

MEETING NOTES
Iowa Differential Response Work Group
June 15, 2012

Location: United Way of Central Iowa, 1111 9th Street, Suite 100, Rooms B/C, Des Moines, IA 50314

Members Present: Julie Allison; Gina Butteris, Kirsten Faisal, Lori Lipscomb, Mike McInroy, Dick Moore, Lori Mozena, Kristie Oliver, Steve Scott, Denise Moore, Dennis Smith, Kathy Thompson, Michele Tilotta, Barb Van Allen. Julie Walton

Absent: Lori Mozena, Michele Tilotta

Observer: Amber DeSmet, Legislative Services Agency

Facilitator: Caren Kaplan

Pre-Meeting Meeting Handouts: June 15th Meeting Agenda; *Draft* Notes from May 31st Meeting; Power Point Presentation for June 15th Meeting; Information on the CAPTA Reauthorization Act of 2010; Criteria for the Illinois Differential Response System; Amended Iowa DR Flowchart (Post May 31, 2012 Meeting); Community Care - Referrals by Service Area Fiscal 2011 and 2012; FAR Pathway Criteria; and the Field Operations Map.

The meeting began at 9:00am.

Welcome

Caren thanked the individuals who assisted with the May 31 meeting while she facilitated remotely. She asked Amber DeSmet, Legislative Services to introduce herself.

Approval of the Meeting Notes (May 31, 2012)

The notes of the May 31, 2012 meeting were unanimously approved

Circling back to May 31, 2012 Meeting

- Community Care Data by Service Area/County was provided Lori Mozena in advance of the meeting and members received the data via e-mail.
- CAPTA Reauthorization Act of 2010 – Information on the law’s multiple mentions of differential response was provided to members via e-mail pursuant to their questions on May 9th.
- Iowa Differential Response Flow Chart – AMENDED. At this juncture, the flow chart is in the developmental stages but is finalized for the purposes of the Work Group.
- Illinois FAR Pathway Criteria – Information was shared with the membership via e-mail.
- Target Population Prioritization - - Guidance/Policy Denial of Critical Care for Family Assessment Response Pathway

The Work Group discussed a handout that delineated the Denial of Critical Care ‘exception’ categories that would be assigned to the Assessment PLUS. After much discussion, the Work Group made the recommendation that

- *All Denial of Critical Care cases will be assigned to the Family Assessment Response except for those cases in which there is a high risk of injury to the child or immediate safety threat.*
- *All Sex Abuse cases will be assigned to the Assessment PLUS pathway i.e., (investigation).*

Additional caveats of when DCC would not go down the FAR path were identified by Work Group members, such as, licensed out-of-home facilities.

The Work Group emphasized that child (ren) must be in a “safe” status or the case will be assigned the Assessment PLUS pathway.

Communication Plans

Caren thanked the members who expended great effort in the development of their communication plan. There was a brief discussion among Work Group members of their experience developing their plans & readiness for communicating differential response CPS system to colleagues & stakeholder groups. Caren emphasized the importance of identifying a date (point in time) in which the communication with the intended group will occur. She stated that this is the best way to use the tool and know that you have accomplished the intended communication. Caren invited those who had not developed and submitted communication plans to do so and clarified that the individual plans will be in the Communication Plan submitted to DHS.

Enabling Legislation: Identifying Key Elements

Caren identified the items that had been discussed and agreed to at preceding meetings on recommendations related to enabling legislation for an Iowa differential response system.

- Creation of Two-Track System to Respond to Screened In Reports of Alleged Maltreatment
- Clear definition of New Pathway that highlights absence of formal investigation and finding.
- Criteria/types of cases that will continue to receive traditional response (Assessment PLUS)
- Ability to switch ‘assignment’ of family from FAR to traditional if warranted
- Authorization for a phased in implementation, with evaluation...and timeline for statewide implementation

There was mention and discussion of prospective additional items to be included in the enabling legislation. The group agreed to the following additional items:

- Independent study of pilot project to determine the feasibility, outcomes, costs and effectiveness (performance indicators) of a DR approach before implemented statewide

and provide the necessary funding to conduct the independent study. In the alternative, require DHS to collect the data and report to the legislature and provide funds to support and execute this effort.

- Annual reports submitted to Governor and Legislature until DR implemented statewide that provide Performance and outcome measures for the new system, including child abuse reporting, case outcomes and child abuse registry data,
- Legislative directive for DHS to promulgate rules and policy development, train staff and implement Iowa's DR approach.
- Families' access to services should be equal regardless if assigned to FAR or Investigation pathways. [The group discussed the importance of service flexibility and acknowledged that although such flexibility is possible, the culture has to support and promote this flexibility in a DR CPS System.]
- Prohibition of Central Child Abuse Registry placement for cases assigned and while on the DR pathway (If reassigned to Investigation pathway- a finding is required on the abuse allegation and founded will continue to go on the registry)

Pilot Sites of DRS in Iowa: Identifying Significant Characteristics

The Work Group agreed that selection criteria fall into six general areas of competency:

- Agencies' Capacities and Planning [inclusive of leadership & change management abilities]
- Communities' Capacities
- Target Populations
- Service Delivery Structures
- Evaluation Capacities
- Anticipated Challenges

DHS will determine how best to assess these criteria in making the determination of service area(s) selection; carry out the selection with the involvement of diverse stakeholders and in collaboration with the DHS service areas. There was a recommendation by one member to look at the Community Partnership criteria for ideas related to pilot selection.

There was discussion about dividing the state into service areas to select pilots as pilot selection by county is not feasible. In addition, the goal is to have pilot success and learn from the pilot laboratory. Targeting environmentally and demographically stressed service areas will not necessarily serve the goals of a pilot and may do a disservice to the chosen pilot that routinely experiences stressors.

Data and Measures to be collected by Pilot Sites

After group discussion, there was agreement to collect the following data/measures at the outset of implementation of the DR CPS System:

- Changes in child safety [Pathway Switch]
- Long-term child safety and welfare: new reports of child abuse and neglect
- Permanency: subsequent removals and placements
- Family satisfaction and cooperation

- Family functioning and well-being, skills of individual family members, financial well-being and social support
- Services to families
- Worker satisfaction

In identifying data and measures, the following *principles* will be adhered to by DHS:

- Align Data Collection as closely as possible to existing Data Collection Processes
- To the Extent Feasible, Use CFSR measures to assess Status and Outcomes
- Consult with and Involve Tech/MIS staff before finalizing Measures /Data Collection Processes
- Consult with and Involve End Users before Finalizing Measures/Data Collection Processes

Work Group members discussed the desirability of conducting a cost study and/or collecting financial data. There were numerous comments about the difficulty in doing this type of examination and ultimately agreed that this was not feasible at this time.

Being cognizant of data collection burden to the system and to workers is important to keep in mind. Caren advised the group to be conservative in the number of measures selected and choose those which is absolutely necessary at the initiation of DRS.

Next Meeting: June 15, 2012

Adjourn: 4:30pm

Minutes respectfully submitted by Caren Kaplan, MSW