

Child Welfare Partners Committee (CWPC)

Strategic Plan Development

December 6-7, 2012

Polk County DHS

River Place, Conference Room 1

Members in attendance: Wendy Rickman, Brian Fox, Mindy Norwood, Julie Allison, Jennifer Sievert, Evan Klenk, Mike Mitchell, Pat Penning, Barb Gay, Nola Aalberts, and Carol Gutchewsky

Members not in attendance: Jean Slaybaugh, Chris Secrist, and Doug Johnson

Judicial Representatives: Gail Barber and Doyle Evans with the Children's Justice Initiative

Purpose of the Meeting:

The purpose of this meeting was provision of onsite Technical Assistance (TA) through the National Resource Center for Organizational Improvement (NRCOI) facilitated by Crystal Collins-Camargo and Anne Comstock for development of a two year strategic plan.

Summary of Meeting:

The primary goal for this TA session was to develop a two year strategic plan by doing the following:

- Complete an assessment of current performance based contracting (PBC) structures,
- Brainstorm around challenges and opportunities associated with implementation of Differential Response (DR),
- Data sharing, and
- Risk management.

Committee members identified outcomes of a strategic plan that:

- Is alive and focused on accountability;
- Strengthens partnership;
- Provides a clear road map with concrete steps to better serve children and families;
- Is comprehensive; and
- Keeps focus on where we are heading.

A copy of the IDHS Differential Response Review Summary of Charge – House File 2226 dated December 2012 was provided to all committee members in attendance. Committee members were asked to review the document for discussion.

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There was a brief discussion regarding the joint training committee and the core group of five (5) individuals: Carol Gutchewsky, Chris Secrist, Mindy Norwood, Sue Tew-Warming, and Margie Poorman. Carol and Chris are the co-chairs and current members of the CWPC but their terms end June 30, 2013 so there needs to be a decision as to transition of this committee in the future since it was agreed co-chairs should be current members of the CWPC. The primary role of the larger training group is communication across contracts across the state. The following was proposed:

- Carol and Chris would remain on the core group at this time;
- A current member of the larger training group (Mike Mitchell and Jennifer Sievert) would step in as co-chair of the committee taking over for Chris through the length of their membership term;
- A new SWA identified for membership would step in as the DHS co-chair taking over for Carol;
- The end goal would be for Carol and Chris to come off the group once the new co-chairs transition over to the role.

This will be discussed further at the next CWPC meeting in January 2013.

In reviewing the current Iowa CWPC Strategic Plan dated January 12, 2012, it was determined that all identified activities/tasks were tracked and on target for completion.

Goal 1: Improve Public/Private Partnership at the Local Level

There is a lot of partnering at local level which goes beyond the public and private, but also includes the private to private partnering. The survey results were positive without any negative results identified even though there was some disparity across as to the understanding level(s) of partnership. The results of the survey as well as the identified questions are used to provide direction on where to go at the line level for local discussion in the service areas. It allows us to build on strengths and addresses areas that need improved. It was shared that a lot of other states are contacting Iowa to ask how we work with our public/private partnership because the nature of what we have here is not what happens across other states. The facilitators shared that Illinois is another state that has a good group of public/private partnering but it was built into statute where they were forced to work together, unlike Iowa where we chose to do so in a proactive way.

Goal 2: Create a Culture of Quality that promotes the use of Data and Information

There have been some challenges regarding Results Oriented Management (ROM) due to changes in the requests for reports. Initially the number was rather small but has since expanded

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to a larger number of requests. The groups assigned to ROM are looking at target dates as to when information will be shared and how we maintain the current system while we transition over to ROM. In the beginning of this process, ROM was relatively new but now more states want reports so conversations continue to occur with the University of Kansas to identify core reports for all states to access. The provider portal to ROM is delayed at this time but will occur. There was discussion that there hasn't been good communication back to others letting all know what is going on and notifying of the delay. There are data discussions occurring at the local level.

2013-2015 Strategic Planning Session 1: Assessment of Current PBC Structures

There was dialogue about what is working well and what is not. A few of the Contractors shared that they like the measures within the contract and how they connect to CFSR outcomes as a reflection of all system, not just DHS. There is some interdependency between contracts which intersect to achieve identified performance measures.

The original intent behind Community Care and FSRP Services was to allow for flexibility of activities. However, not all have bought into the flexibility. All legal parties have a different expectation on what should be done. For example: Family Interaction – several jurisdictions prefer to have professionals supervise interactions and oversee the case, rather than using informal supports. Therefore, flexibility is not as strong as intended.

Services now allow the ability to work with families, rather than child driven as in the past with RTSS.

Payment for services went from authorized units to a base rate, without really identifying a cost for services. As of this date, still not sure what the service should actually cost.

There were some concerns expressed regarding the number of people in a case that must be seen in a certain amount of time. What is the threshold? What could be a measureable way to look at achieving a practice of family related activity? There should be fidelity to a practice model with adherence to such and the competence in carrying it out, including quality assurance.

There is a tendency to be compliance focused vs. practice focused of what interventions are being used with a family per the DHS Case Plan. There is a challenge to maintain quality with contractual contacts and flexibility. We need to continue to look at balance of adherence, flexibility, and fidelity to a model.

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We need to look at longer term outcomes regarding performance measures taking into account chronicity of some families we serve. The short term measures are good but we do need to look at long term.

There was discussion around reporting processes for the different service contracts. The reporting for Safety Plan/FSRP Services and Community Care is much better now, but for FSRP it did take a lot of clarification through the Q&A process, but it helped. There are some concerns regarding Group Care and CWES as the data is not matching up so it requires some reconciliation. Contractors for Group Care and CWES enter information into a web based system so not sure how or why the data is not matching up.

The question was asked as to what is liked or not liked about the fiscal model used by the state. The fact that the fiscal information is provided within the contract makes it easy. There was a comment that where we are today is better than where we started. An example was that of the safe case closure workgroup with FSRP Services which was a good collaborative effort. We do need to look across contracts and how incentives align or do not align to meet identified performance measures.

In some cases, there is a third party controlling entity that may impact outcomes that have a fiscal effect. Aside from DHS and Contractors, there is also Juvenile Court Services (JCS) and/or the Court.

There was brief discussion around risk management which includes financial risk. One of the Contractors stated they like how the rates are set up, specifically for FSRP Services. However, the one area that is eating up costs is mileage/transportation as there is a significant amount of money spent in this area for the Contractors. The question becomes whether or not the case rate is expected to pay for service delivery.

Another risk area is around liability. Contractors are required to carry liability coverage per the child welfare contracts. There is concern on behalf of the Contractors because they are not protected in court as they provide testimony with no legal representation. There is some inherent protection being a Contractor as part of the Business Agreement with DHS but it is not clearly spelled out.

2013-2015 Strategic Planning Session 2: Highlights of Differential Response (DR)

There was discussion around the Differential Response Review Summary that was provided to committee members for review. The DR workgroup and DHS recommendations include:

- Implement Differential Response statewide

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- Differential Response be codified with the following elements:
 - Two-track system to respond to “screened” in reports.
 - Denial of Critical Care cases be assigned the “track” which does not result in an “investigatory” approach, a “finding” of abuse and placement on the Central Abuse Registry unless there is a high risk of injury or an immediate threat to a child.
 - Both pathways shall require a “safety” assessment.
 - Ability to switch pathway assignment from family assessment pathway to “traditional” pathway when a child’s safety is in serious and imminent harm.
- Provide reports to the Governor and Legislature January 15, 2014, and January 15, 2015, to outline progress of statewide implementation and/or performance measures related to safety, permanency and well-being of families.
- Evaluation of the Differential Response System (The group recommends funding an independent study but absent the additional funds, recognizes that the DHS is capable of conducting the evaluation. DHS has the system data and performance measures necessary to evaluate and report outcomes to the Governor and Legislature and do not support funding an independent study.)

Legislative language has been written so if recommendations are accepted, the language is ready to go. As of this date, there are no specifics to share other than what is in the report. Depending upon what the legislature approves, we would need to explore what Iowa’s model will look like in comparison to models in other states. We do know that the process will begin with Centralized Intake. In 2005, Community Care was met with some resistance so as we move forward with initiatives we need to make sure that it is messaged well so people really understand what it is all about. We need to make sure that we engage all and there is a communication structure in place. The CWPC is seen as leading the charge on communication and education through the next steps around DR. However, procurement discussions will be minimal in order to keep all at the same level playing field should there be any procurement as a result of DR.

2013-2015 Strategic Planning Session 3: Development of the Plan

Proposed Goals:

Goal 1: Enhance partnerships at all levels.

Goal 2: Use data and information to support a culture of quality.

Goal 3: Advise and guide the development and implementation of service initiatives.

Goal 4: Capture and apply lessons learned to promote a service array that is integrated and aligned with child and family outcomes.

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A copy of the plan with the goals/objectives will be provided to this committee for identification of person(s) responsible for carrying out the tasks listed under the objectives as well as projected timelines for completion.

Next steps:

1. Work will continue on objectives and activities within the Strategic Plan, including the 2013-2015 Plan.
 - a. Finalize the new plan with timelines and persons responsible to carry out action steps.
 - b. Once the plan is finalized, a final copy will be provided to both Crystal and Anne.
 - c. Explore the need for any further technical assistance.
 - i. This will not include onsite TA but rather connections to other resources (i.e. data gathering and analysis, etc.).
2. The next meeting of this committee is scheduled for January 10, 2013.
3. Explore ways to notify the Court of upcoming initiatives.
 - a. Identify how this committee will communicate to the Courts and others on what is needed to be known to move forward.
4. Explore the possibility of pulling together a one pager on the number of Contractors placed on a PIP across all contracts but separated by contract (if applicable) as well as the number of disincentives in effect.

Our Vision:

The combined experience and perspective of public and private agencies 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 will keep the focus on child welfare outcomes.