an area needing improvement, consistent with CFSR Round 3 findings. While improvements have been observed, increased support for parental participation, particularly for fathers, remains necessary. Stakeholder feedback highlights the need for clear guidance, prioritization of expectations, and consistent engagement across the state. Available case review and stakeholder data are limited by sample size and scope.

ITEM 21: PERIODIC REVIEWS

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

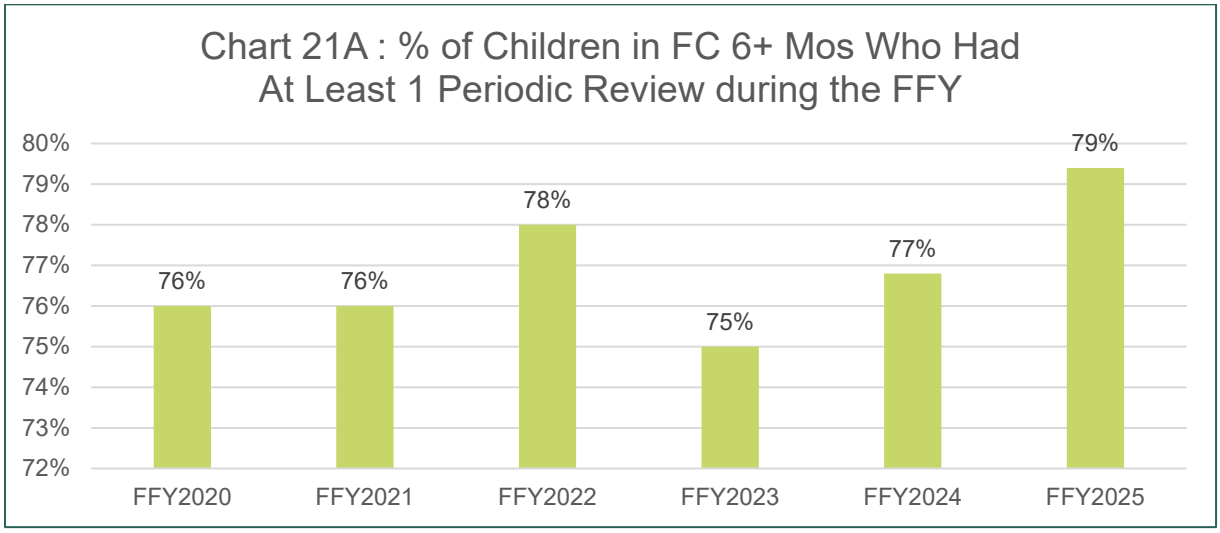
STATE RESPONSE:

Iowa policy requires that a child's case plan be reviewed at least every six months and presented to a review body in accordance with local protocols.. In Iowa, the Juvenile Court hearing serves as the sole mechanism to meet federal periodic review requirements. This process ensures an independent, timely, and comprehensive review, even in circumstances where a review might otherwise fall outside required timelines or fail to address all mandated elements. Reliance on the court process is considered a strength within Iowa's review system.

Juvenile court reviews occur during designated hearings—such as dispositional hearings, dispositional review hearings, and permanency hearings—scheduled by the court, with reasonable notice provided to all parties. Iowa's juvenile courts typically conduct reviews every three months, and their timeliness is monitored through the court's docketing system. While court hearings are not required to function as administrative reviews, the initial dispositional review hearing is held within six months of the dispositional hearing, which itself occurs as soon as practicable after adjudication and removal. Permanency hearings are held within 12 months of a child's removal and annually thereafter. These hearings meet federal panel requirements, as they include at least three individuals, one of whom is not responsible for case management or service delivery.

Court hearings allow participation by the judge, county attorney, HHS worker, guardian ad litem, parents' attorneys, parents, and the child when appropriate. This structure provides a comprehensive review of the child's safety, the necessity and appropriateness of out-of-home placement, compliance with the case plan, and progress toward addressing the reasons for placement. Dispositional, review, and permanency hearings are used in AFCARS reporting to establish compliance with federal periodic review requirements.

To answer the question, "Of all children in foster care for six months or more in an FFY, how many had at least one court review?" Iowa's data show consistent performance over the past five FFYs, with improvement since FFY 2023. In FFY 2025, 79% of children entering foster care had at least one court hearing or review (4473 of 5630), an increase from FFY 2024. Included court activities are dispositional hearings, permanency hearings, and related periodic reviews. Data were derived from AFCARS files reflecting Iowa's statewide foster care population and identifying children in care for seven months or longer, for whom a review would have been due. A known data limitation is the timeliness of staff entering court hearing and administrative review information into Iowa's CWIS.



Data Source: AFCARS

This item was an area needing improvement in CFSR Round 3. For CFSR Round 4, Iowa acknowledges that, based on the data available at the time of this submission, this item remains as an area needing improvement. However, with additional data being gathered and submitted by the November deadline, Iowa anticipates that the rating will more accurately demonstrate this item as a strength.

ITEM 22: PERMANENCY HEARINGS

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

STATE RESPONSE:

While federal law calculates the time to first permanency hearing with the date a child is considered to have entered foster care (either the judicial finding of abuse or neglect or 60 days after removal, whichever occurs first) and no less frequently than every 12 months thereafter, states have the ability to choose an earlier date, such as the removal date (42 U.S.C. §§ 671(a)(E)(i), 675(5)(C)). Iowa law requires that a permanency hearing be held within 12 months of a child's removal from the home and at least every 12 months thereafter (Iowa Code §§ 232.104(1)(a)(1), 232.104(9)(a)). [CB1.1][KR1.2] If the court waives the reasonable efforts requirement, a permanency hearing must occur within 30 days of the waiver (Iowa Code § 232.104(1)(a)(2); 45 C.F.R. § 1356.21(h)(2)).

The permanency hearing is the stage at which the court identifies a clear, permanent goal for the child, along with the steps and timelines necessary to achieve that goal. The hearing is typically presided over by the same judge who has heard the previous proceedings. The court must make explicit and independent findings regarding reasonable efforts— or active efforts for Indian Child Welfare Act (ICWA) cases— and determine the permanency goal that best serves the child's interests (Iowa Code § 232.104(1)(c); 45 C.F.R. § 1356.21(b)(2)). The judge must then issue a written order establishing the permanency plan (Iowa Code §§ 232.104(1)(c), 232.104(2)). When reunification is not the permanency goal, the reasonable efforts inquiry focuses on efforts to secure an alternative permanent home (Iowa Code § 232.102A(1)(a); 45 C.F.R. § 1356.21(b)(2)).

Tables 22A and 22B indicate the number or percentage of cases, with each case representing one child, that met the timeframe for the initial permanency hearing and the subsequent permanency hearing during the past 3.75 years.

Table 22A: Time to First Permanency Hearing- From HHS Placement Date to issuance of the Permanency Hearing Order in 365 days.

Timeframe (period of time covered by the data)	Rate or Level that met the Timeframe	Actual Number of Cases (numerator/denominator)
10/2022-9/2023	78%	647/830
10/2023- 9/2024	86%	460/535
10/2024- 9/2025	75%	387/516
10/2025- 6/2026	90%	540/600

Data Source: Electronic Data Management System (EDMS)

Table 22B: Time to Subsequent Permanency Hearing- From permanency order file date to the date of the last permanency review hearing in 365 days.

Timeframe (period of time covered by the data)	Rate or Level that met the Timeframe	Actual Number of Cases (numerator/denominator)
10/2022-9/2023	98%	1,378/1,406
10/2023- 9/2024	98%	1,514/1,545
10/2024- 9/2025	99%	1,479/1,494
10/2025- 6/2026	99%	1296/1311

Data Source: Electronic Data Management System (EDMS)

While initial permanency hearing data show lower performance compared to subsequent hearings, Iowa believes actual practice remains strong across both measures. Of note, Iowa made improvement in timeliness of initial permanency hearings over the last four FFYs, with FFY 2026 (October 2025-June 2026) data showing 90% compliance with the required timeframe.

Continuous quality improvement efforts have identified data-entry and documentation challenges may be contributing to performance results that do not fully reflect the level of compliance observed in practice. Case reviews conducted by Iowa Children's Justice (ICJ) staff— with a formal written report forthcoming— identified ongoing issues related to docketing and labeling of hearings. In some instances, permanency hearings and termination of parental rights (TPR) hearings were combined into a single court event. In other cases, a permanency hearing and a review hearing may have been scheduled concurrently. When multiple hearing types occur in a single event, the clerk's docket entry may reflect only one hearing type, creating inaccuracies in the data. Although the frequency of combined TPR and permanency hearings has decreased, mislabeling still occurs and warrants continue monitoring.

Stakeholder feedback specifically on this item was not available for inclusion in this assessment. This item was rated as an area needing improvement in CFSR Round 3. For CFSR Round 4, Iowa rates this item as a strength due to initial permanency hearings meeting the required timeframe in 90% of cases for FFY 2026 and 99% of cases meeting the subsequent permanency hearing timeframe for FFY 2026.

ITEM 23: TERMINATION OF PARENTAL RIGHTS

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

STATE RESPONSE:

When a child has been in foster care for 15 of the most recent 22 months, a petition to terminate parental rights (TPR) must be initiated unless certain statutory circumstances apply (Iowa Code § 232.111(2)(a)(1); 42 U.S.C. § 675(5)(E)). Petitions are generally filed by the County Attorney on behalf of HHS or at the direction of the court (Iowa Code §§ 232.104(2)(c), 232.111(2)(a)). Termination petitions must be specific to each child and each parent (Iowa Code § 232.111(1)). Iowa Code § 232.111(2)(b) provides exceptions to filing the petition, such as when the child is being cared for by a relative; the state agency has documented a compelling reason in the case permanency plan; and the state agency has not provided services deemed necessary for the child's safe return to the home. Iowa also has exceptions that apply to the granting of termination (42 U.S.C. § 675(5)(E); Iowa Code § 232.116(3)). Exceptions include: the child being in the legal custody of a relative; the child being age 10 or older and objecting to the termination; clear and convincing evidence that termination would be detrimental due to the strength of the parent-child relationship; the child requiring hospitalization or institutional care where the relationship does not impede permanency; and a parent's absence due to hospitalization, institutionalization, or military service (Iowa Code § 232.116(3)).

Iowa's relative care exception is narrower than the federal definition, and recent statutory changes have further limited its applicability. Under current law, the exception is effectively only met when the child is placed with the other parent, because legal custody cannot be transferred to relatives at disposition except through placement with HHS for relative care (42 U.S.C. § 675(5)(E)(i); Iowa Code §§ 232.102(1)(a), 232.116(3)(a)).

Table 23A below indicates the number and percentage of cases, with each case representing one child, that met the timeframe of filing a termination of parental rights petition within 15 months of the child being out of the home.

Table 23A: Termination of Parental Rights - From CINA petition filing to termination petition filing in 455 days (15 months)

Timeframe (period of time covered by the data)	Rate or Level that met the Timeframe	Actual Number of Cases (numerator/denominator)
10/2022-9/2023	83%	545/657
10/2023- 9/2024	87%	512/589
10/2024- 9/2025	87%	438/504
10/2025- 12/2025	92%	397/432

Data Source: Electronic Data Management System (EDMS)

Table 23B below indicates the number and percentage of cases, with each case representing one child, that met the timeframe of filing a termination of parental rights order within 545 days.

Table 23B: Termination of Parental Rights - From CINA petition to termination order filing in 545 days.

Timeframe (period of time covered by the data)	Rate or Level that met the Timeframe	Actual Number of Cases (numerator/denominator)
10/2022-9/2023	83%	545/657
10/2023- 9/2024	87%	512/589
10/2024- 9/2025	87%	438/504
10/2025- 6/2026	92%	624/680

Data Source: Electronic Data Management System (EDMS)

Iowa believes that court practice related to TPR is strong. Termination of parental rights petitions were filed timely in 95% of cases in FFY 2026 (October 2025-June 2026) and termination of parental rights orders were filed within 545 days in 92% of cases in FFY 2026 (October 2025-June 2026), with both representing improved performance from the previous FFYs.

Continuous quality improvement efforts have identified systemic and data-related factors that can affect timeliness results. Iowa Children's Justice (ICJ) staff have identified issues with the docketing and scheduling of TPR hearings. When a TPR hearing is scheduled concurrently with another hearing type—such as a review or permanency hearing—the resulting order may be docketed under the incorrect hearing designation. These practices contribute to data entry inaccuracies that may understate actual performance.

Iowa also experiences a shortage of attorneys willing to represent families in child welfare cases, contributing to scheduling delays and continuances. Delayed filing of required reports and an increase in contested TPR hearings further affect timeliness, particularly because most dockets are structured in limited hearing blocks. Courts have also granted additional extensions in cases where parents are making meaningful progress toward reunification, which may delay the filing or issuance of TPR orders. While these factors may impact reported timeliness, they reflect case specific judicial decision-making rather than deficiencies in court practice overall.

Stakeholder feedback specifically on this item was not available for inclusion in this assessment. This item was rated as an area needing improvement in CFSR Round 3. For CFSR Round 4, Iowa rates this item as a strength due to filing of termination petitions meeting the required timeframe in 95% of cases for FFY 2026 and 92% of cases have petition orders filed within 545 days of the CINA petition for FFY 2026.

ITEM 24: NOTICE OF HEARINGS AND REVIEWS TO CAREGIVERS

How well is the case review system functioning statewide to ensure that foster parents, pre- adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child?

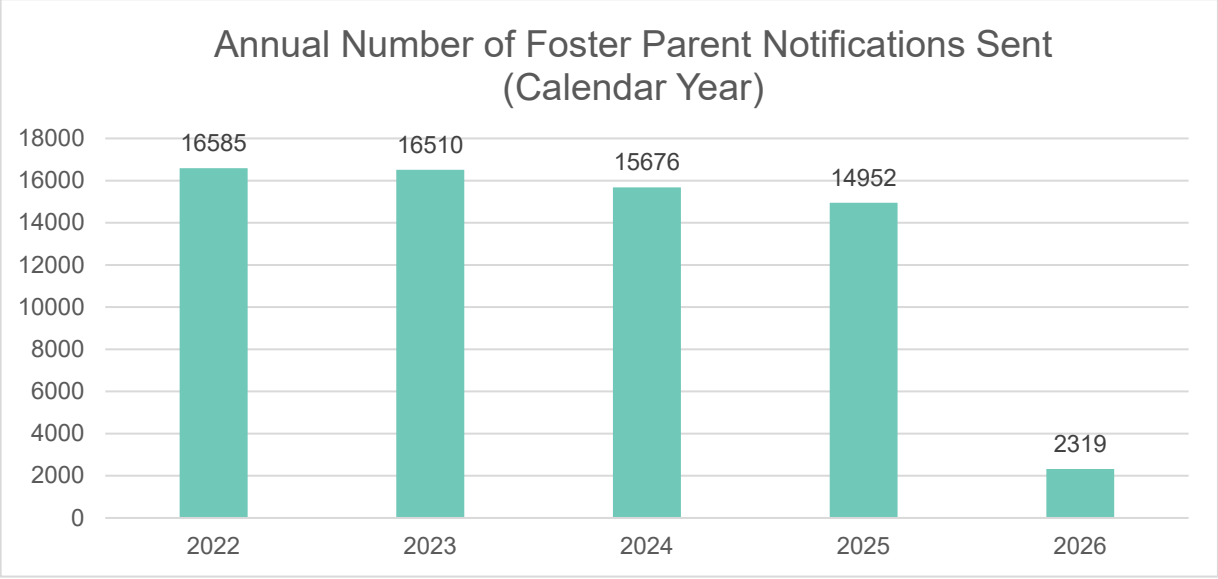
STATE RESPONSE:

Iowa asserts that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are made aware of their right to receive notice of, and to be heard in, court hearings through multiple processes.

The primary method for notifying caregivers of upcoming hearings is through the clerk of court or the child's Social Work Case Manager (SWCM). The court's automated system generates hearing notices to foster parents, pre-adoptive parents, and caregivers based on a data match between HHS placement records and court records. The system runs daily to ensure consistent issuance of notices. A known limitation is that timely data entry by HHS staff is essential for accurate notices; workers have three business days to enter placement updates into FACS but competing workload demands may delay these entries. HHS continues to emphasize timely and accurate placement data entry.

When caregivers attend court hearings, SWCMs often provide court reports, notices, or additional explanatory information, including verbal reminders of caregivers' rights to be heard. The court also monitors the automated notification process to ensure accuracy. The table below reflects the number of notifications provided to foster parents and caregivers. While this information demonstrates that notifications are being sent, the current data system does not allow us to generate a numerator and denominator that would show the proportion of caregivers receiving notices for required hearings. Each child's case involves a different number of periodic reviews and permanency hearings, making it difficult to calculate a uniform rate of notification across all cases. As a result, the available data can only be presented as counts rather than performance measures. The State continues to explore ways to refine data collection to more accurately reflect compliance with caregiver notification requirements.

Appendix H is an example of a court notice, which provides the hearing date, time, and location; information about caregivers' rights to provide written or oral input; and notification about the possibility of testifying and being subject to cross-examination.



Data Source: Iowa Children's Justice

Caregivers are also informed of their right to be heard through the Comm. 033, Foster Parent Handbook, provided at initial licensure and again during each renewal cycle. The handbook is publicly available on the HHS website and explains the purpose of court hearings, the caregiver's right to attend, and the ways they can provide information to the court. It incorporates Iowa's Foster Parent Bill of Rights, which affirms that foster parents have the right to receive notice of all formal foster care

reviews and court actions, as outlined in Iowa Code.
https://www.legis.iowa.gov/legislation/BillBook?ga=90&ba=Hf584

Iowa HHS provides pre-service training that explains the legal rights of foster parents, pre-adoptive parents, and caregivers, including the right to be heard. The training encourages attendance at court hearings so caregivers can follow case proceedings firsthand. Participants are informed that they may request copies of court reports from the SWCM if they do not receive them at the hearing. Most juvenile court judges engage directly with foster parents during hearings when they are present. SWCM court reports frequently include information and input provided by caregivers.

Caregivers are informed of the various types of juvenile court hearings and their purpose, including:

- Ex parte removal orders
- Removal hearings
- Adjudication hearings
- Disposition hearings
- Review hearings
- Modification hearings
- Permanency hearings
- Termination of parental rights
- Adoption hearings

Iowa is currently revising its pre-service training curriculum, including expanding the section dedicated to legal system processes. This enhancement will provide greater clarity regarding caregivers' rights and court involvement and represents progress since the submission of the 2025–2029 CFSP.

Caregivers were also provided the opportunity to complete evaluations following the "Child Welfare Legal Process" in service training. A total of 270 responses were received from foster parents and caregivers ("resource parents"). Feedback indicated that participants felt more knowledgeable about their rights and more prepared to engage in the court process following the training. Charts summarizing these evaluation responses are included below.

Chart 24A:

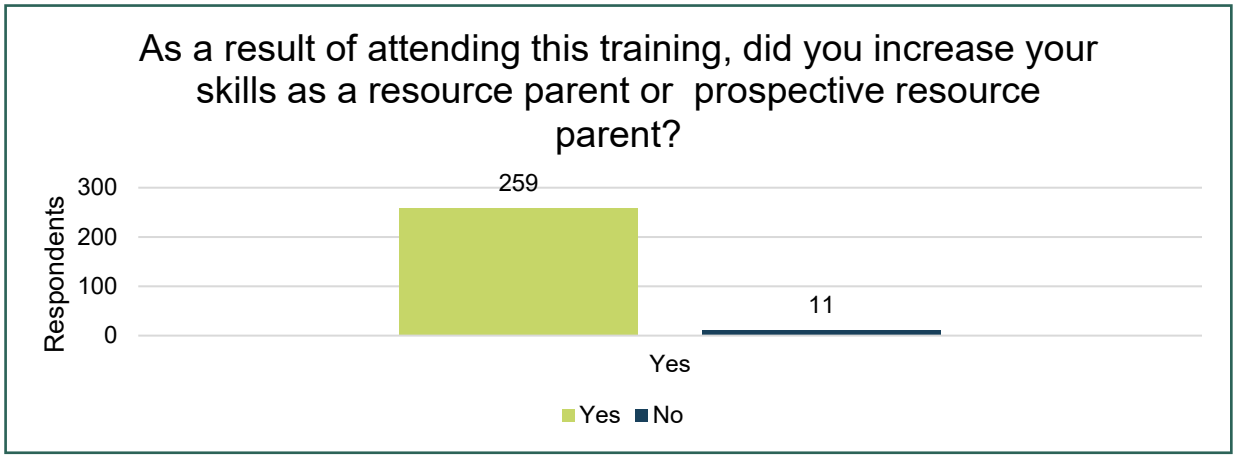
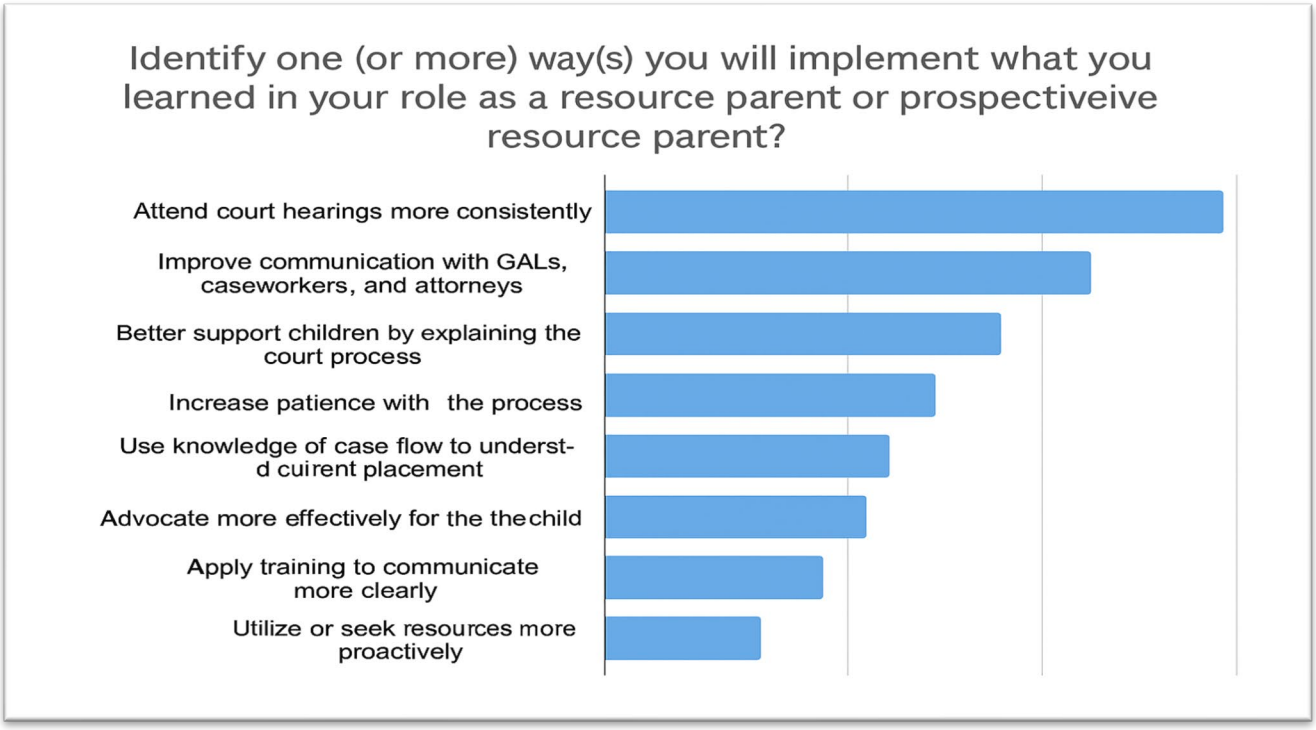


Chart 24B:



This item was rated as an area needing improvement in CFSR Round 3, and Iowa continues to rate it as an area needing improvement in CFSR Round 4.

C. Quality Assurance System

Iowa believe they are in substantial conformity with this systemic factor for Round 4, which is an improvement from Round 3.

ITEM 25: QUALITY ASSURANCE SYSTEM

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

STATE RESPONSE:

Iowa's Quality Assurance (QA) Systemic Factor has many strengths that continue to expand through intentional, ongoing continuous improvement efforts; .although work continues to refine the structure and focus of the QAI program, we do rate this as a Strength for CFSR Round 4. Iowa is actively refining its statewide structure to establish and position the team as a strategic, action-oriented partner to support Field. This added structure will increase the Quality Assurance and Improvement (QAI) Bureau's ability to operate as a statewide program to identify strengths and needs, quality of services, and provide support in a more comprehensive manner in alignment with Federal criteria. Current improvements focus on strengthening collaboration between the QAI Bureau and field

operations, providing clear focus on high priority areas with active strategies and structure, developing clear standard operating procedures, enhancing the state's capacity to monitor performance, strategize practice improvement, and provide quality reporting that promotes data-informed decision-making. Additional information on changes in process within the QAI Bureau is included in narratives below as relevant.

QA System Operating in Service Jurisdictions

Iowa's Department of Health and Human Services (HHS) is organized into five regional service areas to ensure strong local partnerships with community and contracted providers. Each region contributes to statewide consistency in practice and supports shared improvement initiatives. QAI Coordinators are embedded within each service area's leadership structure and participate in statewide and local projects. They regularly travel to local offices to seek feedback on what works, the challenges they are facing, how the QAI Bureau can support staff, address process concerns, and reinforce continuous improvement practices. This structure ensures QAI functions are fully integrated into everyday operations and workers can see the practical application of continuous improvement tools.

Local service areas are responsible for contract oversight, monitoring, and managing service delivery needs with support from statewide QAI and policy teams. Leadership maintains an ongoing presence in community collaboration efforts with contracted providers, public partners, legal stakeholders, and families.

Regional service contracts establish where services must be delivered, either directly by contractors or through subcontracting. QAI Coordinators attend quarterly HHS/Contractor meetings to review progress, identify challenges, and support joint problem solving.

QA System Standards to Evaluate the Quality of Services

All contracts for services to HHS-involved children and families include specific performance expectations, including incentive-based requirements. Policy Program Managers develop these contracts, while Contract Specialists oversee them statewide. Contract Specialists respond to questions, provide clarification, deliver training when needed, conduct periodic audits, and help resolve issues. Audit results are shared with policy leadership to support targeted improvement strategies.

Contractors upload case documentation as required, enabling HHS to monitor service timeliness, frequency, and quality. JARVIS reports provide accessible service level data for Contract Specialists, supervisors, social workers, and QAI teams. When concerns arise with a contractor, QAI may generate ongoing reports to support enhanced monitoring.

Local supervisors and Social Work Administrators meet with contracted providers to review cases, assess service delivery quality, and support problem-solving.

Within the last eight months new lines of communication have been established between the Contract Specialists and the QAI Bureau, following conversations that highlighted the parallels of our work. Since that time, QAI Coordinators have joined the Contract Specialists in participation in quarterly all contractor service area meetings, which have strengthened communication and collaboration. Previously QAI involvement in these regular meetings was inconsistent across the state; now each service area includes QAI in the joint meetings so they can hear first hand strengths, challenges, and brainstorming. We anticipate a stronger collaboration between QAI and Contract Specialists now that the similarities in focus are clear; this may be especially beneficial as Iowa is in the early stages of the revised contracts for FCS. Given the significant changes, a coordinated approach to analysis of monitoring data as compared to contract expectations, identification of trends – consistent and inconsistent – with expectations, and working with contractors directly to identify the root cause of identified issues as well as potential solutions.

CFSR case reviews are conducted monthly using random samples to assess safety, permanency, and well-being outcomes. Reviews include documentation review and interviews with parents, children (school-aged), foster parents, assigned workers, and—when needed—service providers. Iowa established a dedicated CFSR Case Review Unit in October 2025, which is intended to significantly expand the number of cases reviewed and strengthen Iowa's ability to evaluate service quality.

QAI Coordinators also conduct local QA audits, including file reviews, narrative assessments, implementation of new initiatives, and verification of required reports. Audit focus is based on established standards that have been communicated/trained with staff; for example, narrative review audits were implemented following refreshers on CFSR standards for social worker visits with children; the standards by which we measured came directly from the training which was based on the criteria in the OSRI, item 14. An additional example is an audit that was conducted on application of Iowa's protocol for appropriate delay of a Child Protective Worker's initial face to face visit with the child subject in an abuse assessment; the evaluation tool was created specifically based on the required elements specified in the protocol. Regardless of the source, there must be a standard in order to communicate and train on an expectation. If there is no standard, rather than audit, QAI would work with those involved in that process to develop a standard and plan to train on it; then we would later audit based on that criteria. As part of the changes to the QAI Bureau, a structured statewide component of standard audits will be implemented. This will focus on statewide priorities for quality assurance identified based on new initiatives, focused strategies, and based on need as indicated by practice performance; these activities will have standard operating processes and be consistently implemented across the state. Service areas flexibility remains vital to a strong QAI process; the new approach will strengthen the statewide activities to more comprehensively evaluate the consistency of performance and break down regional silos. There will be clear delineation between those service areas' flexibilities and statewide expectations. Findings from statewide audits will be shared with Child Protective Services and Field Leadership to further disburse information, and coordinate follow up as identified. This approach will aid in the statewide systemic assessment of strengths and needs, quality of services, and implementation consistency

QA System Identifies Strengths and Needs

The QAI Bureau is represented on the Service Business Team (SBT), which serves as the operational leadership body for Child Protective Services. Issues raised from Service Area Managers (SAMs) and Social Work Administrators (SWAs) are prioritized based on their impact on children, families, staff, and partners.

QAI Coordinators are centrally supervised but fully embedded in regional leadership, allowing Iowa to maintain consistent statewide QAI practices while supporting local needs. Coordinators gather input from staff, review new processes, conduct follow-up audits, and elevate system trends. Their presence in local offices provides valuable insight into staff challenges and system strengths. As mentioned previously, Iowa is working on balancing a consistent statewide quality assurance system with flexibility within the service areas.

HHS also maintains internal online platforms where staff can submit improvement ideas or request QAI support for specific projects. These systems track project status, participants, timelines and store completed work products and monitoring plans.

Additional strengths and system insights are gained through advisory groups and external partnerships, such as the Child Protection Council, the Coalition of Child Welfare Providers, and the

Court Improvement Program. These groups support trend identification, collaborative problem-solving, and system planning.

In winter 2025, Iowa Children's Justice (Iowa's Court Improvement Program) invited HHS to join a multidisciplinary data analysis initiative focusing initially on transitional planning for older youth. This collaboration sought to identify gaps in standards and practice. The collaborative group reviewed data available which highlighted an inconsistent pattern of submission of transition plans from HHS to the Court; beyond that, the group had informative discussion on when transition planning starts, the common focus areas, documentation, and how that fits in with program planning. Completion and submission of the plans could be approached from both the HHS and Court perspectives jointly but efforts remain less structured than would have been anticipated based on the amount of effort the group put into the analysis. HHS has developed statewide guidance around Transitional Planning Specialists reaching out to case managers with resources and offers to assist, and tracking outcomes. The Court discussed options within the collaborative group with some agreement that judges could make an effort to follow up if the plan is not received since this is a requirement that affects both entities. These types of collaborative groups are a good start for HHS and CIP to work together and are anticipated to build in content and meaningful outcomes as we continue to team together.

QA System Provides Relevant Reports

Iowa's QAI system has been in place since 2005 and has expanded significantly. Over time, an increasing number of reports have been produced to monitor agency performance across safety, permanency, and well-being. While this expansion has provided meaningful insight, it also created redundancy and inconsistent interpretation of data due to slight variations between reports.

In the past six months, Iowa has undertaken a strategic effort to streamline reporting by identifying 5–8 priority statewide measures, establishing clear strategies for improvement, implementing consistent monitoring procedures, and grounding decision-making in data. This approach will support a unified statewide focus.

Currently, collaborative efforts have identified that not all reports are needed every month; Service Area Managers (SAMs) and Social Work Administrators (SWAs) have reviewed the purpose and use of the reports they've been getting routinely which has led to categorizing based on need. The intent is to organize the useful reports and provide them at the right frequency to be used effectively by Field. Categories include: Managerial reports to aid Supervisors in understanding the current state of performance; Statewide Active Strategic Initiatives that will provide focus on the key areas the State is working to improve; Routine Monitoring to provide information that indicates a healthy, well-functioning system; and Custom Requests when a service area or the state wants to look more deeply into a specific area to identify root cause, trends, etc.. Each of these categories serves a different function, has its own timeframe, and manner of use. Of note are the Active Strategic Initiatives, as we anticipate the re-entry project discussed previously in Permanency 1 and 2 to be in this category as well as initiatives around AH4EC. This reorganization is actively in progress.

In addition, common reports used by all service areas identified during the categorization will be standardized and centralized as much as possible to streamline the work of the QAI Bureau and identification of one report with clear definitions and criteria that is used consistently statewide. Managerial reports focused on Initial Placement with Relatives, Social Worker Visits with Parents, and Timely Completion of Assessments area examples of this type of streamlined effort. Service areas will continue to have flexibility to explore initiatives of their own; the goal is to clearly delineate the statewide projects/strategies that will be consistently implemented, monitored, and revised as needed.

As an example of the use of managerial reports, SA Leadership chose Worker Visits with Children as a priority tool to maintain oversight of performance and the ability to view performance by supervisor, worker, geographic location, etc. Strategies around time management, team approach, geographical

clustering, scheduling approaches, etc. have been discussed and trained periodically over the years. The ongoing report allows for the continued monitoring of performance of existing staff, provision of support for new staff, and the ability to identify if someone is encountering challenges. This is one more tool for the supervisors to access to provide oversight and support for their teams to get ahead of a practice issue before it is compounded.

An example of a prioritized area for which we are working toward a statewide strategic initiative is re-entry to foster care. Reports that contain information on these types of efforts provide data to assess whether Iowa is 'moving the needle'. These will reflect performance around active strategies, benchmarks, and estimated timeframes to reach targets.

Re-entry is one of three federal statewide data indicators with which Iowa has struggled to improve performance. Iowa has established a methodology for monitoring that allows use of more recent data for analysis; we will be focusing on children re-entering within 6 months of discharge with the most current re-entry occurring within the last two months. The QAI Bureau has conducted surveys and analyzed administrative data which has resulted in a big picture view of performance; now cases that resulted in re-entry as of the most current month with full data are being reviewed to assess alignment with policy and practice expectations as well as collecting data on case-specific circumstances surrounding re-entry and analysis of findings for trends. Based on this compilation of information an active statewide strategy will be developed by a multi-dimensional group of people close to the practice, then trained, implemented, and monitored monthly. The QAI Bureau will take the lead and collaborate with the Field Operations to assure data driven decisions are being made based on performance; these decisions may mean the strategy is adjusted if progress is not being made, clarifications or training follow up may be needed, or maybe all is moving forward and no change is needed. This is the first statewide active strategic initiative that will be in place in this new structure. Iowa anticipates approximately 4 additional focus areas and strategies will be identified over time.

The QAI Bureau is developing standardized statewide roles and service area audit processes that will support:

- implementation of statewide improvement strategies
- consistent audit procedures for key practice areas
- A statewide perspective on roles that previously operated independently in service areas
- exploration of flexible work approaches tailored to local needs

QA System Evaluates Program Improvement Efforts

HHS frequently convenes cross-disciplinary workgroups—including internal staff, providers, foster parents, Parent Partners, judges, contracted trainers, and others—to design improvements, review processes, and evaluate implementation. Stakeholder involvement ensures proposed changes reflect a broad set of perspectives.

HHS also collaborates with the Change & Innovation Agency (C!A) to streamline processes and improve efficiency. Data analysis is central to these efforts.

All improvement work includes steps for communication, training, implementation, and monitoring. Many initiatives are piloted first in select service areas using a Plan-Do-Check-Act framework, ensuring that monitoring plans are developed before implementation.

HHS also uses targeted surveys—for example, to judges when revising the Case Permanency Plan—to ensure revised processes meet user needs. The updated case plan will be implemented with Iowa's CCWIS system.

The Service Business Team (SBT) supports additional improvement strategies using Lean and collaborative problem-solving tools. Workgroups define scope, objectives, and monitoring plans, and they assess whether additional follow-up is needed after implementation.

An example that incorporates many of the strategies above is Iowa's work on implementation of Bridge Meetings – meetings between parents and foster parents at the time of placement or as close as possible to the time of placement. The QAI Bureau coordinated this effort utilizing a diverse team of people who could provide relevant context, such as Parent Partner and Foster Parent representatives in addition to HHS representatives; the work of this group focused on: clearly defining the purpose for the meetings; establishing a standard process and agenda; defining clear roles and responsibilities; planning for communication and implementation; and defining a pilot including follow up data collection and analysis. The communication plan specified a timeline for actions including the WHO, the WHAT, and the HOW; for example, 'The Director will send an informational email to all staff statewide and disseminate to all foster parents by 11/15'; 'The Division Director will hold a virtual training for all pilot participants and answer any questions by 11/18'. That timeline continued through implementation and pilot evaluation. The evaluation involved video conference or telephonic interviews with parents, foster parents, and staff who had participated in the Bridge Meetings and asked qualitative questions; the data recorded on the tracking spreadsheet during the pilot provided the quantitative data for analysis. Overall, the results positively supported the practice and also provided feedback for consideration. A debrief of the entirety of the project was presented to the Service Business Team and agreement made to spread the practice statewide; in addition the debrief would be presented to the Social Work Administrators for specific next steps and coordination.

D. Staff and Provider Training

Iowa acknowledges that the state is not in conformity substantial conformity with this systemic factor for Round 4.

ITEM 26: INITIAL STAFF TRAINING

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP so that:

Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and

The system demonstrates how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

STATE RESPONSE:

Iowa requires that all new Social Work Case Managers (SWCMs), Child Protection Workers (CPWs), and their supervisors complete foundational onboarding coursework within the first three months of employment. These training courses provide the essential knowledge and skills needed to deliver high quality child welfare practice aligned with HHS policy.

- SW 020 – Foundations of Social Work Case Manager Practice
  Required for all new SWCMs and SWCM Supervisors. This training covers case management fundamentals, engagement strategies, safety and risk assessment, service planning, and alignment with HHS policies.

- CP 200 – Foundations of Child Protection Worker Practice
  Required for all new CPWs and CPW Supervisors. This course introduces the role of CPWs, interviewing and engagement skills, application of Iowa Code, assessment requirements, abuse determination, and case planning.

- Both SW 020 and CP 200 include:
  • Four days of classroom instruction (Part 1)
  • A one-month mentored field experience
  • A second four (4) day classroom session (Part 2)

New staff must begin SW 020 or CP 200 within three months of their hire date. The New Worker Training Plans outline additional required coursework during the first year. Supervisors may extend completion timeframes to 18 months when appropriate. Training completion is jointly monitored by new workers and supervisors.

Iowa HHS considers participation in only the foundational onboarding courses (SW 020 and CP 200) as the measure of initial staff training, since participation in these courses determines eligibility to take cases. At an aggregate level, HHS currently tracks the average length of time between a new worker's hire date and the start of new worker training (SW 020/CP 200). As requested by our federal partners, a more accurate way to assess whether initial staff training occurs within the required timeframes is to measure by course completion date rather than the start date. HHS has now implemented data collection that will help us track completion dates and intends to provide this data in the next reporting cycle.

To clarify, the New Worker Training Plan that outlines training expected to be completed during a worker's first 18 months of employment is not considered the measure of initial staff training. It includes coursework that supplements onboarding training, which remains the actual measure of initial staff training.

As noted, the New Worker Training Plan is monitored by both the supervisor and the new worker. Trainers for the onboarding coursework also meet with each new worker's supervisor to discuss progress and identify any areas where additional training may be needed.

We do not have data on the percentage of new workers who complete the plan, and there is no formal process for granting extensions.

Mentors play an important supporting role in monitoring training completion and helping assess training effectiveness and new worker preparedness, though this occurs through conversations and meetings rather than formal documentation.

The Service Area Trainers (SATs) also play an important role in addressing training gaps for new workers. In total, SATs have responded to over 625 requests for individual support and training, and they have assisted with onboarding 183 new workers.

Initial Staff Case Assignment

Completion of foundational onboarding (SW 020 or CP 200) is the primary metric Iowa uses to determine readiness for case assignment.

For SWCMs:
Case assignment will be at the Supervisor's discretion in consultation with the Social Work Administrator (SWA) to determine the number of cases a new Social Work Case Manager can be assigned at any time following their start date. Considerations include:

- Prior experience
- Worker comfort level
- Complexity of cases available
- Mentor availability

After Part 1 of SW 020, cases assigned to new SWCMs should involve support from a mentor or experienced teammate. During the first year of employment, SWCMs may carry no more than 70% of the local Case Management Specialist's (CMS) average caseload. In the first six months, new workers are not assigned cases involving child death, failure to thrive, or parental sexual abuse; these are assigned on a case-by-case basis in months 6 - 12.

At the six-month benchmark, caseloads are reviewed to ensure alignment with the 70% expectation and to evaluate training effectiveness. These caseload guidelines were implemented recently, so data is not yet available.

For CPWs:
New CPWs must complete the first four days of CP 200 before receiving any case assignments. During the one-month field learning experience, they may carry no more than six Family Assessment or CINA assessments. Mentors are typically assigned; if unavailable, supervisors provide and document mentoring. Because the second half of CP 200 is scheduled months in advance, training timeliness is not a barrier.

HHS tracks the average number of days between hire and the start of SW 020/CP 200 to monitor training initiation within required timeframes.

Measurement of Initial Staff Training Compliance

HHS measures compliance by tracking the number of days between staff hire date and the start of SW 020 or CP 200. The benchmark is 95% of new staff begin training within 90 days of hire, which Iowa has exceeded for five consecutive years.

Table 26A: New Worker Timeframes by State Fiscal Year (SFY)-Social Work Case Managers (SWCMs)

[SFY]	Average Days to Start of 020/200	# (%) within 30 Days of Hire	# (%) within 60 Days of Hire	# (%) within 90 Days of Hire	# (%) more than 90 Days of Hire
SFY 2026 New SWCMs (75)	31.7	37 (49%)	30 (40%)	8 (11%)	-
SFY 2025 New SWCMs (85)	30.5	46 (54%)	32 (38%)	6 (7%)	1 (1%)
SFY 2024 New SWCMs (89)	29.5	46 (52%)	41 (46%)	1 (1%)	1 (1%)
SFY 2023 New SWCMs (100)	27.5	53 (53%)	43 (43%)	4 (4%)	-
SFY 2022 New SWCMs (89)	25.6	54 (61%)	32 (36%)	3 (3%)	-

Data Source: HHS

Table 26B: New Worker Timeframes by State Fiscal Year (SFY)-Child Protective Workers (CPWs)

[SFY]	Average Days to Start of 020/200	# (%) within 30 Days of Hire	# (%) within 60 Days of Hire	# (%) within 90 Days of Hire	# (%) more than 90 Days of Hire
SFY 2026 New CPWs (52)	23.1	34 (65%)	15 (29%)	3 (6%)	-
SFY 2025 New CPWs (47)	21.2	32 (68%)	15 (32%)	0 (0%)	-
SFY 2024 New CPWs (48)	22.0	31 (65%)	15 (31%)	2 (4%)	-
SFY 2023 New CPWs (32)	26.7	16 (50%)	15 (47%)	1 (3%)	-
SFY 2022 New CPWs (48)	25.9	25 (52%)	22 (46%)	1 (2%)	-

Data Source: HHS

Initial Staff Training Effectiveness – This section evaluates how well initial training prepares new staff with the essential skills and knowledge needed to perform their duties.

To assess the effectiveness of initial training, Iowa collects feedback at multiple stages: before training (pretests), immediately after training (post tests and the Post Training Evaluation), and again at the three-month point (New Worker Check-In Survey). This multipoint approach provides a comprehensive picture of learning over time and helps determine how effectively training translates into on-the-job performance. These activities primarily assess knowledge gain and applicability. However, the post-training evaluation survey does include qualitative questions to identify content gaps, such as “What additional content should be included in this training?” and “Consider unanswered questions you still have about this topic.”

To further strengthen our assessment of training effectiveness, we plan to update the survey question in both the Post-Training Evaluation and New Worker Check-In Survey so that it aligns with the language used in the statewide assessment. This revision will help ensure more consistent measurements moving forward.

Pre/Post-Tests for SW 020 and CP 200

Knowledge assessments are administered before and after each course to measure growth in core content knowledge. Post tests have a benchmark score of 80%. During the annual course review, the training team analyzes items that are frequently answered incorrectly to determine whether course content needs enhancement or if test questions should be updated for clarity.

Table 26C: SW 020 Average Pre/Post Test Scores

Fiscal Year	Pre (%)	Post (%)	Change	Fiscal Year	Pre (%)
SFY 2021	80%	84%	+4	SFY21	80%
SFY 2022	70%	77%	+7	SFY22	70%
SFY 2023	73%	89%	+16	SFY23	73%
SFY 2024	77%	87%	+10	SFY24	77%
SFY 2025	83%	91%	+8	SFY25	83%

Data Source: Workday Learning

Table 26D: CP 200 Average Pre/Post Test Scores

Fiscal Year	Pre (%)	Post (%)	Change	Fiscal Year	Pre (%)
SFY 2021	71%	80%	+9	SFY21	71%
SFY 2022	71%	82%	+11	SFY22	71%
SFY 2023	78%	88%	+10	SFY23	78%
SFY 2024	73%	89%	+16	SFY24	73%
SFY 2025	79%	92%	+13	SFY25	79%

Data Source: Workday Learning

Across both SW 020 and CP 200, post-test scores consistently meet or exceed the 80% benchmark, with steady gains from pre- to post-test. CP 200 results show strong and stable improvement across all five years.

Post-Training Evaluations Net Promoter Score for SW 020 and CP 200

The post-training evaluation collects immediate feedback from learners on the effectiveness of the training. It includes both an applicability rating and a Net Promoter Score (NPS). The NPS reflects how likely learners are to recommend the training to others, using a 0–10 scale and calculating the score by subtracting the percentage of detractors (0–6) from the percentage of promoters (9–10). This scoring method is widely used across industries.

Benchmarks have been established to support consistent interpretation:

- A score of 4.25 or higher on the applicability question
- An NPS of 8 or higher

These benchmarks help determine whether the training meets, exceeds, or falls below expectations for effectiveness and participant satisfaction.

Table 26E

[SFY]	I will be able to apply on the job what I learned during this session. (1 being the lowest and 5 being the highest) (AVERAGE)	How likely is it that you would recommend this training to another person in your position? (0 being the lowest and 10 being the highest) (AVERAGE)
SFY 2026 SWCM New Worker	4.80	9.19
SFY 2025 SWCM New Worker	4.82	9.07
SFY 2024 SWCM New Worker	4.70	8.89
SFY 2023 SWCM New Worker	4.78	9.02
SFY 2022 SWCM New Worker	4.68	9.09

Data Source: SurveyMonkey

Table 26F

[SFY]	I will be able to apply on the job what I learned during this session. (1 being the lowest and 5 being the highest) (AVERAGE)	How likely is it that you would recommend this training to another person in your position? (0 being the lowest and 10 being the highest) (AVERAGE)
SFY 2026 CPW New Worker	4.88	9.73
SFY 2025 CPW New Worker	4.70	9.00
SFY 2024 CPW New Worker	4.79	9.36
SFY 2023 CPW New Worker	4.69	9.35
SFY 2022 CPW New Worker	4.67	9.27

Data Source: SurveyMonkey

The evidence shows that Iowa's initial staff training is functioning effectively and consistently exceeding established benchmarks. Across all years, both SWCM and CPW new workers scored well above the applicability benchmark of 4.25, indicating strong confidence in their ability to apply what they learned on the job. Likewise, Net Promoter Scores (NPS) exceeded the benchmark of 8 every year, reflecting sustained high satisfaction and strong endorsement of the training experience. SFY26 results are among the strongest in the five-year period, suggesting recent improvements to training content, delivery methods, or alignment with field expectations are having a positive impact.

New Worker Check-In Survey

To further assess how well initial training prepares new staff, Iowa launched the New Worker Check-In Survey in April 2025. Completed at the three-month employment mark, the survey includes a question specifically designed to measure how effectively initial trainings equip new workers with essential skills and knowledge.

The target score for this measure is 4.25.
The SFY2026 average score was 4.23 (44 respondents)

Table 26G

[SFY]	To what extent have the HHS trainings you have received thus far on the New Worker Training Plan prepared you for your job? (1 being the lowest and 5 being the highest) (AVERAGE)
SFY 2026 (44 participants)	4.23

Data Source: SurveyMonkey

Although this score falls slightly below the target, the tool is newly implemented and the current response pool is limited, making long-term trends difficult to interpret at this time. As additional data become available, Iowa expects to gain a clearer understanding of training effectiveness at this checkpoint.

Summary Analysis: Training Compliance and Effectiveness

The evidence demonstrates that Iowa's initial staff training system operates effectively statewide, both in ensuring timely access to required training (compliance) and in preparing new workers with the foundational skills and knowledge needed for their roles (effectiveness).

Together, these findings reflect substantial progress since CFSR Round 3, when stakeholder feedback described lengthy wait times and inconsistent access to initial training. Iowa has since expanded training capacity, increased session frequency, developed more structured mentoring supports, and adopted new data tracking systems that provide timely, objective measures of training performance.

While Iowa HHS demonstrates strong performance in meeting initial training start-time benchmarks and collecting multipoint feedback, opportunities remain to improve the accuracy and consistency of statewide training measurement resulting in a rating of Area Needing Improvement for this item. Tracking completion dates rather than start dates, increasing alignment between evaluation questions and statewide assessment language, and strengthening participation in the New Worker Check-In Survey would enhance the ability to assess compliance and training effectiveness. Continued efforts to reduce the number of staff beginning training after 60 days will further improve timeliness.

ITEM 27: ONGOING STAFF TRAINING

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP so that:

- Staff receive ongoing training pursuant to the established curriculum and timeframes for the provision of ongoing training; and
- The system demonstrates how well the ongoing training addresses basic skills and knowledge needed by staff to carry out their duties.

STATE RESPONSE:

Ongoing Staff Training Requirements and Timeframes

Child Protective Services staff employed with HHS for more than one year must complete at least 15 hours of ongoing training each state fiscal year. Staff and supervisors may meet this requirement by completing mandatory annual courses, participating in optional HHS training, or submitting external training records through Workday Learning.

Measurement and Data System

HHS tracks ongoing staff through HR data in Workday, which reflects a current workforce of 696 CPS staff, including 93 supervisors. In July 2024, HHS transitioned from the Learnsoft LMS to Workday Learning. While the transition temporarily limited system level reporting on annual training hours, new Workday features released in April 2026 now allow both learners and supervisors to track individual progress. Work continues with system administrators to restore and enhance aggregate reporting capacity for future monitoring. Iowa is actively exploring reporting capabilities within Workday Learning which may provide data prior to stakeholder interviews in November 2026.

New supervisors are required to complete *SP 806 Supervisory Model of Practice*, a three-day training course, as well as *SP 709 Leadership Academy for Supervisors* within their first year. The Leadership Academy consists of six courses; each delivered as a two-hour webinar discussion. Supervisors who have been with the department for more than a year must complete the annual 15-hour training requirement, along with any new mandatory coursework rolled out each year to reflect updated policies and procedures.

Compliance Analysis

Despite temporary reporting limitations, available evidence indicates that staff have consistent access to ongoing training and can complete training within required timelines. The training unit offers frequent learning opportunities, a diverse course catalog, and multiple avenues for staff to obtain training credit. These resources support staff in meeting the 15-hour requirement, and HHS is actively rebuilding reporting tools to capture aggregate compliance in future periods.

The training team reliably delivers high volume training opportunities across the state. Ongoing training is accessible through multiple formats, including HHS courses and external learning. New Workday Learning functions provide staff and supervisors with clear, real time visibility into training progress. System level reporting of annual training hours is still being restored following the LMS transition. Continued focus is needed to refine supervisor specific training and respond to recent minor fluctuations in supervisor evaluation scores. Improvements since CFSR Round 3 include expanded training capacity, more frequent course offerings, and strengthened regional training support.

Table 27A: SWCM Ongoing (includes all courses except 200, 202, 020)

[SFY]	I will be able to apply on the job what I learned during this session. (1 being the lowest and 5 being the highest) (AVERAGE)	How likely is it that you would recommend this training to another person in your position? (0 being the lowest and 10 being the highest) (AVERAGE)
SFY 2026	4.42	8.36
SFY 2025	4.47	8.33
SFY 2024	4.34	8.17
SFY 2023	4.39	8.14
SFY 2022	4.32	8.12

Data Source: SurveyMonkey

Table 27B: CPW Ongoing (includes all courses *except* 200, 202, 020)

[SFY]	I will be able to apply on the job what I learned during this session. (1 being the lowest and 5 being the highest) (AVERAGE)	How likely is it that you would recommend this training to another person in your position? (0 being the lowest and 10 being the highest) (AVERAGE)
SFY 2026	4.44	8.59
SFY 2025	4.35	8.04
SFY 2024	4.41	8.21
SFY 2023	4.24	7.77
SFY 2022	4.34	8.00

Data Source: SurveyMonkey

Table 27C: Supervisors Ongoing (includes all courses *except* 200, 202, 020)

[SFY]	I will be able to apply on the job what I learned during this session. (1 being the lowest and 5 being the highest) (AVERAGE)	How likely is it that you would recommend this training to another person in your position? (0 being the lowest and 10 being the highest) (AVERAGE)
SFY 2026	4.23	7.99
SFY 2025	4.52	8.31
SFY 2024	4.45	8.49
SFY 2023	4.38	8.34
SFY 2022	4.34	8.27

Data Source: SurveyMonkey

Ongoing Staff Training Effectiveness

Post-training evaluations gather immediate learner feedback, including an applicability rating and Net Promoter Score (NPS). Benchmarks are 4.25 for applicability and 8 for NPS. Data across the last five years shows consistently strong outcomes:

- SWCMs: Exceed both benchmarks every year, with steadily rising NPS.
- CPWs: Meet or exceed benchmarks in nearly all years with notable improvement by SFY 2026.
- Supervisors: Generally strong results, though SFY 2026 shows a slight decline that may signal evolving training needs.

Together, these results indicate that ongoing training is relevant, well-received, and applicable to job duties.

Training Effectiveness Data Analysis

Data is collected through SurveyMonkey immediately after training; results consistently exceed benchmarks. Limitations include differing wording between survey items and statewide assessment questions and the need for continued refinement of supervisory training.

Participant Experience

Participants report high confidence in their ability to apply training to their work. Feedback reflects that ongoing training is perceived as beneficial, practical, and aligned with job responsibilities.

Comparison to CFSR Round 3

Round 3 identified concerns about the adequacy of supervisor training. Current data shows significant improvement over time, supported by enhanced training capacity and stronger regional support structures. The recent minor dip in SFY 2026 for supervisors signals an ongoing need for refinement, not a systemic deficiency.

For Round 4, Iowa rates this item as an Area Needing Improvement due to a lack of system-level reporting to verify whether ongoing staff complete the required 15 training hours annually. Strengthening Workday Learning's reporting capabilities is currently underway to accurately monitor statewide compliance and address gaps in tracking performance.

ITEM 28: FOSTER AND ADOPTIVE PARENT TRAINING

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that:

- Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training; and
- The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

STATE RESPONSE:

Foster and Adoptive Parent Training: System Description and Requirements

Beginning in 2023 Iowa has utilized a single statewide contract to provide preservice training, ongoing training, and support to foster and adoptive parents. Under the Recruitment, Retention, Training, and Support (RRTS) contract, Four Oaks delivers the required 30 hours of preservice training (NTDC) and provides ongoing support and training to licensed resource families. Iowa requires six hours of annual training for families on a one-year license and 12 hours for those on a two-year license.

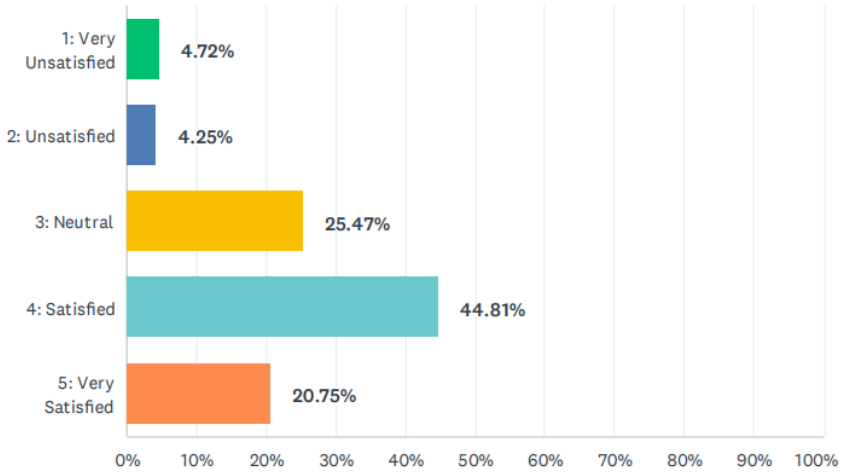
Pre-Service Training System

Four Oaks delivers NTDC training statewide as the required curriculum for prospective foster and adoptive parents. NTDC helps participants understand fostering expectations, assess their readiness, and prepare for caring for children in out-of-home placement. "Caring for Our Own" is also provided to kinship foster families to ensure training is tailored to relatives' unique circumstances.

Participants complete satisfaction surveys to assess training usefulness and preparation for fostering. Pre-service participation has increased significantly over the last three fiscal years, reflected in both the total number of trainees and the number of training sessions offered.

Q6 On a scale of 1 to 5, how satisfied were you with the training program you completed?

Answered: 212 Skipped: 28



ANSWER CHOICES	RESPONSES	
1: Very Unsatisfied	4.72%	10
2: Unsatisfied	4.25%	9
3: Neutral	25.47%	54
4: Satisfied	44.81%	95
5: Very Satisfied	20.75%	44



Pre-Service Training Data and Findings

Preservice training participation increased substantially between SFY22 and SFY24. Survey results show consistently high levels of satisfaction with the training, strong understanding of birth family relationships, and confidence in readiness to foster. The majority of respondents would recommend the training to others, indicating a positive, statewide training experience.

Table 28A: Number of People Trained by Quarter and FY

[SFY]	Qtr 1	Qtr 2	Qtr 3	Qtr4	Total
SFY 2022	71	6	766	1460	2303
SFY 2023	566	670	1300	856	3392
SFY 2024	1157	1299	1862	924	5242

Data Source: Four Oaks

Table 28B: Number of Distinct Trainings Held by Quarter and FY

[SFY]	Qtr 1	Qtr 2	Qtr 3	Qtr4	Total
SFY 2022	10	1	18	44	73
SFY 2023	16	23	45	28	112
SFY 2024	42	76	82	57	257

Data Source: Four Oaks

Table 28C: Number of Families Who Completed Pre-Service Class 1

[SFY]	Qtr 1	Qtr 2	Qtr 3	Qtr4	Total
SFY 2022	150	130	169	175	624
SFY 2023	143	134	145	122	544
SFY 2024	127	139	123	101	490

Data Source: Four Oaks

Table 28D: Pre-Service Survey Results

[Responses]	SFY 2023 Q1	SFY 2023 Q2	SFY 2024 Q1	SFY 2024 Q2
Number of Responses	175	111	91	102
Was Worth Time	90%	85%	91%	82%
Understand the importance of Birth Families	88%	99%	89%	92%
Helped prepare to become a foster parent	90%	97%	96%	100%
Would recommend to others	86%	95%	96%	100%

Data Source: Four Oaks

Foster Care Training Redesign and Legislative Changes

In 2026, Iowa initiated a major foster care training redesign to streamline licensure and better tailor training to family needs. As part of this redesign, HHS surveyed newly trained foster parents about preferred formats, helpful resources, preparedness, and challenges. Four focus groups were subsequently convened to guide development of a new training model.

Senate File 2096, signed April 7, 2026, modernizes Iowa's training requirements by:

- Removing the mandatory 30 hours of pre-service training, allowing HHS to determine appropriate hours based on an applicant's background and the needs of the child.
- Allowing HHS to set individualized training requirements at renewal, eliminating the fixed six-hour annual requirement.
- Updating required training topics.
- Allowing training provided by public or private agencies.

Under the redesign, Iowa anticipates reducing required pre-service hours to approximately 18 and shortening the licensure timeframe from 6–9 months to about 4 months.

Ongoing Training for Foster and Adoptive Parents

Four Oaks continues to provide statewide ongoing training, and foster families may receive credit for HHS training, Child Welfare Provider Training Academy sessions, or external training. This flexible approach allows families to choose training that meets their needs and prefers modalities such as in-person, virtual, or hybrid formats.

Training for Staff of Licensed or Approved Facilities

Iowa's out-of-home care contractors—including emergency juvenile shelters, foster group care, and supervised apartment living—regularly participate in ongoing training delivered internally, through HHS, through the Child Welfare Provider Training Academy, or other approved providers. Contracts effective July 1, 2023, require HHS-approved, comprehensive, role-specific training plans, including topics such as:

- Trauma-informed care and crisis intervention
- Mandt or comparable physical restraint training
- Domestic violence, mental and behavioral health
- Human trafficking identification and intervention
- Transition planning

Facilities with specialized programs, i.e., Neurodevelopmental and Comorbid Conditions (NACC), Problematic Sexualized Behaviors (PSB), and delinquency treatment must include enhanced curricula. The Department of Inspections Appeals and Licensing (DIAL) verifies training through licensure monitoring.

This item was rated as an area needing improvement in CFSR Round 3, and Iowa continues to rate it as an area needing improvement in CFSR Round 4.

E. Service Array and Resource Development

Iowa acknowledges that the state is not in substantial conformity with this systemic factor for Round 4, consistent with the finding in Round 3.

ITEM 29: ARRAY OF SERVICES

How well is the service array and resource development system functioning to ensure that the range of services specified below is available and accessible in all political jurisdictions covered by the CFSP?

Services that assess the strengths and needs of children and families and determine other service needs.
Services that address the needs of families in addition to individual children in order to create a safe home environment.
Services that enable children to remain safe with their parents when reasonable; and
Services that help children in foster and adoptive placements achieve permanency.

STATE RESPONSE:

Over the past five years, Iowa has engaged in multiple feedback activities designed to better coordinate the array of services available to children and families. This includes listening sessions conducted with our judicial partners across the state, focus groups, gathering feedback from HHS staff and from community partners, and working with consultants, including Sellers Dorsey and Sivic Solutions Group (SSG), to evaluate current systems and plan for ongoing improvements. As a result of this feedback, Iowa has streamlined some services and built out others which have had a positive impact on Iowans.

The Early Intervention and Supports (EIS) division within Iowa HHS has integrated multiple community programs under one umbrella. These programs provide hands-on resources and in-person support from birth through childhood, support the education and growth of a child's school years, partner with programs that support family dynamics and communication, and support new mothers with personalized, confidential support after having a baby. Programs within EIS include the following:

Iowa Family Support Network (statewide): Centralized website and referral hub
Early Childhood Iowa (statewide): Public-private statewide collaborative

- Maternal Infant and Early Childhood Home Visiting (MIECHV)-24 counties: Evidence-based home visiting
- Healthy Opportunities for Parents to Experience Success-Healthy Families Iowa (HOPES-HFI) -5 counties: Home visiting program

Family Development and Self Sufficiency (FaDSS)-statewide: Strength-based home visiting and self-sufficiency services

- More Options for Maternal Support (MOMS) Program -31 counties: Support for expectant and post-natal parents

The variety of early intervention programs available across Iowa provide opportunities to connect with families and empower parents to provide for their children's basic needs, including building strong family bonds. The Iowa Family Support Network website provides information and referrals for several community-based organizations across the state to connect families with services and supports. These connections increase parents' abilities to care for their children safely in their own homes and decrease the likelihood of families coming into the child welfare system. More information regarding Early Intervention and Support programs can be found at https://hhs.iowa.gov/programs/programs-and-services/early-intervention-and-support

When families do come to the attention of the child welfare system as a result of a Child Abuse Assessment, Family Assessment, or Child in Need of Assistance Assessment, Iowa HHS determines whether the family needs information and referral to community services, referral to Non-Agency Services (voluntary services for moderate to high risk families not requiring formal involvement in the child welfare system), or referral to formal child welfare services through an ongoing child welfare service case. Formal child welfare services include, but are not limited to, Family Centered Services, child welfare emergency services, Qualified Residential Treatment Programs (QRTP), supervised apartment living services, kin and fictive kin caregiver placements, and transitioning to adulthood services. Through formal child welfare services, children and families are also connected to other community resources and supports based on their specific needs.

In 2020, Iowa HHS transitioned its in-home services program from Family Safety, Risk, and Permanency (FSRP) to Family Centered Services (FCS). This shift supported Iowa shifting programming to better align with the Family First Preservation Services Act (FFPSA). Part of Iowa's CFSP for the 2019-2024 time period included transitioning to Evidence Based Interventions (EBI) that would align with FFPSA expectations. As part of the transition to FCS, Iowa implemented the expectation that contracted providers will offer SafeCare and Solution Based Casework. SafeCare was already approved for IV-E Prevention funding and Iowa (with input from child welfare partners) anticipated that Solution Based Casework would also become eligible. Iowa's contracted service providers experienced many challenges in implementing this service and when it became clear that Solution Based Casework would not soon be eligible for IV-E Prevention funding, Iowa worked together with contracted providers to transition to Motivational Interviewing as a core piece of FCS services beginning in July 2024. This transition has been highly successful and informal feedback from field staff and provider staff has been positive. SafeCare continues to be offered to eligible families as well and families report positive experiences with the program.

The primary service to parents and children who remain in their homes or are placed in the care of kin, fictive kin, or foster parents is known as Family Centered Services. These services are available statewide and include Family Casework (with Motivational Interviewing), Family Focused Meetings, SafeCare, Family Preservation Services with Motivational Interviewing and Child Safety Conferences), and Family Interactions. Family Centered Services and transitioning to adulthood services are available in all 99 counties in Iowa through various contracted service providers. Child welfare emergency services, QRTP facilities, and supervised apartment living services have locations in several counties and these facilities are available to children across the state. Iowa recently added a Family Housing Preservation Program to meet the needs of families who need stable housing to remain together or to be reunified. For more detailed information regarding the programs listed above, please see the Child Protective Service I Health & Human Service page on the HHS website.

Specialized adoption workers- Iowa continues to have a team of case managers across the state whose focus is solely on children in foster care who are legally free for adoption. Upon the court terminating parents' rights, the service case manager transfers the case to the adoption case manager. The adoption case managers then complete the paperwork needed by the courts and coordinate with the adoptive parents' attorney to facilitate finalization of the adoption as quickly as possible. When an adoptive home has not been identified, the adoption worker continues to support the child and works with Four Oaks to work toward identifying an adoptive home for the child. Iowa's adoption workers have significant experience in the child welfare system and develop expertise in completing adoption paperwork efficiently, moving children to permanency faster. Our adoption workers also meet at least once per year to discuss trends in adoption, collaborate on challenging cases, and learn about additional ways to complete their work. Adoption workers also work with

organizations like Wendy's Wonderful Kids and The Reel Hope Project to seek adoptive families for waiting children.

Kinship Navigator Services- Iowa piloted a modified version of Kinship Navigator Services in 2019 and rolled out the program statewide in 2021. Iowa modeled programming after the Ohio Kinship Model and in 2025 fully implemented the Ohio model as a IV-E service. Informal feedback was solicited from kinship caregivers regarding the program and participants indicated the program was helpful with connecting to resources, meeting the needs of their own family, building new parenting skills, and ensuring kin caregivers knew what was happening in the court system.

Services for transition-aged youth- Iowa continues to build out services to support youth who will age out of foster care. Iowa has dedicated Transition Planning Specialists who support the youth and their primary case manager with planning for the child's future needs, including housing, employment, education, healthcare, and supportive relationships. Youth build skills for adulthood and are supported in developing their future plans. Youth are also encouraged to identify supportive relationships, develop new supportive relationships, and create plans with each support person describing the kind of support the youth receives and what the future plan is to continue providing support.

Aftercare services continue to support young adults (18+) who have aged out of foster care as they begin to navigate adulthood. Aftercare service providers meet regularly with the youth and continue to provide support as the young adult puts their future housing, employment, education, healthcare, and supportive relationships plans into action. Many youth who participate in Aftercare are also provided a small stipend to help offset housing costs.

Family Housing Project- Iowa recently contracted with Four Oaks on a Family Housing Project. This initiative provides housing for parents and their children while having an on-site case manager to support families in finding permanent housing and overcoming any obstacles to maintaining permanent housing. This program is designed to prevent child from having to go into shelter or foster care due to a lack of housing and provide housing stability for families so that children can return to their parents' care. Four Oaks has one house with two units, so two families at a time are able to live in the home. Families can stay in the home for up to 12 months. Currently, two families have successfully moved through the program (both completed their steps within 6 months) and two additional families are in the home. Four Oaks is looking for a second location near the first house so that additional families can be served at the same time.

Health and disability services- Iowa is in the process of completing an overhaul of the health and disability systems across the state. The intent of this change is to improve access to health and disability services and streamline processes so individuals receive needed services faster. Monthly behavioral health town halls are held virtually for anyone to attend, hear information regarding the changes that are happening, and provide feedback. The presentation from the July 2026 town hall provides more information on how this has been received- https://hhs.iowa.gov/media/19080/download?inline.

Disability services in Iowa are also working through significant changes. Iowa's waiver system was not meeting the needs of individuals and required individuals to only access services available through the waiver for which they are eligible, even if services through another waiver may better meet their needs. Iowa is currently revamping access to waiver services so that individuals eligible for waiver services are able to access specific services that meet their needs.

Iowa has also developed Disability Access Points, local places that help people with disabilities, their families, and their caregivers find the services and support they need—both short-term and long-term. DAPs help by giving information, making plans, making referrals and checking in to make sure people are getting the right support to live healthy, independent lives. DAPs exist across the state of Iowa and cover all 99 counties.

Stakeholder Feedback

Change and Innovation Agency report

In November 2022, Iowa HHS contracted with the Change and Innovation Agency (C!A) to assess Iowa's child protective system. This included stakeholder feedback from HHS leadership, frontline staff, contracted providers, behavioral health division leaders, and leadership from the Medicaid division of Iowa HHS. Information was primarily gathered via focus groups and evaluated the overall functionality of Iowa's child welfare system. The focus groups were small, and participants were specifically selected to participate, influencing the information gathered.

The goal of C!A's assessment was to answer the question "Are children and families better off because of HHS intervention?" To develop an answer, C!A reviewed policy and practice in addition to discussions with stakeholder groups to understand operational processes and how these impacts the day-to-day functioning of Iowa's child welfare system. A clear theme of dedication to children and families emerged as a primary strength. Capacity to complete work, information bottlenecks when cases transition from the assessment phase to the services phase and again from the services phase to adoption (when applicable), and workforce stability at the case management level were identified as areas for improvement.

Iowa recently implemented a Central Consult Model which shows promise in addressing the concerns for assessment capacity and reducing bottlenecks in the transition from assessment to services. When assessment workers complete a home visit and are confident that the child is safe, they can contact a dedicated group of staff who will review the assessment with the assessment worker, complete documentation, and finalize the assessment report for the assessment worker. This has already allowed assessment workers to complete more activities to support children and families in need of services. Supervisors have also seen the benefit of not having to spend as much time reviewing reports and the ability to spend more time focused on the cases that need to be transitioned to services in a timely fashion.

Iowa continues to address workforce stability at the case management level. Since the start of 2026, Iowa has implemented a shift in job classifications such that experienced staff are classified at a higher level and have additional salary cap space while new staff start at a lower classification level while they are training and developing skills. It is expected that this will increase staff retention and provide more continuity of service provision for families.

Sellers Dorsey assessment of Family Centered Services

In December 2024 and January 2025, Iowa HHS completed several listening sessions with stakeholders involved with Family Centered Services, including HHS field leadership, HHS frontline staff, provider leadership, provider frontline staff, judicial partners, and Parent Partners. The goal of these listening sessions was to evaluate the effectiveness of the FCS contracts and develop plans for continued quality improvement for the next contract cycle. Listening sessions were limited in size, with representation from staff across all five Service Areas. Upon completion of the listening sessions, HHS contracted with Sellers Dorsey to evaluate the results of the listening sessions and complete a review of FCS programming with the goal of making recommendations for the upcoming contract cycle.

Sellers Dorsey completed a qualitative evaluation of the listening session responses. Overall, listening session participants had a positive outlook on Family Centered Services, indicating that the program does support families to achieve safe case closure. Program strengths included SafeCare provision and Family Preservation Services. Primary themes for improvement included ensuring Family Casework is the primary purpose of the program, with a focus on the essential components of working

with the parents, simplifying the service array so that FCS is a parent-focused service, strengthening HHS' ability to manage outcomes, quality, and compliance, and clarifying the role of the FCS provider in serving the family. Accessibility of services was a concern, primarily related to travel, distance for provider staff and a challenging landscape for staff recruitment and retention. Linguistic accessibility is also a challenge as providers must often rely on telephonic interpreter services and delays in obtaining materials in languages other than Spanish.

In July 2024, Iowa HHS transitioned FCS contracts from using Solution Based Casework (SBC) to Motivational Interviewing (MI) as the primary evidence-based intervention. At the outset of the contract in 2020, HHS was confident that SBC would eventually meet requirements as a IV-E Prevention service. Due to implementation challenges and SBC not being rated on the IV-E clearinghouse, HHS and FCS providers worked together to identify and implement a different service. With the help of Sivic Solutions Group (SSG), Motivational Interviewing was identified as the chosen intervention. Iowa HHS and FCS providers were already familiar with Motivational Interviewing as it has been trained in Iowa for multiple years. FCS providers evaluated different training models and recommended Lyssn, an AI-based training platform, to ensure fidelity and consistency. All FCS and HHS staff received training via Lyssn prior to the go live date of July 1, 2024. HHS and FCS continue to use Lyssn for ongoing training and maintaining fidelity to the MI practice model.

Two services that were previously included in FCS, Youth Transition Decision Making meetings (YTDMs) and Kinship Navigator Services, will move to other contracts within the division. These moves will better align these services with other programs for youth in transition to adulthood and kinship caregivers, respectively. Additional recommendations which will be implemented include a tiered approach to casework contacts with families such that families will receive the most intensive services early in the case and contact tapers off towards the end of the case, availability of additional interaction time for multi-household families, and development of additional performance measures to ensure quality service provision. These programmatic changes under the upcoming contract are anticipated to continue to improve provision of in-home services in Iowa.

Iowa has lost multiple rural hospitals and doctor's offices, making access to general health care more difficult. Community feedback continues to indicate a lack of mental health and psychiatric resources across the state, particularly in rural areas. Parents indicate difficulty accessing mental health and substance use treatment resources due to transportation challenges and lack of availability near their homes. Mental health services for children are especially challenging. There are limited inpatient beds for children in a mental health crisis, resulting in children spending hours and sometimes days waiting in hospital ERs.

Food insecurity continues to be a concern, especially in rural areas. Small towns in rural areas are hardest hit, with many rural grocery stores closing, creating barriers to accessing food. Stakeholders point to an overall lack of public transportation as a barrier. When families struggle to find transportation, they are not able to access the services and supports to care for their children.

Waiver services in Iowa have long waiting lists. Families who are in need of waivers to care for their children are waiting 2-3 years from the time of their application until the individual is accepted into the waiver program.

This item was rated as an area needing improvement in CFSR Round 3.. While Iowa continues to provide a wide array of services through HHS programs and connections with community resources, Iowa continues to rate this item as an area needing improvement in CFSR Round 4. Staff recruitment and retention for contracted partners have negatively impacted families' access to services by creating high caseloads and little time for more than addressing crises. Travel distance, particularly for families in rural areas, creates a significant barrier to service accessibility. Confusion regarding the role of the provider vs. the role of the HHS worker contributes to delays in getting families what they need.

ITEM 30: INDIVIDUALIZING SERVICES

How well is the service array and resource development system functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency?

STATE RESPONSE:

Iowa has developed several programs and services to meet the unique needs of individual families in Iowa. As described above, Disability Access Points help connect children and families to resources and support in their communities. DAPs meet with the family and evaluate their needs, then make connections based on the unique needs of the family.

Within Family Centered Services, providers use Motivational Interviewing to talk with families about what they may need or want for their family, then work with the family to achieve those goals. Training for HHS and provider staff continues to emphasize the importance of developing plans that are individualized and meet the specific needs of the family rather than writing a “one size fits all” case plan.

Iowa’s Transition Planning Specialists, described in Item 29, work with youth and their case managers to ensure each youth has access to the right services and supports to meet their needs. Youth Transition Decision-Making meetings are held 1-2 times between a youth’s 16th and 18th birthdays to discuss the youth’s future plans and what the youth might need to achieve those plans. The youth’s plan is a direct reflection of their individual strengths and supports.

Iowa has developed a small pilot program that connects parents who have a lifetime history of brain injury with services and supports to assist them. Through partnership with the Brain Injury Association of Iowa, identified parents are connected with resource facilitation specialists, who work with the family’s case manager and FCS provider to incorporate accommodation into the family’s case plan. These accommodations are specific to the needs of the parent and directly target overcoming challenges the parent has in consistently meeting their child’s needs. The accommodations are discussed with the HHS case manager and FCS provider and then incorporated into service provision. Of the 21 parents who have received services through this pilot program so far, no parent has experienced a termination of their parental rights. Iowa is currently considering ways to expand this pilot into other parts of the state. Resource facilitation is available to any Iowan who has experienced a brain injury by connecting with the Brain Injury Alliance of Iowa. See the attached NeuroResource Child Welfare Collaborative Pilot Project June Report for the most recent data on this program.

Iowa has a significant population of individuals diagnosed with autism. ABA services, social groups, physical and occupational therapy, and parent support groups are available across the state. Iowa’s Autism Support Program (ASP) provides state funding for applied behavior analysis (ABA) services to children who are not eligible to receive ABA service funding through Medicaid or private health insurers and who meet diagnostic and financial eligibility criteria. Iowa HHS has also provided training for HHS staff on practical ways to support families who may be waiting for services.

Both HHS and Family Centered Services providers actively recruit bilingual staff and attempt to match staff to families as often as possible. When bilingual staff are not available, HHS and providers use telephonic interpretation services to communicate with families. HHS also has a translation team that will assist with translating any HHS forms needed to provide services to families.

HHS has included concrete supports funding in FCS contracts, ensuring providers have funding to meet immediate needs or provide access to unique supports when families need them. When the providers' funding runs out, HHS has PSSF funding to help families who meet eligibility criteria. Case managers and providers in each local area are continually learning about resources and funding supports within their communities. Providers and HHS work with families to identify community resources and then support the parents as they contact the organization and ask for support. Teaching the families how to identify community resources is a critical piece of ensuring families can meet their individualized needs for the long term.

Stakeholder Feedback

Many of the services described above are primarily available in urban areas. When they are in rural areas, families often have to travel to neighboring communities or their closest urban center to access services. Families who require specialized services often have to travel considerable distances to urban centers to find the specialized care they or their child may need. Some specialty providers will travel to different parts of the state from time to time, though these are limited occasions and families still have to travel significant distances to reach them.

When a family's primary language is not English, access to interpretation services can be challenging. There are not enough bilingual staff to provide services to non-English speaking families and accessing interpreters via phone can be difficult in areas with poor or no cellular reception. There are also times that the language line does not have an interpreter available who speaks the family's language.

Iowa identifies this as an area needing improvement. Access to unique services is a critical challenge for Iowans, particularly services that are most needed when families are actively engaged in a crisis.

F. Agency Responsiveness to the Community

Iowa acknowledges that the state continues to be in substantial conformity with this systemic factor for Round 4, consistent with the finding in Round 3.

ITEM 31: STATE ENGAGEMENT AND CONSULTATION WITH STAKEHOLDERS PURSUANT TO CFSP AND APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

STATE RESPONSE:

This item was determined to be a strength for the child welfare system in Iowa during CFSR Round 3. Iowa asserts that Statewide Engagement and Consultation with Stakeholders continues to be a strength in CFSR Round 4. The Department of Health and Human Services (HHS) engages stakeholders in substantial, ongoing, and meaningful collaboration through many prevailing venues related to different aspects of the child welfare system to implement Iowa's Child and Family Services Plan (CFSP) and to develop the Annual Progress and Services Report (APSR). Table 31A below shows the stakeholders involved in the development of Iowa's FFY 2025-2029 CFSP, which is available at the HHS CPS Data and Reports webpage, and their continued involvement in Iowa's FFY 2026 APSR through existing collaborations.

Table 31A: Collaborations with Stakeholders

Represented Group or Organization	Collaborative Venue Reflected in APSR
Child Welfare Service Providers	Child Welfare Partners Committee (CWPC) Child Protection Council (CPC)
Consumers: ○ **Children/Youth** ○ **Parents (Parent Partners)** ○ **Foster/Adoptive Parents**	CPC, Achieving Maximum Potential (AMP) CPC, Parent Partners
Iowa Coalition Against Domestic Violence	State Mortality Review Committee, Domestic Abuse Review Subcommittee
Iowa Foster and Adoptive Parents Association (IFAPA)	CWPC System of Care and Child Welfare Services
Juvenile Court Services	System of Care and Child Welfare Services
Tribes	Parent Partners Community Initiative for Native Children and Families (CINCF)

Additionally, descriptions of collaborative activities are included throughout Iowa's FFY 2026 APSR, available at HHS CPS Data and Reports webpage.

Although Iowa did not modify goals and outcomes specified in Iowa's CFSP or Iowa's FFY 2026 APSR due to stakeholder collaborations, stakeholder collaborations resulted in changes in program design for services and practices, as indicated throughout Iowa's FFY 2026 APSR. Data supports the Iowa's CFSP and APSR goals and outcomes, which align with the federal Child and Family Services Review (CFSR). In the discussions below and applicable program areas throughout Iowa's FFY 2026 APSR, Iowa included descriptions of stakeholder involvement and impact for change in the child welfare system.

Use of Collaborative Venues
To maximize limited resources, HHS utilized many collaborative venues, mentioned in this section and throughout Iowa's FFY 2026 APSR, to implement the CFSP by ensuring discussion of performance assessment related data; improvement plan goals, objectives, and interventions so that everyone can work together toward shared goals, activities, and outcomes; and to monitor progress of CFSP implementation in order to improve Iowa's child welfare system.

HHS provided updates on Thrive Iowa, START, and the Foster Parent Licensing Redesign during several town hall sessions with foster parents and other child welfare stakeholders held throughout 2025 and 2026. Although these initiatives were presented to attendees, no questions, comments, or other stakeholder input were received related to these areas. As a result, no feedback loop was generated from these town hall engagements regarding these specific initiatives.

Prevention
Safe Kids Advisory Panel
The Safe Kids Advisory Panel was established to review and guide projects within Child Protective Services (CPS). Composed of diverse members from the child welfare system, the panel met monthly from December 2024 to November 2025. Meetings included project presentations, updates, and opportunities for discussion and input on CPS concerns. Formed in response to past litigation, the panel's early stakeholder engagement improved planning and outcomes for children and families in Iowa. Incorporating feedback helped CPS address different perspectives, avoid challenges, and support long-term success.

The input was made and how it was gathered: The Safe Kids Advisory Panel brought together a diverse group of individuals, including HHS staff, judges, attorneys, parents, foster parents, youth, advocates, and law enforcement. Members provided valuable feedback and identified communication gaps, offering suggestions to improve information sharing with stakeholders. Although participants did not hold formal decision-making roles, their varied expertise contributed to project updates through open discussions and Q&A sessions.

Safe Kids Advisory Panel Summary of Comments and Recommendations: The projects within the Safe Kids portfolio had common themes and were grouped in four areas with an overall goal of reducing trauma so children and staff can heal. The recommendation below was related to one of the four areas of the Safe Kids portfolio.

Communicate effectively to ensure collaboration
Many panelists expressed feeling heard as their ideas were incorporated into projects with clear communication back to the panel regarding their ideas.
Participants received communication as projects in the portfolio progress

Input considered and the resulting changes: Panel input was used to shape project planning, refine goals, and identify needed adjustments within four priority areas of the Safe Kids portfolio.

Examples of changes include:

- Emphasis on strengthening workforce stability and incorporating individuals with lived experience.
- Identification of the need for more post-adoption supports and intentional father-engagement strategies.
- Suggestions for improved worker contact with youth, specialized positions for different youth demographics, and enhancements to licensing and training for foster and kinship caregivers.
- Feedback also influenced communication strategies and helped CPS anticipate and avoid potential challenges by incorporating diverse viewpoints early.

Feedback loop back to the stakeholders: Panel members received clear communication, including follow-ups to questions, project updates, and explanations of how their input shaped development. Panelists felt heard, and stakeholders will keep getting updates as Safe Kids projects progress, maintaining transparency and community connection.

The final Safe Kids Portfolio Final Summary is located on our HHS website: Child Protective Services | Health & Human Services

Intervention

Child Protection Council/State Citizen Review Panel is a statewide group and one of three Citizen Review Panels in Iowa that meet bi-monthly. In addition to the CPC/CRP being the statewide Citizen Review Panel in Iowa, it also serves as Iowa's State Task Force under the Children's Justice Act (CJA) Grant. The duties of the CPC are carried out in accordance with Section 107(a) CAPTA as amended by the "CAPTA Reauthorization Act of 2010". The Council is governed by a set of By-laws that stipulates the federal mandates of the State Task Force. As such, it is the duty of the Council to review Iowa's child protection system and to make recommendations to HHS on the development, establishment and operation of programs and activities that are designed to improve the child welfare system, and which fall within Section 107(e)(1)(A), (B), and (C) of CAPTA. There are currently 23 members on the CPC/CRP. Members are appointed to 3-year staggered terms with no member being appointed to more than two consecutive terms

The current CPC/CRP membership is comprised of professionals with knowledge and experience in the diverse areas of child protective services. These areas include law enforcement, civil and criminal court proceedings, legal representation, child advocacy, substance abuse, youth housing/shelter programs, mental health, pediatric medicine, and childhood disabilities. In addition to this group of professionals, the Council membership also includes individuals with first-hand knowledge and experience in the child welfare system, as former victims of abuse, parents, and representatives from parent advocacy groups. Other members on the CPC/CRP include various child advocates, a prevention expert, a researcher for Iowa ACES 360 and the Director of Iowa's Children's Justice (Iowa's Court Improvement Program).

During the last reporting period the CPC/CRP held five regular meetings. The average attendance at the meetings was approximately 81%. Attendance data is as follows:

- September 10, 2024 (87%) 20 Present
- November 12, 2024 (96%) 22 Present
- January 28, 2025 (78%) 18 Present
- March 25, 2025 (91%) 21 Present
- April 22, 2025 (55%) 12 Present

Over the last reporting period, standing agenda items for each of the meetings included proposed child welfare legislation, progress reports on CJA funded activities/projects, and member updates regarding the current work and happenings within each of the member's respective area or agency. In addition to these standing agenda items, at each meeting the CJA Coordinator arranged

presentations on current, new, and proposed child welfare programs and initiatives. The topics and the group discussions that followed each presentation supports the Council's work in reviewing Iowa's child welfare system.

Iowa's 2024 Three-Year CJA Assessment was conducted by the Council over a six-month period and included the review of numerous reports, materials, data, and in-person presentations on current child welfare programs and initiatives within Iowa's child welfare system. During the review process Council members identified strengths, opportunities for improvement, system barriers and trends/themes from the material that was reviewed. Within the trends and themes four main issues or areas needing improvement were identified. These included needs around substance use disorders, services and supports for families whose referrals did not meet the criteria for assessment, legal representation services in Iowa, and supports for child welfare workers. Below are CPC's recommendations:

- Substance Abuse
  - Iowa Department of Health and Human Services social workers should have a working knowledge of substance use disorders to include behavioral indicators around usage, the impact that substance use has on a child's wellbeing, how to assess a parent's ability relative to their drug usage to meet the needs of the child, and the importance of coordinating with treatment providers to provide an effective continuum of care for the child and the family including:
    - Safe Plans of Care for infants impacted by substance use while keeping in mind trauma-informed care practices for both parents and children.
    - Procurement and expansion of timely substance abuse treatment services for families struggling with substance use as these cases are more likely to result in the child being placed out of the home.
    - Increasing client access to HHS Drug Testing Sites through extended hours of operation, expanding the number of site locations, and assisting with transportation to drug testing sites.
- Supports & Services
  - Increase referrals for services and supports to families when the Child Protection Assessment is not substantiated.
- Legal Representatives
  - Engage with Judicial Court, Court Partners, and HHS to work toward the recruitment, retention, and training of legal representatives of parents and children in a collaborative and multidisciplinary way.
- Child Welfare Workforce
  - Support the confidence, competence, and consistent practice of the child welfare workforce by establishing trauma informed supervision practices across the state.

Over the next three years the recommendations from Iowa's 2024 Three-Year Assessment will direct the focus and guide the work of the Child Protection Council (CPC).

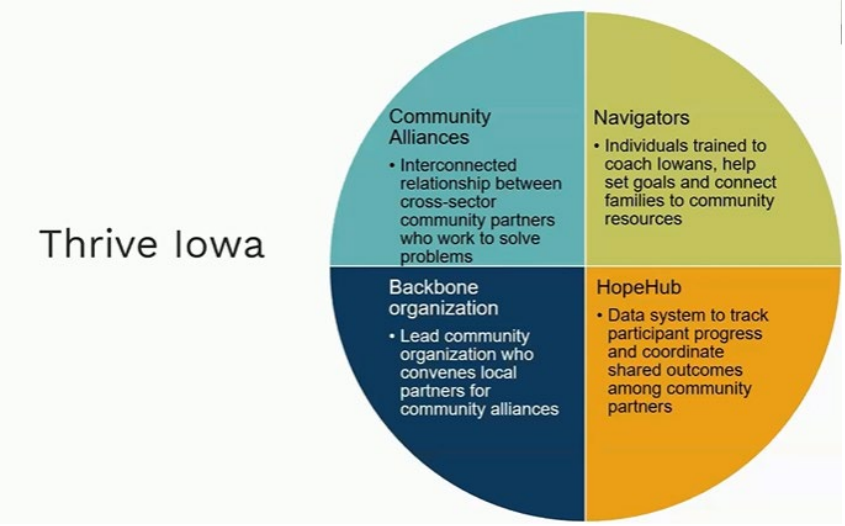
- The CPC recommended that that CJA funding be used in FFY 2025 to assist in establishing and implementing the Sobriety Treatment and Recovery Teams (START) Model in Iowa, which occurred. The focus of the START Project is on the continuum of care between systems and agencies that provide services to children and families whose parent(s) is diagnosed with a substance use disorder (SUD). Collaboration is key to the program which utilizes peer mentor support in combination with intensive SUD treatment and case management services. As such, the START project aligns with and supports the Council's 2024 recommendation on substance abuse which speaks to the importance of coordinating and collaborating with treatment providers to provide an effective continuum of care for the child and family experiencing a substance use disorder (SUD). The substance abuse recommendation also calls for the procurement and expansion of timely substance abuse treatment services

including drug testing, and the use of Safe Plans of Care for infants impacted by their parent's SUD.
    - The Start Model also aligns with the Council's recommendation about services and supports for children and families when the child abuse assessment is not substantiated. There is a need in Iowa for additional services and supports for children and families referred to protective services. The START Model requires that an adequate number of services be available to children and families. Iowa's efforts in building out services for this Model will benefit all families needing services, whether or not they are participating in the START project. For more information about START, please Treatment and Foster Care Services below.
- Going forward, the Council will be looking to Iowa's Court Improvement Program as a key partner in supporting the recommendation for the recruitment, retention, and the training of legal representatives of parents and children. As the Director of Iowa's Court Improvement Program is a member of the State Task Force, this offers the opportunity to explore more closely what new strategies and innovative approaches can be taken to address the low number of child welfare attorneys in Iowa and how to improve the quality of legal representation.
- The Council will also be working to support the child welfare workforce by promoting trauma informed supervision practices across the state. The Council believes strongly in the need to invest in the child welfare workforce and that implementing trauma informed supervision practices will better support and improve practice and will ultimately serve to better protect children.

HHS is actively working with the Council on addressing their recommendations through these initiatives.

Thrive Iowa is a new HHS community-led initiative that is creating a network of navigators to help individuals find immediate support from community organizations, then support them over time helping them develop an individualized plan for self-sufficiency and long-term independence. Each community implementing Thrive Iowa will be engaging partners to collectively move families from crisis to career. Using resource navigation, strong partnerships, and a shared case management system. Thrive Iowa brings services together so families can access help through one coordinated system.

Families can get help in 13 areas of well-being, including:
- Housing
- Recovery
- Employment
- Transportation
- Education
- Mental health
- Physical health
- Safety
- Dental
- Financial stability
- Food
- Childcare
- Legal assistance



Participants work with Thrive Navigators who connect them to existing community resources, speak up for their needs, and help coordinate services among providers. Partners include non-profits, for-profits, faith-based organizations, government entities, and volunteers. The current Thrive Iowa counties are Black Hawk, Buena Vista, Cass, Clayton, Fayette, Henry, Lee, Madison, Van Buren, Warren and Webster. Additional information regarding Thrive Iowa can be found by visiting the Thrive Iowa webpage at Thrive Iowa | Health & Human Services.

Information regarding Thrive Iowa is included in Iowa's FFY 2026 Annual Progress and Services Report.

Parent Partners

Parent Partners are parents who were previously involved with HHS due to child protective issues, have experienced removal of children from their primary care, and have since experienced successful reunification or resolution around termination of their parental rights. Parent Partners serve as a mentor for other parents who are currently going through the same process. Parent Partners are selected based upon their interpersonal skills, successes, and proven abilities to overcome obstacles. Parent Partners help parents improve parenting skills by building a safe, nurturing, healthy family environment.

Parent Partners collaborate with HHS Child Protective Services (CPS) staff to promote parent engagement through the life of a child protection case. Parent Partners also engage with the community to increase awareness regarding the protection of children; work with community-based organizations to provide resources and strive to develop community partnerships. Parent Partners participate in a variety of local and state committees geared to policy and practice changes in child protection and that are directed to improving the well-being of families. Parent Partners collaborate with the judicial/juvenile justice system, community providers focused on domestic violence, mental health and substance use, community organizations providing resources to meet concrete needs such as food assistance, transportation, childcare, and housing stability, and inclusion courts such as Family Treatment Court and Safe Babies Court. In these spaces, Parent Partners bring lived expertise through their own experiences, in addition to the voices of parents they provide mentoring support to.

The Parent Partners' Policy and Practice Recommendation Team was implemented in SFY 2019 for incorporating statewide Parent Partners collective feedback on recommendations for child welfare policy and practice changes. This structure integrates feedback from the local Parent Partner program, Parent Partner Service Area Steering Committees, and the Parent Partner Program State Advisory Committee. The team is comprised of Parent Partners with representation from each of the service areas and meets quarterly to discuss and compile recommendations. HHS CPS leadership also attends these meetings to dialogue with the committee and share system changes and updates.

Annually, the Team submits formal recommendations for child protection policy and practice changes, which are submitted to the HHS Program Manager.

In January 2024, the Parent Partner Policy and Practice Committee was engaged to provide feedback on the overarching CFSP goals and objectives for 2025-2029. Parent Partners on the committee shared in response that progress is observed with parents working more effectively with their case managers across the state, and there appears to be an increase in a team approach when it comes to case managers listening to the parent and considering a family's needs. Parent Partners expressed seeing progress on case plans being more family friendly and easier to understand, as well as an increase in case plans that are culturally responsive to the parents. One Parent Partner on the committee was also participating on the workgroup for re-designing the case plan document and provided ongoing updates to the committee. Parent Partners shared concerns that there may be continued areas of disconnect with attorneys who were not meeting with parents outside of court, or only meeting for a short time before a court hearing begins.

In SFY 2026, the Parent Partner Policy and Practice Committee submitted recommendations to FWBP Leadership, which were discussed with the CPS Deputy Director at the January 2026 quarterly meeting.

Focus Area #1 Informal supports approved to supervise family interactions
Parenting time is vital to reunification, but families report concerns about how visits are supported. Parents often identify safe, trusted individuals to supervise visits, yet these supports are frequently denied due to past history despite no current safety risks. This disrupts continuity for children who benefit from familiar, trusted people and discourages families. Allowing relatives or fictive kin to supervise can maintain bonds and help families move more quickly toward reunification.

Committee Recommendation: The Department of Health and Human Services place stronger emphasis on utilizing informal support to assist with supervised parenting time.

CPS Deputy Director response:
The CPS Division Director and Deputy Director are having meetings with HHS local offices, county attorney/judicial partners in each of the service areas to discuss and address barriers to utilizing informal supports. Additionally, HHS will utilize the Children's Justice Committee and the Child Welfare Partners Committee to reinforce this message.

Parent Partners also voiced the need for consistent and regular communication from their HHS workers to understand their progress on their case and the opportunity to understand how they can reach a point in their case for increased interactions and less supervision at visits. The CPS Deputy Director shared that current practice guidance aligned with this need. Information was also shared with the committee members regarding the implementation of Chain of Command letters to ensure parents and caregivers understand the appropriate lines of communication in their local areas. Warren County HHS office utilizes a scheduling calendar tool for family interactions that parents have access to and works well, the CPS Deputy Director would like to explore how this and other streamlined communication methods can be implemented.

Proposed Focus Area #2 Enhances consistent communication with families.
Parent Partners on the committee expressed their experience supporting parents who have varying levels of communication and amount of contact from HHS workers with parents, and how lack of communication or limited regular contact can weaken parent–worker relationships and affect case outcomes of their case. For example, HHS case workers may see parents at court hearings but may not provide adequate time to discuss progress on case plan goals and for the parent to understand progress on their case or answer questions, so parents know what the priority is.

Committee Recommendation: The Iowa Department of Health and Human Services enhances consistent communication with families.

Proposed actions:

- Establish clear criteria for parents to submit a list of trusted individuals who can supervise family interactions. A person's full background should be reviewed contextually considering time passed, current behavior, and actual risk.
- Address the potential list of individuals with the family during spaces that already exist as part of the warm handoff process between the assessment worker and the ongoing case worker and within the initial Family Focused Meeting.
- Ensure that parent supporters are not asked to extend their roles beyond their initial agreement unless they willingly opt in. Respecting boundaries helps preserve relationships and avoids creating imbalance or confusion.
- Implement structured, step-based plans that gradually increase parenting time as parents make progress toward reunification. These steps should be transparent, measurable, and created in partnership with the family.
- Leverage reunification meetings as consistent checkpoints where progress is reviewed and future parenting time are discussed collaboratively. These meetings provide a formal space for the parents' voices to be heard and for concerns to be addressed with the full team.
- Introduce a shared, statewide calendar system for parenting time to support scheduling transparency and reduce miscommunication. A unified tool could help all parties stay aligned and accountable.

CPS Deputy Director response:

- Acknowledgement that the committee's recommendations are aligned with current policy and expectations of practice.
- Parent engagement and effective communication with parents may be an appropriate topic for Back-to-Basics monthly rotation of training topics for CPS staff to attend.
- Reinforced practice for parents and caregivers to utilize the Chain of Command process when concerns raised with the HHS case worker are not being addressed.

Proposed Focus Area #3 Consistency of policy and practice on CPS cases statewide.
Effective communication between families and HHS workers is paramount in ensuring the well-being of children and the peace of mind of parents. Unfortunately, families sometimes go weeks without communication from their HHS workers, creating stress and uncertainty. Irregular updates and worker reassignments can lead to lost information and hinder case progress, increasing frustration for parents and impacting children's well-being.

Committee Recommendation: Iowa Health and Human Service will work on ensuring all families are treated fairly and according to state policy.

Proposed actions:

- Facilitate a formal statewide effort to revisit and redefine what consistency should look like across all HHS service areas. This includes aligning expectations, timelines, documentation standards, and service referrals.
- Utilize the Parent Partner Policy and Practice Committee to discuss what inconsistencies are occurring statewide, then ensure these become a topic of training discussion at the HHS Back to Basic monthly training.
- Utilize the HHS Service Area Trainers to complete consistent training to ensure protocols and policies are upheld.

- Utilize HHS CPS supervisor meetings to provide a random case pull to engage supervisors regarding consistent practice.

CPS Deputy Director response:

- Acknowledgment of support for the proposed activities and that potential topics for future Back to Basics could be generated by themes from the committee
- Appreciates the suggested idea of utilizing supervisor meetings or similar convenings to provide a random case pull to engage supervisors in consistent practice
- May further explore the opportunity for parents with lived experience to provide case reviews.

The CPS Deputy Director will continue to attend the Policy and Practice Committee meetings to advance discussion on committee recommendations.

Parent Partner Coordinators also had the opportunity to review and provide feedback to the CFSP goals and objectives and Parent Partner program goals in January 2024. Coordinator feedback included themes surrounding inconsistencies on responses to similar type cases, in addition to variations on court partner response to cases from county to county; improve consistency in practice changes by ensuring HHS and provider accountability, expand the utilization of infusion courts across the state such as Family Treatment Court; address workforce challenges to ensure families' permanency goals are not disrupted due to worker turnover; ensure families have clear and understandable case plans; and that HHS case manager contacts are consistent and supportive of the parent's input on where the HHS visits the child (e.g., not visit the child at school if the parent requests this.)

Parent Partner Coordinators expressed system wide strengths and improvements around engagement with dads and non-custodial parents, increased focus on family centered case planning, increased collaboration, and effort to be solution focused and have a positive approach between HHS and providers; HHS is more open to hearing from parents with lived experiences, and overall, HHS is more focused on keeping families intact whenever possible. Coordinators emphasized the importance of Parent Partners in positively impacting these important system changes.

HHS will continue to engage with Parent Partners and program staff about the progress on CFSP and APSR goals and objectives, as well as Parent Partner Program goals. This will occur through the Parent Partner Policy and Practice Committee regularly scheduled Parent Partner meetings with HHS staff, Parent Partners and program; continued opportunities for Parent Partners to participate in committees, workgroups, and trainings for HHS CPS staff; and through periodic focus groups, such as those focused on potential changes to language on the fidelity checklist and self-assessment forms.

Treatment and Foster Care Services

Sobriety, Treatment, and Recovery Teams (START)

In 2024, HHS began implementing the evidence-based Sobriety, Treatment and Recovery Teams (START) model to improve child welfare services for families with children birth to five impacted by parental substance use and maltreatment. START is a collaborative approach involving child welfare, the courts, and MH/SUD treatment providers. It serves families with at least one young child and one parent diagnosed with a substance use disorder. The model aims to ensure child safety, reduce out-of-home placements, support parental recovery, strengthen parenting and family stability, reduce repeat maltreatment, and improve system capacity—aligning closely with CFSR and CFSP goals.

In summer 2023, HHS contracted with Children and Family Futures (CFF), a nonprofit organization and the proprietary owner of all START materials (including the manual, training curriculum, certification process, and documents) to explore the START model, engage stakeholders, and provide foundational training to identified partners. CFF led a planning committee to assess feasibility, site readiness, staffing, alignment with other initiatives, evaluation, sustainability, and quality improvement.

CFF also trained community stakeholders and created a crosswalk showing how START aligns with existing Iowa initiatives (Parent Partners, Safe Babies Courts, Family Treatment Courts and Infusion Courts).

Consultation with stakeholders is a key strategy for successful implementation of START. This evidence-based model relies heavily on the active engagement of both internal and external partners who share the overarching goals of promoting child safety, permanency and wellbeing. Families impacted by substance use face complex issues that can only be addressed through strong collaboration with partners such as the court system, treatment providers and community-based services. The governance structure of START relies heavily upon consultation with these key stakeholders to promote family success and reduce barriers to implementation.

During the installation phase of START, individual and group-based meetings were held with key partners within each pilot site, as well as across the state, to explain the START model, review anticipated outcomes and describe model ideology. Information was shared and partners were encouraged to ask questions and identify potential barriers to implementation, while collectively brainstorming solutions. A statewide Steering Committee was established prior to installation and continues to meet bi-monthly for the purpose of engaging state leaders from all sectors, including Iowa HHS, behavioral health, Children's Justice, family-centered services, higher education, and the legal community. This group is responsible for developing statewide policies and procedures and guiding implementation and expansion. With positive feedback, HHS moved forward with implementation, originally planning two pilot sites (to be selected by the START Steering Committee). By 2026, START began piloting in Woodbury, Scott, and Clinton counties.

In addition to a statewide Steering Committee, each pilot site has identified a local Steering Committee to actively oversee implementation, establish priorities, monitor progress, and address challenges. This leadership-level committee is comprised of directors, managers, and supervisors from child welfare, SUD/MH treatment, the Family Mentor hiring entity, and other community partners. Additionally, each pilot site is required to host monthly direct-line meetings that involve all START front-line staff, supervisors and management from SUD/MH treatment, and other community partners. These meetings are designed to promote partner engagement related to service delivery, protocol development, program improvement planning, model fidelity, role clarification and communication feedback loops.

Alignment with CFSP: The START initiative supports HHS' goals and objectives outlined in Iowa's 2025 – 2029 CFSP. Each element of START is designed to support child safety, permanency, and well-being by keeping children safely with their families when possible and reunifying them once parents stabilize in recovery. The model elevates parent voice through shared decision-making and uses an HHS staff–family mentor dyad to provide consistent, family-centered support. Family mentors bring lived experience to identify progress in recovery and potential relapse behaviors. A dedicated and unified dyad is important to provide consistent messaging, oversight, family contacts, and service delivery. The paired team offers unified guidance and complementary perspectives.

Child Welfare Partners Committee (CWPC)

The Child Welfare Partners Committee (CWPC) exists because both public and private organizations recognize the need for a strong partnership. It sets the tone for the collaborative public/private workgroups and ensures coordination of messages, activities, and products with those of other stakeholder groups. This committee acts on workgroup recommendations, tests new practices/strategies, and continually evaluates and refines its approaches as needed. The CWPC promotes, practices, and models the way for continued collaboration and quality improvement. The vision of the CWPC is the combined experience and perspective of public and private organizations that provide the best opportunity to reach our mutual goals: child safety, permanency, and well-being for Iowa's children and families. Collaboration and shared accountability keep the focus on child

welfare outcomes. The CWPC unites individuals from Iowa HHS and private organizations to create better outcomes for Iowa's children and families.

Through collaborative public-private efforts, a more accountable, results-driven, high quality, integrated system of contracted services is created that achieves results consistent with federal and state mandates and the Child and Family Services Review (CFSR) outcomes and performance indicators.

The committee serves as the State's primary vehicle for discussion of current and future policy/practice and fiscal issues related to contracted services. The committee proposes, implements, evaluates, and revises new collaborative policies and/or practices to address issues identified in committee discussions. Both the public and private child welfare organizations have critical roles to play in meeting the needs of Iowa's children and families. A stronger public-private partnership is essential to achieve positive results. The committee meets monthly throughout the year.

During the period of April 2024 through February 2025, committee members had conversations around system changes, capacity issues and ways to improve communication between HHS and providers. Members also discussed staff training and the importance of sharing this information in order to find opportunities for more alignment. Members received a high-level overview of the HHS new worker training process. JCS and providers also received an overview of their onboarding training.

Over the next year, the CWPC will continue to work on identifying gaps in services, policies, and communication while collectively working toward an outcome to address those concerns. As membership terms expire on the CWPC, selection of new members occurs to maintain the balance of public and private representation. All new members receive orientation to the CWPC including membership roles/responsibilities/expectations, history of the CWPC, and products developed out of the workgroups.

Information on the CWPC is available at Child Welfare Partners Committee | Health & Human Services.

Connect And Protect (CAP) Teams and Consultations

Connect and Protect (CAP) Teams are multi-disciplinary and have membership from the Iowa Department of Health and Human Services (HHS), Family Centered Services providers, Parent Partners, and Domestic Violence advocates. CAP teams are the content experts on Safe & Together™ - the model for domestic violence child welfare cases that HHS is responsible for serving. Teams are designed to meet to provide case consultation on domestic violence cases in the style of Safe & Together™ to promote best practice and to assist child welfare partners in working through cases through a domestic violence-informed lens. The Safe and Together model is a perpetrator pattern-based, child-centered, and survivor strengths approach to working with domestic violence in the child welfare system. In addition to consultation, CAP Teams also provide information sharing, local training, and answer questions about the model in offices and agencies. Case consultation is approached slightly different on each team, but the Safe & Together™ Mapping Tool provides the basic framework.

The CAP Teams continued to provide consultation to internal stakeholders, child protection workers and ongoing case managers, on child welfare cases which intersect with domestic violence and are referred for CAP consultation in each of the five service areas during SFY 2025 and SFY 2026 to address child safety, permanency and wellbeing as mentioned in Iowa's CFSP and subsequent APSRs. CAP teams continue to receive ongoing learning and development through available virtual trainings from the Safe and Together Institute and the CAP Team bi-annual seminars.

Table 31B1: CAP Team Consults by Service Area SFY 2025, July 2024 – April 2025

Western	**3**
Northern	5
Eastern	1
Cedar Rapids	12
Des Moines	19
Total	40

Data Source: HHS

Table 31B2: CAP Team Consults by Service Area SFY 2026, July 2025 – February 2026

Western	**7**
Northern	7
Eastern	4
Cedar Rapids	4
Des Moines	15
Total	**37**

Data Source: HHS

To further illustrate the prevalence of domestic violence in child welfare cases, data was shared in the supervisor seminar and the Back-to-Basics training demonstrating the number of confirmed assessments due to domestic violence by state fiscal year:

Confirmed Founded Due to DV by SFY	Assessments	
	By Report	Total Victims
	Count	Count
2022	1539	3000
2023	1505	3029
2024	1261	2550
2025	911	1757
2026	450	904

**SFY 2026 count reflects July-January 2026.*

In SFY 2025, a workgroup representative of CAP team members, and the HHS service trainer and program manager who provide training support to the teams, came together to explore additional strategies to track and evaluate the outcomes of cases who participate in CAP team consultation. The workgroup developed a case consultation survey, which was distributed to internal stakeholders, specifically the HHS social work case manager (SWCM) and their supervisor, 30 days following the case presented to the CAP Team for consultation. The goal of the survey is to learn how the information and guidance provided in consultations are applied to the case, as well as if the mapping tool and key concepts from the Safe and Together Model were utilized during the consultation. The

survey further asks the respondent if they will refer a case to the CAP Team for consultation in the future.

HHS implemented the CAP Team survey following the January 9th CAP Team seminar, as the survey was shared and presented to the teams for awareness and time was given for each CAP Team to develop a plan for survey distribution to the presenting SWCM and supervisor 30 days post-consultation. The HHS program manager tracks the data from the surveys and will provide the data to the teams for their area every 6 months for review and analysis.

HHS is also adding dedicated HHS staff time to support the CAP teams through providing observation and feedback to the CAP team consultations. In March 2025, one of the HHS service trainers offered individualized support and coaching to each of the Connect and Protect Teams. The teams requested additional guidance surrounding use of the Perpetrator Pattern Mapping Tool which assists with comprehensive assessments, interventions, and outcomes through a perpetrator pattern-based approach. The tool allows practitioners to apply the Model's critical concepts and principles to their cases. In addition, the tool helps identify the primary perpetrator and their patterns of coercive control and violence, assess harm to children and documents protective parenting efforts. The tool includes a place for workers to consider the implications for their practice and next steps.

Achieving Maximum Potential (AMP)

Achieving Maximum Potential (AMP) is a youth engagement program for current and former foster and adoptive youth. Summarized by the motto "Nothing About Us, Without Us", AMP serves as Iowa's Foster Care Youth Council through a contract between YSS (AMP's lead agency) and HHS. AMP covers the entire state of Iowa through 9 public and 1 private council. The primary purpose of AMP is to empower young people to become advocates for themselves and for system-level improvements to child welfare policies and practices in Iowa. When supported through productive partnerships with adults, youth can play a pivotal role in making the child welfare system more responsive to youth and families and more effective in achieving desired outcomes.

Every year all AMP councils get youth input on laws and rule changes that need to be put into effect to better the system. These ideas get put together into an official legislative agenda. Each year AMP youth take a trip to the State Capitol to meet with lawmakers to present their legislative agenda. AMP Day on the Hill took place January 20, 2026. AMP prepared the 2026 AMP Legislative Agenda and distributed it to legislators via email with an invite to the day's event. Issues prioritized for 2026 included all of the following:

- Allow licensed foster parents to consent for youth in foster care to enroll in driver's education and apply for a driver's license, under the "reasonable and prudent parent" standard
- Waive Department of Transportation fees to include youth considered to be in the federal definition of foster care
- Expand Iowa's Preparation for Adult Living eligibility to include any state-supervised placement
- Expand Aftercare and benefits to youth adopted from foster care at age 14 or older
- Specialized Caseworkers for Transition-Age Youth

HHS and JCS case managers are contacted quarterly to survey the services provided to youth in foster care age 14 and older. The Iowa Aftercare program and Iowa College Aid Commission provide life skills and education services data, respectively.

Most recently HHS moved the National Youth in Transition Database (NYTD) work to the Transition Planning Specialists (TPS). This would include the survey of youth and ongoing contact with youth. HHS updated our current CWIS system to collect NYTD data directly into the system.

The survey outcomes data is collected directly from youth (and not administrative records). Iowa NYTD offers three methods for completing the survey: phone, mail, or online. All survey responses are voluntary, with youth having the option to decline a question, or the survey itself, at any time. Collected responses are confidential, and no individual youth are identified in this report or in any survey data analysis shared with provider agencies. The majority of participants chose to take the survey via the Internet.

Youth who complete the Iowa NYTD survey receive an incentive for participating. Survey participants receive incentives to increase the survey participation rate, as well as to show appreciation to NYTD participants for sharing their experiences. Iowa NYTD offers participants multiple options for their incentive. Youth participants receive a gift card delivered electronically through Giftogram. Participants at age 17 and 19 are offered an additional gift card for providing names and contact information for individuals who will know how to contact the youth in two years to take the next survey. NYTD data—is available through the HHS Transitioning Into Adulthood webpage and is reviewed regularly for relevance.

In 2018, Iowa launched the Talking Wall initiative in partnership with the Juvenile Justice Advisory Council (JJAC) and Achieving Maximum Potential (AMP). The Talking Wall is an interactive engagement strategy designed to elevate youth and caregiver insight in system-level decision-making. Through structured, open-ended prompts and sticky notes, youth and caregivers share their experiences, identify unmet needs, and offer recommendations for change. Responses are captured in real time, created an unfiltered and direct feedback loop between those most impacted by the system and those responsible for policy and practice improvements. Youth leaders from the Youth Justice Council analyze responses for themes, and findings are shared with system leaders, judicial partners, policy makers and community leaders to inform action planning and continuous improvement.

In FFY 2025:

- 38 locations across Iowa participated
- 480 youth and caregivers contributed insight
- 3,401 written responses (“sticky notes”) were collected and analyzed
- More than 20 state-level stakeholder groups reviewed findings and facilitated discussions to translate feedback into actionable change

Youth and caregivers responded to the following prompts:

- What is one thing you would like to see happening to improve the foster care and/or juvenile justice system in Iowa?
- What do you and/or other youth need that you’re not currently getting?
- What are the do's and don'ts of the adults who work with you?
- Who or what helps you feel safe when you're in placement?
- While you're in placement, what do you need to successfully return home?
- How has being placed in group homes/shelters impacted you emotionally, physically, and/or mentally?

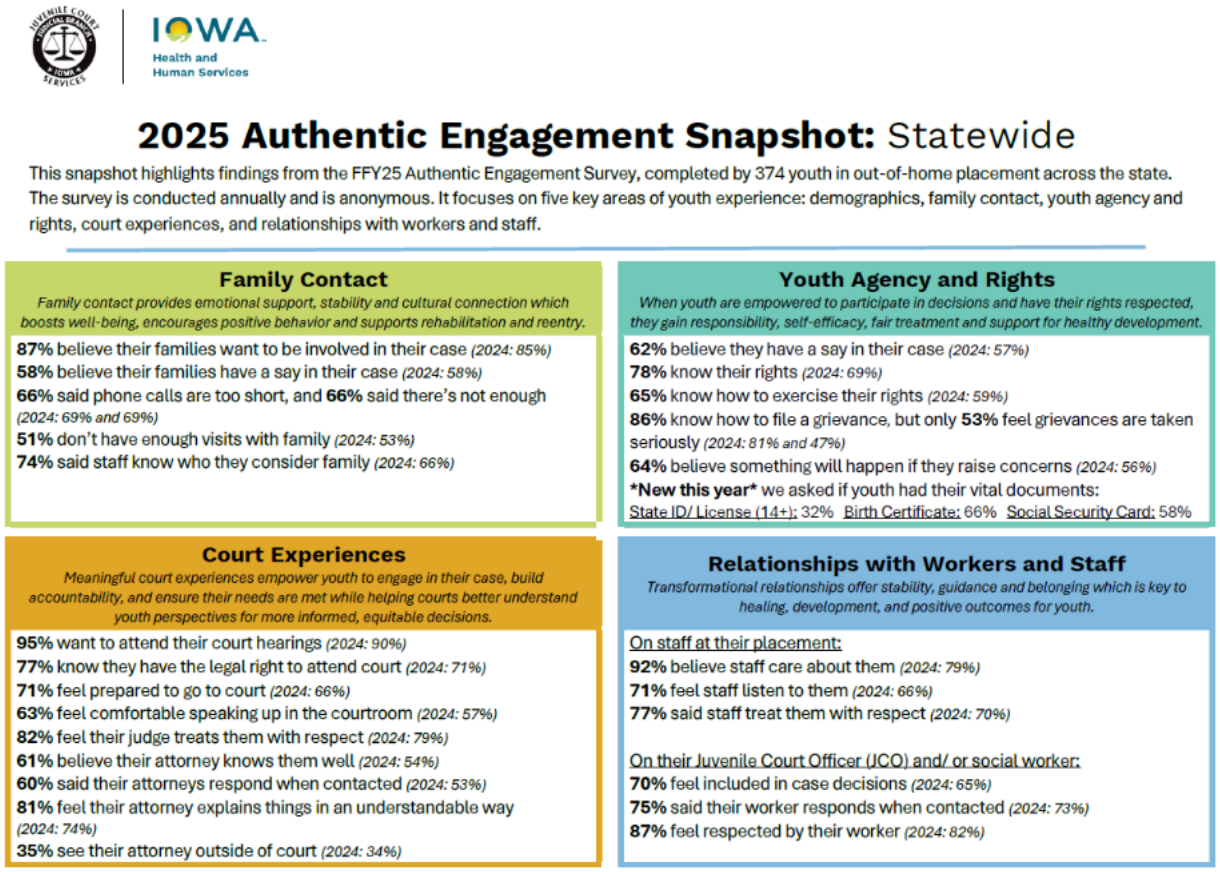
- What is one thing you would like to be different about court?

System-Level Outcomes Attributed to Talking Wall Feedback:

- Modification of provider contract requirements to ensure youth of color have access to culturally appropriate hair and skin products in shelters and QRTPs
- Updates to administrative rules increasing the clothing allowance for youth in foster care
- Creation, pilot and statewide scaling of the Youth Report to the Court
- Creation of a Guide to Court for youth involved in juvenile justice
- Development of a youth-centered toolkit to support school partnerships aimed at addressing the school-to-prison pipeline
- Establishment of intentional partnerships between Iowa Workforce Development and service providers
- Development of Standards for Attorneys Representing Children and Youth in Foster Care
- Recognition of Talking Wall insights during the Chief Justice's State of Judiciary addresses in 2025 and 2026
- Elimination of placement policies tying phone access to behavioral level systems at some placements
- Design and launch of Iowa's Family and Youth Engagement Summit and district-level teams
- Presentation of Iowa's engagement model at more than 50 state and national conferences, events and webinars.

During the Talking Wall implementation, Iowa administers an Authentic Engagement and Well-Being Survey to youth in out-of-home placement. This survey was co-created with youth leaders from the Youth Justice Council and informed by recurring themes identified through prior Talking Wall data. The survey assesses youth perceptions of engagement, decision-making influence, relationships, court experiences, awareness of rights and overall well-being.

In FFY 2025, 374 youth in out-of-home placement completed the survey. Below is the statewide data snapshot.



2025 Authentic Engagement Snapshot: Statewide

This snapshot highlights findings from the FFY25 Authentic Engagement Survey, completed by 374 youth in out-of-home placement across the state. The survey is conducted annually and is anonymous. It focuses on five key areas of youth experience: demographics, family contact, youth agency and rights, court experiences, and relationships with workers and staff.

Family Contact

Family contact provides emotional support, stability and cultural connection which boosts well-being, encourages positive behavior and supports rehabilitation and reentry.

87% believe their families want to be involved in their case *(2024: 85%)*
58% believe their families have a say in their case *(2024: 58%)*
66% said phone calls are too short, and **66%** said there's not enough *(2024: 69% and 69%)*
51% don't have enough visits with family *(2024: 53%)*
74% said staff know who they consider family *(2024: 66%)*

Youth Agency and Rights

When youth are empowered to participate in decisions and have their rights respected, they gain responsibility, self-efficacy, fair treatment and support for healthy development.

62% believe they have a say in their case *(2024: 57%)*
78% know their rights *(2024: 69%)*
65% know how to exercise their rights *(2024: 59%)*
86% know how to file a grievance, but only **53%** feel grievances are taken seriously *(2024: 81% and 47%)*
64% believe something will happen if they raise concerns *(2024: 56%)*
New this year we asked if youth had their vital documents:
State ID/ License (14+): 32% Birth Certificate: 66% Social Security Card: 58%

Court Experiences

Meaningful court experiences empower youth to engage in their case, build accountability, and ensure their needs are met while helping courts better understand youth perspectives for more informed, equitable decisions.

95% want to attend their court hearings *(2024: 90%)*
77% know they have the legal right to attend court *(2024: 71%)*
71% feel prepared to go to court *(2024: 66%)*
63% feel comfortable speaking up in the courtroom *(2024: 57%)*
82% feel their judge treats them with respect *(2024: 79%)*
61% believe their attorney knows them well *(2024: 54%)*
60% said their attorneys respond when contacted *(2024: 53%)*
81% feel their attorney explains things in an understandable way *(2024: 74%)*
35% see their attorney outside of court *(2024: 34%)*

Relationships with Workers and Staff

Transformational relationships offer stability, guidance and belonging which is key to healing, development, and positive outcomes for youth.

On staff at their placement:
92% believe staff care about them *(2024: 79%)*
71% feel staff listen to them *(2024: 66%)*
77% said staff treat them with respect *(2024: 70%)*

On their Juvenile Court Officer (JCO) and/ or social worker:
70% feel included in case decisions *(2024: 65%)*
75% said their worker responds when contacted *(2024: 73%)*
87% feel respected by their worker *(2024: 82%)*

Survey results are disaggregated and shared through district-level data snapshots to inform local action planning and continuous quality improvement efforts.

Iowa Foster and Adoptive Parents Association (IFAPA) – Redesign of the Foster Care Licensing Process and the Training

Over the last year, HHS established two workgroups, with each group comprising HHS staff, foster parents, foster parent advocates, and Four Oaks staff to offer recommendations for the redesign of the foster care licensing process and the training requirements as they relate to preservice training and ongoing education for foster parents. Additionally, a large-scale survey was deployed with foster parents licensed in the last couple of years to gather information that led to decisions in both groups.

- The first group (licensure redesign) reviewed all licensing forms and developed recommendations for deletion of more than a third of the current forms, reviewed and redesigned the home study template, and recommended a significant decrease in the licensing timeframes from nine months to approximately four months.
- The second team (training redesign) developed a new pre-service training plan that reduced the required training hours from 33 to 18 hours. The team focused on feedback from foster families that centered around their desire for real time training. Most of the new training plan follows this request along with the established National Training and Development Curriculum (NTDC) modules.

HHS leadership approved the recommendations from the workgroups, which resulted in the following changes to the foster care licensing process and training requirements, with initial rollout beginning August 1, 2026.

New Licenses Changes to the new licensing process include:

- Licensing process is currently 8-9 months and will be 3-4 months.
- Going from 129 pages worth of forms to 51 pages of forms.
- The number of training hours required will go from 33 to 18 hours. Training hours are tailored to the licensing track.
- Opportunity to waive two pre-service training classes.

Ongoing and Annual Training
HHS and Four Oaks will assign classes based on an assessment of the foster parent's strengths and needs. There will not be a mandated number of additional training hours, however all foster parents can anticipate taking some ongoing training. Class selection will be intentional and not just a means of meeting an hourly requirement.

The Table Project
Alternative organizations have the opportunity to create and offer their own training, subject to HHS approval. The Table Project is the first alternative organization to step forward and begin creating their own faith-based training plan. Recruitment of families will be handled by The Table Project, and they will also provide training for both respite and standard foster care licenses. The Table Project training plan follows the order of the training plan offered by Four Oaks. Four Oaks will still be responsible for all activities outside of training including background checks and home studies.
The Table Project Process:

- Foster parents complete the standard 6-week core training or power weekend approach
- In addition to core training, they participate in additional faith-aligned modules.
- All supplemental modules and classes must be approved by HHS and Four Oaks prior to implementation.

HHS has a feedback loop with foster parents through a quarterly newsletter and quarterly meetings between foster parents and service area leadership, including service area managers and social work administrators, to discuss the foster care system, to get foster parents' feedback regarding improvements, and to address pertinent issues.

Overarching Collaborations

HHS and Iowa Children's Justice (ICJ) collaborate in several different ways. Some of these efforts represent memberships on on-going committees and other efforts are tied to specific projects or educational opportunities. Some of the on-going committees or teams are:

Iowa Children's Justice State Council comprises representatives from organizations involved in the child welfare system. The primary focus of the council is to address matters that are overarching issues in the child welfare system. The council's chair is the Chief Justice of the Supreme Court. Members also include: State Court Administrator, Director of Juvenile Court Services, Director of Iowa Children's Justice, chair of the Juvenile Division of the Iowa Judge's Association, the Division Director of Family Well-Being and Protection from HHS, the State Public Defender, a representative from the Attorney General's Office (currently do not have anyone on council), chair of the Family and Juvenile Division of the Iowa State Bar Association, the chair of the County Attorney's Association, a representative from the Department of Education, Director of the Governor's Office on Drug Control Policy, director of a substance use treatment agency and a director from a provider agency. Some areas the council is working on or intending to work on are educational issues for youth, access to behavioral health treatment for parents and youth and cross-over youth who are in both child welfare and juvenile justice.

HHS staff remain active in the Children's Justice (ICJ) State Council, as well as Juvenile Justice Advisory Committee (JJAC), and other task forces and workgroups. The ICJ State Council and JJAC meet quarterly, with members representing all state level child welfare partners. Council and committee members discuss policy issues, changes in practice, updates of child welfare relevance, and legislative issues, which continues to inform the implementation of the CFSP. For example, in the Juvenile Justice Advisory Committee meetings, members discuss Family Treatment Court outcomes, Children's Justice federal grant application and strategic plan, timeliness of permanency hearings (see Case Review System), attorney trainings, the new child welfare procurements, etc. Additionally, Iowa Children's Justice staff serve on various HHS committees. HHS collaborated with ICJ throughout the Title IV-E On-Site Review, which was held in September 2025. HHS and ICJ will partner on Round 4 of the CFSR in FFY 2026, working together on key activities such as the Statewide Assessment, the On-Site Review, and the development of the Program Improvement Plan (PIP). ICJ and HHS also partnered to host a feedback session with judges focused on court ordered services. Additional information regarding substantive and ongoing meaningful collaboration with Iowa Children's Justice is available in Iowa's FFY 2026 APSR, available at Child Protective Services Data and Reports | Health & Human Services.

Iowa Children's Justice Advisory Committee - Federal regulations require the formation of a multi-disciplinary committee to provide recommendations and feedback to the Judicial Branch regarding the implementation of the Court Improvement Program (CIP) grants. Membership includes Director of Iowa Children's Justice, Deputy Director of Iowa Children's Justice, a representative from the Meskwaki Nation and two representatives for youth on the committee, three representatives from HHS, State Public Defender's Office, a judge from the Court of Appeals, Judges who serve on the juvenile bench, a representative from the County Attorney's Association, Court Appointed Special Advocate Administrator, two representatives from the Parent Partner Program, a representative for youths' voice, a representative from Drake Law School and the University of Iowa Law School, a representative from the Department of Education and two representatives from provider agencies.

State Mortality Review Committee (SMRC)

The State Mortality Review Committee (SMRC), established under Iowa Code §§135.43, 135.110 and Iowa Administrative Code Chapter 641—90, reviews, analyzes, and reports on the causes and manner of deaths and from these reviews makes recommendations to reduce harm and prevent future child and domestic abuse deaths. SMRC membership comprises representatives from the State Medical Examiner's office, medical profession, substance use disorder, domestic abuse, unexpected or unexplained infant deaths, judicial, law enforcement, and social work. The SMRC convened twice in 2025: June 13, and November 3. The committee elected Rachel Zimmerman as Chair and Dr. Alison Lynch as Co-Chair and established three specialized subcommittees: the Child Death Review Subcommittee, the Domestic Abuse Death Review Subcommittee, and the Maternal Mortality Review Subcommittee at the inaugural meeting. The SMRC and its subcommittees collect, review, and analyze relevant information to identify contributing factors associated with individual deaths. This information may include patient medical records, investigative and legal reports, court documents, and other pertinent data related to child death, domestic abuse, or maternal death. Using these insights, the SMRC develops actionable recommendations to improve prevention strategies.

Each subcommittee was tasked with reviewing fatalities within its scope and providing comprehensive recommendations to the full committee. In 2025, HHS drafted protocols for child abuse assessment reviews as required under Iowa Code §135.43(4). In 2026, the committee plans to implement these protocols through a Child Abuse Assessment Subcommittee.

Child Death Review Subcommittee (CDR): CDR supports the SMRC by reviewing fatalities of children from live birth through 17 years of age occurring within the state of Iowa and makes recommendations to prevent future deaths. The CDR includes 26 members that represent a diverse range of clinical and professional expertise, including pediatrics, neonatology, emergency medicine, forensic pathology, law enforcement, social work, mental health, public health, and child protective services. The subcommittee reviews approximately 280 cases per year. In 2025, the CDR convened on three occasions and reviewed 213 cases involving child fatalities that occurred between 2021 and 2023. These cases included deaths resulting from unsafe sleep, motor vehicle, off-highway vehicles, farm related motor vehicle, and pedestrian versus motor vehicle incidences. Recommendations from these meetings will be reviewed by the SMRC and be included in the 2026 annual report.

Domestic Abuse Death Review Subcommittee (DADR): DADR supports the SMRC by reviewing domestic abuse-related homicides and suicides that involve or are a result of an assault as defined in Iowa Code §708.1 and makes recommendations to prevent future deaths.

Eligible cases include situations where the parties involved were:

- Current, separated, or former spouses
- Current or former cohabiting partners
- Parents of the same minor children
- Current or former dating partners
- Individuals related by blood or affinity to someone in the same household or workplace
- Individuals subject to an order of protection between the perpetrator and victim

The DADR reviews an average of 15-20 cases per year. There are 20 members on the DADR, including professionals from fields like law enforcement, criminal justice, forensic pathology, healthcare, behavioral health, social services, victim advocacy, public health, and individuals with lived experience who provide critical insight into the dynamics of domestic abuse. In 2025, the subcommittee convened three times. During this period, new processes and tools were implemented to improve the efficiency and depth of case reviews. These enhancements provide members with more comprehensive data prior to meetings, ensuring accurate, timely, and well-informed case evaluations. Utilizing these new processes, the DADR reviewed four cases during the year. Recommendations from these meetings will be reviewed by the SMRC and included in the 2026 annual report.

Maternal Mortality Review Subcommittee (MMR): MMR supports the SMRC by reviewing all maternal deaths and makes recommendations to prevent future deaths. A maternal death is a death during or within one year of the end of pregnancy, regardless of the cause. There are 27 members on the MMR, representing expertise in clinical care, public health, behavioral health, emergency response, maternal-child health, and related support services, ensuring comprehensive perspectives in maternal death review. In 2025, the subcommittee reviewed seven cases of maternal deaths that occurred in 2023. Recommendations from these meetings will be reviewed by the SMRC and included in the 2026 annual report.

HHS continues to participate in SMRC's subcommittees and responds by developing initiatives to address identified issues. For example, HHS has focused on child welfare staff discussing safe sleep practices with their families and documenting these discussions in case records. This positive trend is a direct result of ongoing efforts related to safe sleep education and awareness campaigns. HHS policy is an active participant in the Safe Sleep Workgroup, which collaborates with stakeholders to develop and promote safe sleep practices to prevent sleep-related fatalities. These efforts are contributing to improved outcomes and more effective safety interventions for Iowa's children.

State of Iowa Youth Advisory Council

The purpose of SIYAC, as stated in Iowa Code §216A.140(8), is to "foster communication among a group of engaged youth and the Governor, the General Assembly, and state and local policymakers regarding programs, policies, and practices affecting youth and families; and to advocate for youth on important issues affecting youth."

SIYAC was established in 2001 and codified in the Iowa Code in 2009, as an avenue for youth to inform state leaders and local communities on issues important to young people. SIYAC consists of 21 youth, aged 14 to 20 who reside in Iowa. Membership includes youth with lived experience in the foster care system. Members serve two-year staggered terms that begin in July, and that meet monthly online and quarterly in-person.

SIYAC collaborate on projects, advise various policymakers, conduct service projects and discuss committee updates. Every two years, they administer a statewide survey to identify the top concerns that youth in Iowa have. Based on the findings reported in the 2025 APSR, SIYAC focused on:

Community Engagement

- Education
- Science, Technology, Education and Math (STEM)
- Mental Health
- Youth Policy

SIYAC's recent survey in 2026, gathered 200+ responses from youth, ages 13–21, across more than 35 communities. The key findings include:

Youth Engagement

- 36% had little or no awareness of state legislative changes
- 75% felt disconnected from state government; 39% not connected at all
- 75% had not participated in civic activities
- Over two-thirds did not know their legislators
- 67% felt disconnected from elected officials

Areas of Impact

- Top issues: education (68%) and mental health (63%)
- 81% get news from social media

Youth Concerns

- Lack of representation in decision-making
- Limited knowledge of civic processes
- Insufficient mental health resources
- Feeling misunderstood due to age, background, or culture

SIYAC splits into committees to focus on each of these priority areas. Each committee develops advocacy, service, and public awareness strategies to address priorities. In addition, SIYAC members complete both a group and an individual service project annually to make a direct impact in their communities.

Each year, SIYAC creates position statements that outline legislative solutions to issues affecting youth. They dedicate time to researching the problem, examining various approaches to address it, explaining the reasoning behind their chosen solution, and formulating an official position. For the last two legislative sessions, SIYAC recommended three priority areas for policymakers:

- Expand accessible youth mental health resources
- Involve youth in education-related planning and decisions
- Remove barriers to civic engagement and provide clear guidance on participating in legislative processes

See the legislative bills that SIYAC authored in the three position statements below:

- SF86: Authorizes student liaisons on school boards to bridge communication between students and school leaders
- SF88: Requires schools to excuse at least one absence per year for high school students to attend civic or political events
- SF100 and HF223: Mandates schools to publish mental health resources on school websites and collaborate with students to improve awareness of mental health resources

Five More Ways SIYAC Is Making an Impact:

1. Reducing Food Waste: Created a Food Waste Guide to help schools manage and recycle food waste more effectively
2. Expanding STEM Opportunities: Advocating for the availability of STEM kits in public libraries to ignite an early interest in science and technology
3. Improving Access to Services: Developing a tip sheet to help youth providers understand how they can ensure their resources are accessible to youth
4. Youth Shadow Week: In February 2025, SIYAC members shadowed state leaders, including Attorney General Brenna Bird, Secretary of State Paul Pate, HHS Director Kelly Garcia, and legislators, gaining insights into day-to-day government operations and highlighting the importance of engaging youth in decision-making
5. Giving Back: Collected and donated 98 pounds of food to a local food bank during their winter meeting in 2024.

Collaboration and Coordination with Tribes - HHS includes tribal representatives in the ongoing Service Area meetings, which continue throughout the year to address local interests.

Meskwaki Nation – Quarterly meetings, which include tribal social service agency staff from Meskwaki Family Services (MFS), HHS staff, including central office staff and/or service area leadership for Linn and Tama Counties and local frontline staff, to discuss and work through practice and policy concerns, training events, services available to families, and the intergovernmental agreement between Iowa and Meskwaki Nation. MFS staff continues to work on recruiting more native foster homes for their area in hopes of getting more families licensed. This remains a continued partnership between MFS and HHS' RRTS contractor, Four Oaks. MFS continues to provide training to other counties regarding ICWA and how the case process works with their agency. In 2025, MFS recently provided training to the Black Hawk County. HHS and MFS staff have had a few conversations about title IV-E Prevention Services and will continue those discussions.
Winnebago, Omaha, Ponca, and Santee Tribes of Nebraska – Quarterly meetings, which include tribal attorneys, tribal social service agency directors, tribal ICWA specialists, and HHS staff, to discuss upcoming training events and services available to families as well as discuss and work

through practice and policy concerns. If there are policy concerns, participants educate each other on how their respective systems operate to develop a solution. Additionally, participants may contact the state ICWA program manager to address statewide policy concerns.

Consultation with Tribes in 2026 includes the Meskwaki Nation in Tama County and Native communities in Woodbury County, who are key partners in supporting Native youth in foster care. HHS keeps Meskwaki Family Services (MFS) informed about Chafee and ETV programs and offers training, case staffing, and ongoing communication about assessments, transition planning, and aftercare services. Contact has been limited due to the small number of Native youth in care, but support continues.

In Woodbury County, Native Youth Standing Strong (NYSS) provides cultural and recreational opportunities through a multi-agency collaboration, with strong community participation.

HHS ensures Native youth receive equitable transition planning and services. No tribes, including Nebraska tribes, have requested agreements to administer Chafee or ETV programs. Under the Tribal/State Agreement, HHS funds services for Meskwaki youth, while MFS provides case management.

The HHS SAM, SWA, and Native Unit supervisor engage in ongoing, meaningful collaboration with the four Nebraska Tribes semi-annually or quarterly, depending upon the tribe's preference. The purpose of these meetings is to establish communication, build relationships, and provide a forum to discuss practice and policies that may or may not be going well. These meetings may include Tribal Social Service Director's, ICWA specialists, Tribal Caseworker's and Supervisors. Topics discussed include, but are not limited to, terminations of parental rights, customary adoptions, relative placements, transfer proceedings, and improving communication. These meetings provide a consistent feedback loop that informs practice and strengthens partnership. Areas of focus are listed below:

- Four times per year:
    - Winnebago Tribe of Nebraska:
        - These meetings include the Tribe's Attorney, Social Service Director, Tribal Social Service Supervisor, and ICWA Specialist.
        - During the meetings, participants discuss upcoming training events and services available to families as well as discuss and work through practice and policy concerns. If there are policy concerns, participants educate each other on how their respective systems operate to develop a solution. Additionally, participants may contact the state ICWA/Tribal Relations program manager to address statewide policy concerns.
        - Outcomes attained include strengthening relationships, improving communication, and improved understanding of how each other's programs operate to increase efficiency of services for children and families.
    - Omaha Tribe of Nebraska:
        - These meetings include the Tribe's Attorney, Social Service Director, and ICWA Specialist. Often times, due to both the Winnebago and Omaha Tribes sharing the same attorney, both tribes and HHS meet together as one group.
        - Similar to the Winnebago Tribe, during the meetings, participants discuss upcoming training events and services available to families as well as discuss and work through practice and policy concerns. If there are policy concerns, participants educate each other on how their respective systems operate to

develop a solution. Additionally, participants may contact the state ICWA/Tribal Relations program manager to address statewide policy concerns.
        - The outcomes established by these meetings is similar to that of the Winnebago Tribe, i.e., improved communication and a better understanding of how each other's programs operate to increase efficiency of services for children and families.
    - Santee Sioux Tribe of Nebraska:
        - Attendance at these meetings vary between representatives of the Santee Sioux Tribe, such as the Social Services Director, Supervisor, and ICWA Specialist.
        - The topics of discussion included strengthening relationships, improved communication, and improved understanding of how each other's programs operate to increase efficiency of services for children and families.
- Ponca Tribe of Nebraska:
    - These meetings include the Social Services Director of the Ponca Tribe, ICWA staff, and others as needed.
    - The purpose of these meetings is to build relationships and communication with the Ponca Tribe. During meetings, participants discuss policy and services provided by the Ponca Tribe and Tribe's position on termination of parental rights hearings.
    - Iowa HHS has also discussed Tribal Customary Adoption (TCA) with the Ponca Tribe since it is part of their tribal law. Ponca is able to utilize their court as a service court for other Tribes that do not have TCA in their tribal law.

The HHS ICWA program manager is working on an MOU process to ensure that children placed in Iowa through the tribes have Medicaid coverage. This project is underway and will also include establishing a database that will allow the tribes to notify HHS on a need-to-know basis of children placed in Iowa. This will assist in coverage of services but also will alleviate any confusion with children being placed in Iowa foster homes.

The HHS ICWA program manager assisted on an issue between tribes in Nebraska and Woodbury County with missing youth since there is a gap in services regarding assistance from law enforcement. HHS and the ICWA program manager assisted in mending this issue and hope to find a more permanent solution moving forward.

Monthly Community Initiative for Native Children and Families (CINCF) meetings attended by the various tribes, such as Ho-Chunk, Omaha, Ponca, Santee Sioux, Rosebud, and Winnebago. CINCF also includes representatives from area service providers, the judiciary, housing, law enforcement, *Recruitment*, Retention, Training, and Support (RRTS) subcontractor Lutheran Services in Iowa (LSI), health, and education. The group collaboratively works to find resources and support for Native families.

CINCF is also the Woodbury County Citizen Review Panel, which is one of three Citizen Review Panels under Iowa's Child Abuse Prevention & Treatment Act (CAPTA) Grant. The SFY 2024 recommendations of CINF continued to be worked on through SFY 2025. CINCF recommendations with the State responses are listed below.

Recommendation: Increase Native American foster families by 6 to a total of 12: This will continue to be a priority. Strong collaboration between the HHS Native unit, CINCF, Sioux City community and LSI *are* key to recruitment efforts. The idea to form a support group for Native American foster parents

has yet to come to fruition. Unfortunately, we're losing Native American foster *homes,* and no new homes have been identified recently.

State Response: HHS agrees with the recommendation to increase Native American Foster families and is committed to maintaining relationships with the HHS Native Unit, CINCF, Sioux City Community Partners, and LSI. Currently, there has been a decrease in foster homes across Iowa. HHS continues to provide efforts and assistance to LSI to increase foster care recruitment. Due to the decrease in Native Foster Homes, HHS recognizes the barriers this creates when looking for a placement for Native children. The following was discussed over the last year in The Community Initiative for Native Children and Families (CINCF) meetings regarding the licensing, recruitment, and retention of Native foster parents in the area:

- Lutheran Services in Iowa (LSI)'s efforts to market and work with area Tribes to increase Native foster homes, e.g., marketing. LSI continues to host events to attempt to recruit new families at their building in Sioux City. LSI continues to reach out to tribes and HHS to help move those efforts forward.
- Lutheran Social Services of Iowa continues to provide Native Family Information Sessions on becoming a foster or adoptive parent in Iowa through LSI in the Iowa RRTS program.
- As of July 2023, the contract moved to Four Oaks to cover Statewide Services.
- Four Oaks and LSI continue to collaborate in hosting a monthly orientation/information session to promote the importance of maintaining Native American culture, assisting families with the paperwork if they choose to meet in person, or a virtual option is available.1 Native Family went through the licensing process but closed out once kinship was given to them.
- There have been 2 Resource families who have been licensed, although they have been listed as adopt only not foster.
- As of December 2023, there were 6 total Native Foster homes overall identified.

HHS also recognizes the value of a support group for Native American foster families and would support efforts to this end. Currently, there is a similar group happening in Nebraska through the Nebraska Indian Child Welfare Coalition. This group could potentially offer guidance around the efforts needed to establish a support group in Iowa and serve as an opportunity for collaboration.

Recommendation: Identify opportunities to build/strengthen capacity for programming and resources for the Urban Native American community. Native Resilient Communities is a 5-year pilot program which strategically assisted Siouxland Human Investment Partnership, CINCF and SCCAN to perform a community needs assessment, strategic planning, and media campaign. This has been a huge investment which assisted us in finding new resources, partnerships, efficiencies, etc. We are coming up on the final year of this grant, and it is vital to find additional financial support for sustainability purposes.

State Response: HHS continues to support the Native Resilient Community Pilot Project. HHS was excited to see the implementation of this program and the additional community resources that it has provided. HHS is open to exploring funding options to continue to support and expand the pilot project.

Recommendation: Provide multiple culturally affirmative youth and family engagement opportunities, consistently. This was an identified need when the community needs assessment was completed as a part of the Native Resilient Community pilot program. Over the last 3-4 years youth programming has been implemented on a fairly consistent basis on Mondays and Tuesdays each week. Recently, evidence-based group programming has been added on Wednesdays. By providing engagement on a consistent basis, youth and families can create stronger rapport and trust with service providers.

State Response: HHS recognizes the importance of providing culturally affirmative youth and family engagement opportunities on a consistent basis and how these activities strengthen the community and promote trust between the youth and families and service providers. HHS supports the programming and is open to exploring the option of continuing the Native Resilient Community Pilot Project.

Recommendation: The Community Initiative for Native Children & Families serves as a local grassroots coalition that meets monthly to gather community partners and providers to share updates on service delivery and programming. This collaborative spirit creates a platform to elevate the discussion and consider policy and practice change. CINCF may gain a larger community reach by introducing mission and vision statements. This would help tell its story in a succinct way, helping the urban Native community members and service agencies find alignment.

State Response: HHS supports the development of a mission and vision statement for the CINCF coalition. A mission and vision statement would provide clarity and direction to the group as well as providing guidance and support during strategic decision-making processes. The ICWA Program Manager is open to assisting the coalition with this.

Additional information regarding substantive and ongoing meaningful collaboration with Coordination with Tribes is available in Iowa's FFY 2026 APSR, available at Child Protective Services Data and Reports | Health & Human Services.

Iowa rates this item as strength. HHS engages and partners with stakeholders in a variety of collaborative venues, as described above and in Iowa's FFY 2026 APSR. These collaborations result in program design, policy, practice, and legislative changes reflected in Iowa's annual updates to the CFSP. Iowa plans to continue and strengthen these collaborations moving forward.

ITEM 32: COORDINATION OF CFSP SERVICES WITH OTHER FEDERAL PROGRAMS

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population

STATE RESPONSE:

This item was identified as a strength in Iowa's CFSR Round 3, and Iowa asserts that coordination between the state's services under the CFSP and other federal programs continues to be a strength in CFSR Round 4. HHS administers a wide range of programs—including TANF, food assistance, Medicaid, child support, childcare assistance, family development and self-sufficiency (FaDSS), disability services, and behavioral health services, which supports strong internal coordination when families engaged with child welfare may benefit from other state and federal services.

Integration with Other HHS Programs

When child welfare social workers engage families, they complete a comprehensive assessment that identifies current use of HHS services or areas where referrals are needed. Social workers collaborate with income maintenance, child support, childcare, FaDSS, disability services, behavioral health services, and other HHS staff to assist families in completing applications, gathering required documentation, and coordinating case planning activities.

Examples of this coordination include:

Protective Child Care Assistance: Social workers collaborate with childcare assistance staff when child safety concerns require protective daycare.

Coordination with FaDSS and PROMISE JOBS: To avoid duplicative or conflicting expectations, social workers align case planning with FaDSS and PROMISE JOBS activities. FaDSS is an HHS program that provides structured home visits conducted by skilled family development specialists to address a family's basic needs, improve child well-being and develop career opportunities that will improve the family members' lives. HHS contracts with Iowa Workforce Development for PROMISE JOBS services, which is Iowa's TANF Employment & Training program designed to help cash assistance recipients become self-sufficient through participation in work-ready activities, and the HHS Bureau of Refugee Services provides PROMISE JOBS support for individuals with limited English proficiency.

Childcare Support for Foster Care Providers

Foster parents may receive childcare assistance when they are working, and care is included in the Family Case Plan. Social workers request this support through the established approval process. Reimbursements to foster care providers are issued through the child welfare information system (CWIS) and follow established Child Care Assistance rates.

Collaboration with Child Support Recovery

When a child enters foster care, child welfare staff submit an electronic referral through CWIS to the Foster Care Recovery Unit (FCRU). The FCRU establishes parental liability through administrative or court orders, consistent with policy. Required referrals apply to family foster care, group care, shelter care, and supervised apartment living placements. Child welfare and child support staff work collaboratively to ensure referrals are appropriate and documentation is complete.

Parent Locator services continue to be requested through HHS' child support unit using the same procedures followed prior to the Memorandum of Understanding with the federal Office of Child Support Enforcement.

Collaboration with Medicaid

Child welfare staff work closely with HHS Medicaid and MCO representatives to ensure continuity of medical coverage for children in foster care. Staff and supervisors follow up directly with Medicaid partners when coverage issues arise.

Collaboration with Medicaid and Behavioral Health Services

Iowa's Responsive and Excellent Care for Healthy Youth (REACH) is a new Medicaid program that supports behavioral health services for youth across the state. It was created to address the challenges many young Iowans and their families experience, like gaps in support, delays in getting care, and uncertainty about where to turn for help. REACH is designed to connect services, simplify the system, and make it easier for families to find the support they need when they need it. It offers supportive resources to help them stay in their homes and be part of their communities. Some examples of these services include but are not limited to expanded access to in-home care, supportive care coordination, and mobile crisis services. Intensive Care Coordination (ICC) is the central organizing service of the REACH program, providing a single point of accountability for medically necessary Medicaid services across all child-serving systems. The care coordinator assembles and facilitates a Care Planning Team (CPT) with and around the child and family. The care coordinator helps with planning and connecting the family to services, including Intensive Home-Based Treatment (IHBT); Behavioral Health Respite; Primary Flex Funds; Mobile Response and Stabilization Services (MRSS); In-state Psychiatric; and Residential Treatment Facilities (PRTFs). REACH implementation will start in 2027 with statewide implementation of REACH projected to occur

by July 1, 2028. For more information about REACH, please visit Iowa REACH | Health & Human Services.

Iowa's central office child welfare staff will be meeting with HHS' REACH staff in early August 2026 to discuss the intersection and coordination of services between REACH and the title IV-E Prevention Service, Intercept®, which HHS anticipates adding to its title IV-E Prevention Services and Programs Plan in the fall of 2026.

Collaboration with Disability Services/Waivers

HHS' social work case managers (SWCMs) assess the child and family's strengths and needs as part of engaging the family in case planning. If the SWCM and the family identify a need for disability services or Medicaid home and community-based services (HCBS) waivers, the SWCM refers and links the family to the applicable service. For disability services, the SWCM may refer the family to the applicable "Disability Access Point" or "DAP". There are four DAPs that serve seven districts across the state, which are part of HHS' Iowa Aging and Disability Resource Center. A DAP helps people with disabilities, their families, and their caregivers find the services and support they need—both short-term and long-term. Services provided include information and assistance, options counseling, non-Medicaid short-term services and support, and service coordination for non-Medicaid long-term services and support. If the family receives assistance through a DAP, the SWCM works with the family and the DAP staff to ensure coordination of child welfare case planning and services with any disability services planning and services. For more information on Iowa's Aging and Disability Resource Center, please visit Aging & Disability Resource Center (ADRC) Network | Health & Human Services.

For Medicaid HCBS waivers, SWCM may assist the family in applying for a waiver. Iowa's HCBS waivers often have waitlists. HHS is improving the waitlist system by making changes to the Waiver Priority Needs Assessment (WPNA) to identify those at risk of needing institutional care. The WPNA is a screening tool that people can choose to fill out information on their needs when they join a waitlist. If the SWCM believes the child or parent meets either emergency need criteria or urgent need criteria for the waiver, the SWCM may complete a WPNA or assist the parent in getting it completed. HHS has a system to help prioritize people with the highest needs so they can get quicker access to waivers. For more information on Iowa's Medicaid HCBS waivers, please visit Waiver Programs | Health & Human Services.

Use of TANF Funds

Iowa utilizes TANF funding to support:

Child Protective Assessments for families not eligible under Title IV-E

Child welfare services include casework, protective daycare, Family Centered Services (FCS), Family Preservation Services, SafeCare, Child Safety Conferences, Family Focused Meetings, Kinship Navigator Services, and drug testing

The Iowa Child Abuse Prevention Program (ICAPP), which also uses Title IV-B Subpart II and CBCAP funding

Coordination with Other State Agencies

Family Treatment Court Teams

Family Treatment Courts (FTCs) operate locally with judge-led multidisciplinary teams that commonly include HHS case managers, attorneys, Parent Partners, and substance use treatment providers. Some teams also include mental health clinicians and domestic violence advocates.

Family Treatment Court Expansion Project

HHS and the Iowa Judicial Branch continue work to expand FTC services statewide through the Family Treatment Court Expansion Project (FTCEP). The project assesses needs, trains new teams, and supports placement of FTC principles in communities not yet able to support full FTC implementation.

Coordination with Federally Funded Programs

Early Childhood Collaboration

Early Intervention and Support (EIS), established in 2023 following statewide agency alignment, now includes 27 staff from multiple legacy agencies. EIS administers primary and secondary prevention services for families with children ages 0–18, organized across three bureaus: Early Childhood Services, Family Services, and Community Services. Work in 2026 has centered on strengthening existing programs, building new services, and aligning funding streams.

Services for Children Under Five

Iowa provides a continuum of services for children under age five, including referrals to Early ACCESS, Family Centered Services, mental health and substance use treatment referrals, and connections to domestic violence, disability, and employment services. Social work case managers also help families access Head Start and Early Head Start programs.

Medicaid Coverage for Former Foster Youth

Iowa updated its plan to comply with the Supporting Patients and Communities Act, ensuring Medicaid eligibility for former foster youth to age 26 regardless of the state in which they aged out (for youth aging out on or after January 1, 2023). Enrollment has remained stable over the past four years.

Table 32A: MIYA and E-MIYA Expenditures and Enrollment

Calendar Year	Federal $	State $	Total $	Enrollment
2025	$2,725,936	$1,592,811	$4,318,747	865
2024	$3,086,771	$1,741,841	$4,828,612	969
2023	$3,223,832	$1,565,321	$4,789,153	1070
2022	$3,379,329	$1,547,407	$4,926,736	1140
2021	$3,063,396	$1,438,465	$4,501,861	1136

Data Source: HHS – Medicaid

Housing Supports through FYI Vouchers

Iowa continues to work toward increased utilization of Foster Youth to Independence (FYI) vouchers. Collaboration with HUD and the Children's Bureau has expanded, including multistate problem-solving meetings and direct engagement with local housing authorities. As of this assessment, progress remains steady at 26 communities, with upcoming partnership meetings scheduled for May and June 2026.

Educational Stability

Since 2017, HHS has contracted with the Iowa Department of Education (DE) to support transportation for children in foster care to their school of origin. Challenges remain due to transportation shortages and costs. HHS and DE continue refining data sharing and the claims process. Updated guidance issued in November 2024 outlines federal requirements, and Iowa participates in the national Point of Contact (POC) community to improve practice consistency across districts.

Collaboration with Chafee Programs

Information regarding collaboration with Chafee is available in Iowa's FFY 2026 APSR, accessible on the Child Protective Services Data and Reports | Health & Human Services website.

Collaboration with Iowa Vocational Rehabilitation Services

Iowa Vocational Rehabilitation Services (IVRS) is a valuable service available to youth. IVRS helps youth with disabilities gain, keep, and advance in their employment. IVRS advocates for and increases the opportunities for youth to gain job experience and skills through job shadowing and volunteer opportunities regardless of type of foster care placement. Currently, IVRS is available through the school system in Iowa. Members of the Area Education Agency (AEA) participate in Iowa's child welfare local transition committee meetings for older youth in foster care and make recommendations regarding youth that may benefit from IVRS. If a youth may benefit from IVRS, the youth's HHS SWCM works with IVRS staff to get the youth signed up for their services and address any barriers to IVRS participation. HHS continues to focus on connecting child welfare field staff with their local AEA point of contact to strengthen relationships in this area.

Social Security Administration

HHS contracts with Maximus to act as a resource to child welfare caseworkers. Maximus acts as a liaison to the Social Security Administration. They assist with identification of youth with disabilities and file SSI application paperwork when appropriate. They also track SSA decisions on applicants and appeal on behalf of HHS when appropriate. They review certain placement lists to see if there are children in care who may be eligible for SSI and in need of services. For example, Maximus monitors the QRTP and PMIC lists. HHS' transition planning specialists (TPS') receive a Maximus transition list to check the status of youth for whom the state applied for SSI, i.e. where the application is in the process and if a decision occurred. This is very important for youth who will need adult services due to ongoing mental or physical health needs.

Office of Juvenile Justice Delinquency Prevention Act (OJJDP)

HHS serves as the Designated State Agency for the State of Iowa for the federal Juvenile Justice and Delinquency Prevention Act (JJDPA). The Criminal and Juvenile Justice Planning (CJJP) team leads this work on behalf of HHS. The Iowa Department of Management provides relevant and required data collection, storage, and analysis. Iowa's Juvenile Justice Advisory Council (JJAC) serves as the State Advisory Group (SAG), for the OJJDP Title II Formula Grants Program. Iowa continues to use funding of approximately $600,000 per year, formula grant, to serve delinquent youth, focusing on the following priority areas: Serve children at home, with their families, and in their communities; Enhance quality of life, services and opportunities for youth in the juvenile justice system; and Advance healing-centered care. These priority areas are considered equally weighted. The JJAC selected these priority areas after reviewing research, information, and trend data during a planning retreat in the fall of 2023. In addition to the considerable state funds for juvenile justice services (approximately 15 million per year), the OJJDP funds are used to pay for community-based delinquency prevention, including evidence-based programming. Due to the nature of these priority areas, multiple partners and cross-systems collaborations are required to attain measurable progress in achieving the goals and objectives. Delinquent youth placed out of the home are often placed in residential programs administered by HHS, such as QRTPs. Therefore, the Judicial Branch and HHS leaders have a shared goal to prevent and reduce out of home placements in foster care, including residential programs. For more information, please visit Iowa JJDPA 2024-2027.

State Performance

Iowa continues to rate this item as a strength. The state has demonstrated broad and effective coordination of child welfare services with other federal and federally assisted programs serving the same population.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Iowa acknowledges that the state is in substantial conformity with this systemic factor for Round 4.

ITEM 33: STANDARDS APPLIED EQUALLY

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?

STATE RESPONSE

Foster and Adoptive Parent Licensing

Iowa applies the same rules and requirements to all applicants seeking licensure as foster parents or approval as adoptive parents. All applicants must complete background checks on every adult household member, participate in a home study using standardized content requirements, and complete pre-service training. Licensed foster families must receive an annual unannounced visit and complete six hours of annual in-service training. Both licensed foster families and approved adoptive families hold approvals for the same duration.

Iowa allows relatives caring for a child to request a waiver of non-safety standards when applying for foster care licensure. Relatives may have the 30 hours of pre-service training waived and may receive exceptions to non-safety standards such as bedroom space or sibling room-sharing. Once licensed, relative foster parents must meet all ongoing licensing requirements, including in-service training.

Non-relative applicants are required to complete pre-service training, home studies, and background checks. Non-safety variances may be granted when an acceptable alternative is provided, such as documentation supporting circumstances when an applicant is unable to obtain a divorce decree.

Requests for a waiver or variance must be submitted in writing to local area leadership, who review the request and issue a written determination. Child-specific waivers end when the child leaves the foster home.

HHS Policy and RRTS partners meet monthly to ensure statewide consistency in policy interpretation and licensing procedures.

In October 2025, Iowa completed its Title IV-E foster care review for the period of October 1, 2024 through March 31, 2025. Iowa was found to be in substantial compliance, with zero errors identified.

Review findings indicated that no foster homes were approved without meeting full licensing standards. Iowa does not issue provisional foster care licenses and does not grant exceptions for initial licensure until all requirements are met.

A corrective action plan is issued when a licensed foster family falls out of compliance with a requirement that has not been waived or approved for variance. Failure to complete the plan may result in license revocation. Data on the number of corrective action plans is not currently available.

Shelter and Group Care Facilities

HHS maintains a Memorandum of Understanding with the Department of Inspections, Appeals, and Licensing (DIAL) for the completion of initial licensure surveys, annual and periodic onsite visits, unannounced visits, complaint investigations, and re-licensure surveys for emergency juvenile shelters and group care facilities. HHS is responsible for licensing decisions and bases those decisions on DIAL's written reports and recommendations.

Exceptions to licensure standards may be granted when justified; however, such requests are rare. Provisional licenses may be issued temporarily when facilities need time to correct deficiencies. Not all deficiencies require provisional licensing or a formal corrective action plan, but all must be corrected. If youth safety is not compromised, facilities may continue operations during the provisional period. Provisional licenses generally last 30 days, though the duration may vary based on the nature of deficiencies. No provisional license may exceed one year.

Licensing data indicate that one provisional license was issued in calendar year 2024 and none in 2025. The 2024 provisional license was issued following an incident involving a youth's death by suicide. The facility returned to full licensure within 90 days after implementing a corrective action plan.

State Performance

Iowa continues to rate this item as a strength. In SFYs 2024–2025, all foster and adoptive homes were licensed or approved only after meeting full licensure standards. Additionally, only one facility received a provisional license in 2024, and none in 2025. The facility issued a provisional license successfully completed its corrective action plan and returned to full licensure within the required timeframe.

ITEM 34: REQUIREMENTS FOR CRIMINAL BACKGROUND CHECKS

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

STATE RESPONSE

Foster and Adoptive Parent Licensing

Under Iowa's Recruitment, Retention, Training, and Support (RRTS) contract, the foster and adoptive parent licensing contractors prepare and submit complete licensing packets to HHS service area field staff. Each packet includes all documents required for licensure or approval, such as:

- Universal Precautions self-study training
- NTDC family profile
- Physician's report for foster/adoptive parents
- HIV general agreement
- Private water supply survey (if applicable)
- Alternate water supply documentation (if applicable)
- Floor plan of the home
- Three applicant-provided references (plus three additional references selected by the licensing worker)
- Criminal background checks for all adult household members
- Required consent forms
- Foster Family Survey Report documenting compliance with licensing requirements
- Home study summary and recommendation
- All other forms obtained through record checks and the assessment process

All prospective foster and adoptive parents, and every adult living in the home, must complete required federal and state record checks. HHS continuously monitors the safety of children placed in licensed homes through monthly home visits, ongoing safety and risk assessments, and communication with service providers, who report any concerns to HHS.

RRTS contractors utilize an HHS approved checklist to ensure all required documents are included in each licensing packet. HHS licensing staff review 100 percent of submitted packets and notify the RRTS contractor immediately if any required document—including background checks—is missing or incomplete. All requests and corrections are tracked by HHS. Central office review of the tracking tool confirmed that no licenses were issued in SFY 2024 or SFY 2025 without completed background checks. Tables 34A-34D summarize record checks completed during SFYs 2024–2025.

Table 34A: Record Checks Processed

[Category]	Western	Northern	Eastern	Cedar Rapids	Des Moines
Iowa Criminal Checks processed	1480	1483	1022	1418	1591
Number of Distinct Individuals	1028	1129	772	1026	1188
Number of Confirmed Hits	383	338	233	372	317
Number Evaluated	316	233	194	252	196
Number Approved	331	245	221	232	195

Data Source: Carematch

Table 34B: Iowa Sex Offender Registry Checks Processed

[Category]	Western	Northern	Eastern	Cedar Rapids	Des Moines
Iowa Sex Offender Registry	1479	1484	1023	1412	1595
Number of Distinct Individuals	1028	1131	772	1026	1189
Number of Confirmed Hits	2	1	1	0	0
Number Evaluated	1	0	1	0	0
Number Approved	0	0	0	0	0

Data Source: Carematch

Table 34C: Out of State Child Abuse Checks Processed

[Category]	Western	Northern	Eastern	Cedar Rapids	Des Moines
Out of State Child Abuse Checks	140	83	105	117	134
Number of Distinct Individuals	126	79	91	101	102
Number of Confirmed Hits	1	1	1	4	1
Number Evaluated	0	0	1	3	1
Number Approved	0	0	1	1	1

Data Source: Carematch

Table 34D: Fingerprints Processed

[Category]	Western	Northern	Eastern	Cedar Rapids	Des Moines
Fingerprints Processed	719	716	517	725	823
Number of Distinct Individuals	699	693	522	697	795

Number of Confirmed Hits	180	167	139	204	210
Number Evaluated	112	26	64	39	45
Number Approved	114	87	121	37	64

Data Source: Carematch

In September 2025, the Children's Bureau conducted a Title IV-E Foster Care Eligibility Review of Iowa's program, covering the period October 1, 2024, through March 31, 2025. The review examined 80 cases, and all 80 met federal IV-E eligibility requirements. The Children's Bureau determined Iowa to be in substantial compliance, which requires no more than four error cases.

Safety is assured in every foster care home by reporting child abuse allegations to the 24-hour hot line intake where they are assessed for assignment.

Shelter and Group Care Facilities

Iowa HHS maintains a Memorandum of Understanding with the Iowa Department of Inspections, Appeals, and Licensing (DIAL) for the completion of initial and renewal licensing inspections, including review of criminal and child abuse background checks for new facility employees. HHS submits application materials to DIAL, which provides written inspection reports and licensing recommendations within 20 business days. When a corrective action plan is required, DIAL provides its recommendation and HHS issues the final licensing decision.

- Licensure periods vary by facility type:
- Emergency juvenile shelters: 1-year licenses
- Foster group care facilities: 1- to 3-year licenses
- Supervised apartment living cluster sites: 3-year licenses

HHS central office staff reviewed all DIAL inspection and unannounced visit reports for child welfare facilities in SFYs 2024–2025 (82 total reports). Of these:

- 14 were noted as "Not Applicable" (no background checks required due to temporary lack of residents)
- 59 met all federal background check requirements
- 9 did not meet requirements

Five of the nine deficiencies were related to missing out-of-state child abuse checks due to variation in other states' policies and processes for completing employment-related checks. This continues to be an area where state-to-state variability creates delays or gaps.

The September 2025 IV-E Foster Care Eligibility Review also confirmed that all 80 reviewed cases met federal eligibility requirements, reinforcing that facility licensing and background check processes are functioning effectively.

State Performance

Iowa rates this item as a strength. In SFYs 2024 and 2025, no foster or adoptive licensing packets were approved without all required criminal background checks. Iowa maintains strong processes to ensure timely and accurate completion of all record checks.

In 2026, Iowa implemented an electronic licensing system that allows HHS and the RRTS contractor to share licensing documentation, including background check results, in real time. This modernization has improved timeliness, reduced errors, and strengthened statewide consistency in licensing practices.

ITEM 35: DILIGENT RECRUITMENT OF FOSTER AND ADOPTIVE HOMES

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

STATE RESPONSE

During SFY 2024 and SFY 2025, Four Oaks was responsible for developing annual, service area specific recruitment and retention plans. Each plan included targeted strategies and measurable numerical goals based on the needs of the local area. The HHS contract manager reviewed all service area plans to maintain a statewide perspective and identify broader recruitment and retention gaps.

- Data from Iowa's child welfare information system showed that although each service area used local, community-specific partnerships and networks, the demographic recruitment needs were largely consistent statewide. Across all service areas, the greatest needs were for:
- Non-white resource families
- Families able to care for teens
- Families able to take sibling groups

Effective strategies developed in one service area were shared across others and adapted as necessary. Four Oaks, HHS, and community partners also participated in statewide outreach efforts, including National Foster Care Month activities, National Adoption Month events, and other large-scale community events.

Recruitment plans emphasized developing and retaining foster and adoptive families who could meet service area specific needs. These plans focused on identifying families whose characteristics aligned with the demographics of children entering care, including race and ethnicity, sibling group status, teens, geographical proximity to preserve school and community connections, and children with significant medical, behavioral, or mental health needs. HHS also expected resource families to partner closely with birth families, support family interactions, and maintain children's cultural connections.

Plan development was driven by child welfare information system data, including age, race, and ethnicity of children entering care and the race and ethnicity of existing foster families. Data were provided to the contractor throughout the year to support ongoing refinement of recruitment and retention efforts. Service Area Recruitment Teams reviewed initial plans and met at least quarterly to monitor progress, review updated data, evaluate activities, and adjust strategies as needed. The contract manager reviewed all plans statewide and used this information to inform Iowa's statewide diligent recruitment plan.

Examples of Recruitment Requirements by Service Area

Western Service Area:

- Outreach to six Lions Clubs in Sioux City and surrounding areas

- Article/interview in the Denison Free Press on local foster/adoptive family needs
- Continued partnership with Beauty Amidst the Ashes through Foster Care Sunday
- Participation in Pioneer Day Parade
- “Setting Anchors” support group
- Flyers and materials posted in Arnold’s Park, Lake Regional Health Care Center, city halls, post offices, libraries, daycares, hospitals, and clinics
- Operation Santa served 425 children

Northern Service Area:

- Presentation to Franklin County Ministerial Association on teen foster care needs
- Participation in the HOPE Conference to fill NTDC classes
- Presentations to Iowa Falls Rotary, CPPC groups, and community coalitions
- Ongoing participation in CPPC and interagency networks
- Recruitment events in Otho, Osage, Mason City, and Ames Public Library
- Operation Santa served 509 children across Fort Dodge, Clear Lake, Marshalltown, and Waterloo

Des Moines Service Area:

- Expanded visibility through large partnerships, media outreach, and statewide Operation Santa leadership
- 250 hockey tickets purchased for onsite recruitment; charitable bequest funded a new ad campaign after prior campaign doubled web traffic
- Advertisement in Prevention Magazine targeting parents of teens
- Strong presence at HOPE Conference and keynote role at My Beloved Sunshine fundraiser
- Partnership with Waukee Chamber of Commerce and Fit & Fierce 515
- Polk County Adoption Day celebrated 71 adoptions
- Operation Santa statewide: 3,335 wish lists sponsored

Eastern Service Area:

- Presentations to churches in Davenport, Bettendorf, Clinton County, and Illinois border communities
- Engagement with AAUW, prayer groups, quilting groups, youth ministries
- Recruitment presence at Davenport Cinema during Sound of Hope
- Strong partnerships with PetSmart, Triple J’s Liquidation, HOPE Conference partners, and Legacy Church
- Faith-based recruitment including flyers at River Church, Hope City, Community Reformed, Emmanuel Lutheran, Cross View, Bethel, and Wesley United Methodist

Cedar Rapids Service Area:

- Presentation to Ottumwa High School; students donated $850 to foster families
- Ongoing collaboration with Families Helping Families and Iowans for Adoption
- Meeting with City Point Church regarding foster care shortages
- Community meeting in Mahaska County to discuss fostering and adoption
- Participation in CCANCon 2025
- Cedar Rapids International Festival
- Ottumwa Diversity Conference
- Cedar Rapids Juneteenth celebration

Data Source: Recruitment and Retention Reports

The State of Iowa collected data from June 2022 – June 2025 in regard to the total number for children in Foster Family Care placements by Race and Ethnicity. The reports are listed below.

Jun.22	Service Area					
	Western	Northern	Eastern	Cedar Rapids	Des Moines	State
	Count	Count	Count	Count	Count	Count
American Indian	47	4	1	8	8	68
Asian	4	7	3	5	2	21
African American	25	61	57	81	122	346
Native Hawaiian Pacific Islander	5	1	0	5	3	14
All Other	4	1	1	3	14	23
White	280	217	140	254	314	1205
Multi-Racial	19	17	12	30	37	115
Hispanic	73	19	11	32	39	174

Jun.23	Service Area					
	Western	Northern	Eastern	Cedar Rapids	Des Moines	State
	Count	Count	Count	Count	Count	Count
American Indian	48	8	1	10	4	71
Asian	2	4	3	4	5	18
African American	34	52	54	96	130	366
Native Hawaiian Pacific Islander	5	1	1	4	3	14
All Other	4	3	3	4	11	25
White	251	206	137	249	336	1179
Multi-Racial	11	13	12	41	45	122
Hispanic	66	25	15	24	59	189

Jun.24	Service Area					
	Western	Northern	Eastern	Cedar Rapids	Des Moines	State
	Count	Count	Count	Count	Count	Count
American Indian	43	2	2	13	5	65
Asian	0	2	4	2	6	14
African American	32	50	60	104	107	353
Native Hawaiian Pacific Islander	7	3	0	8	0	18
All Other	0	7	1	3	6	17
White	236	190	162	248	227	1063
Multi-Racial	15	9	16	38	46	124
Hispanic	39	33	16	17	43	148

Jun.25	Service Area					
	Western	Northern	Eastern	Cedar Rapids	Des Moines	State
	Count	Count	Count	Count	Count	Count
American Indian	41	1	0	10	5	57
Asian	2	3	2	7	4	18
African American	40	37	63	78	140	358
Native Hawaiian Pacific Islander	7	4	0	6	0	17
All Other	4	5	2	2	5	18
White	181	180	166	207	231	965
Multi-Racial	19	9	15	18	43	104
Hispanic	37	30	16	12	55	150

Source: Care Match

The RRTS providers were given child welfare information data on children in foster care in Iowa, including race and ethnicity data, as well as race and ethnicity data on licensed foster parents. RRTS providers are required to collaborate with HHS staff in their service area to develop a recruitment and retention plan to address the needs of that area, including non-white foster families, families for sibling groups, families for teens and families who can care for children with specialized needs. These plans are reviewed throughout the year collaboratively by HHS and RRTS providers and adjusted as needed based on changes in the data.

The RRTS providers are also able to track the race and ethnicity of foster families in their area and use that data to track numbers of families and the areas where families live. The current contract has a paid performance measure for the RRTS contractor to increase the number of non-white foster families based on a target provided by HHS. It is an annual target but progress towards the target is tracked and reported quarterly to the service areas.

The Number of Foster Families by Race and Ethnicity do not vary greatly year-to year, so below is a snapshot from 2022 and 2025.

Jun.22	Service Area					
	Western	Northern	Eastern	CedarRapids	Des Moines	State
	Count	Count	Count	Count	Count	Count
American Indian	3	1	1	4	1	10
Asian	2	1	1	4	4	12
African American	4	7	5	26	36	78
Native Hawaiian Pacific Islander	2	0	1	4	0	7
All Other	0	5	1	3	0	9
White	489	436	225	468	534	2152
Multi-Racial	4	1	0	1	8	14
Hispanic	17	6	7	8	27	65

Jun.25	Service Area					
	Western	Northern	Eastern	CedarRapids	Des Moines	State
	Count	Count	Count	Count	Count	Count
American Indian	2	3	1	2	0	8
Asian	2	3	1	6	1	13
African American	6	13	17	26	43	105
Native Hawaiian Pacific Islander	2	1	1	4	0	8
All Other	0	4	1	4	1	10
White	350	441	290	453	291	1825
Multi-Racial	2	7	3	5	5	22
Hispanic	19	11	10	10	21	71

Source: Care Match / CWIS

State Performance:

Iowa rates this item as strength because Iowa has a service area process in place for the diligent recruitment of foster and adoptive homes based upon Iowa CWIS data regarding the racial and ethnic diversity of children in foster care.

RRTS providers work with HHS service area and local leadership to identify gaps in foster and adoptive homes that reflect the racial and ethnic diversity of children in foster care in that service area and develop specific plans to decrease the gaps. As the data above shows, Iowa experienced some improvement over time or has maintained efforts for recruiting foster and adoptive parents among Asian and Hispanic groups, while remaining status quo or losing ground with other racial and ethnic groups.

As Iowa has increased recruitment efforts, HHS has continued to meet or improve monthly face-to-face visit requirements with children in foster care, supporting safety. There has been a steady increase in children seen.

ITEM 36: STATE USE OF CROSS-JURISDICTIONAL RESOURCES FOR PERMANENT PLACEMENT

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

STATE RESPONSE

The Interstate Compact on the Placement of Children (ICPC) is a statutory agreement between all states, which provides safety and protection to children in out-of-state placements. Each state adopts and enacts the rules and regulations of ICPC, which govern policies and procedures states must follow when placing children out of state. The agreement also includes directives to a state's financial responsibility for the welfare of each child's placement.

The Iowa ICPC unit is in the HHS Division of Family Well-Being & Protection, Child Protective Services Operations. ICPC home studies are completed by Iowa's RRTS contractor. The request is sent by Iowa ICPC staff to the RRTS contractor for completion of the home study. Upon completion, the home study is reviewed by Iowa ICPC staff before sending it to the sending state. In alignment with the Safe and Timely Act and per the contract with the providers, there is a 60-day timeframe expectation to process and complete parent and relative home studies. Per ICPC Regulation 7, expedited home studies are to be completed within 20 business days and that timeframe is also included in the RRTS contract. If a worker is requesting licensed foster/adopt home studies, then licensing requirements may not be completed in this 60-day timeframe; however, the worker would receive a preliminary home evaluation.

Completion of a home study includes review of the proposed resource prior to placement in the receiving state. Each home study assesses the safety of the home and ensures the placement resource can meet the individual needs of the child. Once approval of the home occurs and the home receives the placement of the child, the receiving state provides post placement supervision and reports until permanency establishment or until the child returns to the sending state. If a child placed experiences a disruption in the placement, the receiving state would notify and assist in returning the child to the sending state's jurisdiction.

The report below is data provided from National Electronic Interstate Compact Enterprise (NEICE). The Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) along with the American Public Health Service Association (APHSA)/Tetrus have

developed the availability of obtaining data regarding Iowa ICPC Cases by Type of Care for Calendar Year (CY) 2025.

Reports providing data for an overview of the timely completion of home studies are currently available in National Electronic Interstate Compact Enterprise (NEICE). The Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) along with the American Public Human Services Association (APHSA)/Tetrus are continuing to discuss and develop additional reports. Additionally, NEICE generates alerts/notices when the due date is approaching and then the case is flagged once the due date has passed so anytime the case is reviewed, it's clear the home study is overdue.

The following information summarizes data from the State and National Analytics Dashboard within NEICE regarding Iowa's timely completion of ICPC home studies for Calendar Year (CY) 2025. During the CY 2024 review, Iowa ICPC identified concerns related to Safe and Timely performance for incoming requests. In response, Iowa ICPC initiated collaborative discussions with the Foster Care Program Manager and the RRTS Service Contract Specialist. The data below reflects the resulting improvements from CY 2024 to CY 2025.

After reviewing timeliness trends from prior years, Iowa ICPC—together with RRTS providers—implemented several process enhancements to streamline home study completion and strengthen compliance with the 60-day Safe and Timely requirement. Under the revised workflow, RRTS providers now submit completed or preliminary home studies to HHS Licensing staff within 55 days. This allows sufficient time for licensing review before the study is forwarded to the Iowa ICPC office. These changes have contributed to improved timeliness for home studies completed in Iowa on behalf of sending states, supporting more timely permanency outcomes for children.

To further reinforce 60-day performance expectations, providers may submit a Preliminary Home Study when all licensing requirements have not yet been met. The preliminary report informs the receiving state of the reason for delay and provides an anticipated timeframe for finalization. Although this option existed previously, renewed emphasis on its use has supported continued improvement in timeliness.

ICPC staff remain engaged in ongoing collaboration with program staff, contract specialists, and providers to monitor home study timeliness and identify additional opportunities for improvement. The team has also identified instances in which the timing of entries into NEICE affected required timeframes and overall performance outcomes. The ICPC Unit is reviewing these cases and analyzing first quarter CY 2026 data to assess trends and determine any further impacts on timeliness.

Table 36A

Timeliness 2025		Timeliness 2024	
Reg 1	100%	Reg 1	100%
Reg 2	86%	Reg 2	86%
Reg 7	84%	Reg 7	41%
Reg 4	100%	Reg 4	100%
Reg 12	100%	Reg 12	100%

Table 36B: Timely Completion of Iowa ICPC Home Studies – CY2025

Region	Total Completed	Total Timely	Timeliness
Reg 1 & 2	227	195	86%
Reg 7	38	32	84%

The data above for CY 2025 indicates that the majority of ICPC home studies completed in Iowa met the required timelines established under the Safe and Timely Interstate Placement of Foster Children Act of 2006. Of the 227 Regulation 1 and Regulation 2 home studies completed during the reporting period, 195 were completed within the required timeframe. Additionally, 32 of the 38 Regulation 7 expedited home studies were completed within the 20-business-day requirement. These results reflect improvements in timeliness compared to prior reporting periods and suggest that process changes implemented in collaboration with RRTS providers and HHS licensing staff are contributing to more efficient completion and review of home studies.

Children Placed in Iowa Through ICPC

The following data reflects children whose placements into Iowa occurred during the specified State Fiscal Year (SFY).

Table 36C

Type of Request	SFY 2022-No. Placed in Iowa	SFY 2023 – No. Placed in Iowa	SFY 2024 – No. Placed in Iowa	SFY 2025 – No. Placed in Iowa
Reg 1	10	5	5	8
Reg 2	93	69	75	108
Reg 4	6	3	7	5
16	16	6	14	17
Reg 12	11	18	14	24

Iowa Children Placed Outside of Iowa

The following data reflects Iowa children whose placements outside of Iowa occurred during the specified State Fiscal Year.

Table 36D

Type of Request	SFY 2022-No. Placed Outside of Iowa	SFY 2023 – No. Placed Outside of Iowa	SFY 2024 – No. Placed Outside of Iowa	SFY 2025 – No. Placed Outside of Iowa
Reg 1	5	2	3	1
Reg 2	74	75	73	123
Reg 4	40	65	96	166
Reg 7	19	18	31	34
Reg 12	6	11	16	11

Timeliness of Iowa ICPC Outgoing Requests

The following data reflects the timeliness of outgoing ICPC requests processed by the Iowa ICPC unit. The timeframe measured begins when a request is submitted to the ICPC unit by local field staff and ends when the request is transmitted to the receiving state. This timeframe includes review of the request and collection of any additional documentation required to ensure the request is complete.

Variations in measured timeframes may occur due to the timing of case entry into NEICE relative to the actual processing date. To address this issue, the Iowa ICPC unit continues to provide training and conduct quarterly meetings with ICPC liaison staff representing the five service areas across the state. These meetings focus on ensuring that required documentation is submitted at the time an ICPC referral is sent to the Central Office to minimize processing delays.

The Iowa ICPC unit will also continue to engage with APHSA and Tetrus regarding opportunities to improve monitoring of timeliness through the ICPC State and National Analytics Dashboard available within NEICE.

During Calendar Year (CY) 2025, Iowa ICPC received incoming home study requests for 331 children and transmitted outgoing home study requests for 635 children. During the same period, the unit processed 16 outgoing and 30 incoming private adoption requests.

Table 36E

Type of Request	SFY 2022- Average Calendar Days	SFY 2023 – Average Calendar Days	SFY 2024- Average Calendar Days	SFY 2025- Average Calendar Days
Reg 1	3.7	14.5	0.3	7
Reg 2	1.5	12.4	0.5	0.7
Reg 4	2.4	3.4	1.5	0.3
Reg 7	1.7	4.2	0.2	0.5
Reg 12	0.7	1.2	1.2	0.3

The data above indicate that the Iowa ICPC unit continues to process outgoing requests in a timely manner once complete referrals are received from field staff. Variations in processing time across years may be influenced by factors such as the timing of case entry into NEICE and the completeness of referral documentation submitted by field staff. Ongoing training and communication with field staff are intended to ensure referrals are submitted with the required documentation, supporting more consistent processing timelines.

National Recruitment Resources

The RRTS contractor supports HHS staff in identifying adoptive families for waiting children by:

- Registering children on the national adoption exchange through AdoptUSKids
- Providing prospective adoptive families with information about registering with AdoptUSKids
- Facilitating information sharing between prospective adoptive families and Iowa HHS adoption workers

Iowa uses AdoptUSKids photo listings to feature children who are legally free for adoption and to connect interested families with HHS case managers. Case managers also use AdoptUSKids to identify potential adoptive families, access recruitment resources, and obtain training materials and archived webinars related to adoption recruitment and engagement with diverse communities.

Program Outcomes

With ICPC and cross-jurisdictional placement resources, Iowa continues to support permanency planning for children whose placement needs extend beyond state boundaries. Collaboration with other states, contracted providers, and national partners supports timely completion of home studies and placement decisions. These efforts contribute to Iowa's broader goals of promoting safe placements, maintaining family connections when possible, and supporting timely permanency outcomes for children in foster care.

Iowa will continue to monitor ICPC data available through NEICE and collaborate with national partners, including the Association of Administrators of the Interstate Compact on the Placement of Children and the American Public Human Services Association, to identify opportunities for process improvements that support timely interstate placements and permanency outcomes.

State Performance

Iowa continues to have a process in place to ensure effective use of cross-jurisdictional resources. Iowa ICPC has provided on-going training to field staff and supervisors, as well as our licensing agency through Lunch & Learns that pertain to ICPC to help improve timeliness of completed home studies. Iowa ICPC continues to work with other HHS staff, tribal staff, and attorney general (AG) staff on Tribal Customary Adoptions (TCAs) to continue to explore opportunities to improve the process as well as ensure it is available in appropriate situations. In working with other states involving Iowa children placed there and our field staff are pursuing a TCA, we found that not a lot of other states have dealt with this process nor are they using TCA's. Iowa ICPC has included the ICPC National Office in the discussions to increase awareness within the ICPC community as well as assist with discussions. Thus far, other states have been very interested and open to the TCA process, and this included further discussion for the AAICPC/APHSA National Conference that is held yearly.

Iowa has adopted the Kinship Foster Care Licensing approval process, and the Iowa ICPC office has worked to navigate this process when a child is placed with an approved relative caregiver. In these situations, Iowa ICPC collaborates with other states to ensure the kinship provider is eligible for licensing approval under the receiving state's requirements.

Iowa ICPC currently maintains a Border Agreement with Nebraska that has functioned effectively in facilitating timely relative placements. However, the agreement is now outdated. Iowa would welcome the opportunity to collaborate with Nebraska to review and modernize the agreement to ensure continued efficiency, regulatory alignment, and the ability to prioritize relative placements across state lines in lieu of non-relative foster care.

The State of Missouri has expressed interest in establishing a Border Agreement with Iowa under the ICPC framework to streamline and expedite interstate placements of children with relatives.

This item was identified as an area needing improvement in CFSR Round 3, and Iowa believes this item to be a strength in Round 4 as demonstrated above.

Appendix A: CFSR State Data Profile

Appendices are available from the state or the Children's Bureau. The State Data Profile is posted at https://acf.gov/cb/data-research/data-and-statistics-cfsr-statewide-data-indicators.