MEETING NOTES

Iowa Differential Response Work Group June 25, 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, Barb Van Allen, Julie Walton

Absent: Michele Tilotta

Observer: Lance Roordan, Social Worker II, Case Manager at Polk County &

Practicum Student

Facilitator: Caren Kaplan

Pre-Meeting Meeting Handouts: June 25th Meeting Agenda; *Draft* Notes from June 15th Meeting; Power Point Presentation for June 25th Meeting; Outline of Final Report; Decisions and Key Points for Consideration and Draft Initial Recommendations of the Work Group;

The meeting began at 9:00am.

<u>Welcome</u>

Caren welcomed members to the final meeting of the Iowa Differential Response Work Group.

She reviewed the meeting agenda.

Dissemination of the Meeting Notes (June 15, 2012)

The notes of the June 15, 2012 meeting were disseminated to the Work Group members; no vote was taken as all members did not have an opportunity to review the document.

Circling back to June 15, 2012 Meeting

- Communication Plans: Caren indicated that the Communication Plans submitted by Work Group members will be included in her Communication Report to the Department of Human Services. She inquired about the experiences that members had in carrying out their plans. One member said she is being approached by others who are asking if she is informed about this effort. One member indicated his desire to have and share information on next steps before the launch to provide to stakeholders. Another member commented that the group she was speaking with wants a one-page summary of lowa's DRS. It was agreed that the desire to know the impacts on one's daily responsibilities is to be expected.
- Connecting Work Group Members with Colleagues from other DRS States/Jurisdictions:

Caren described her outreach to attorneys and judges in DRS states in order to make connections with selected members.

<u>Training</u>

Caren said the focus on the discussion is "who should get what when?"

- Lessons learned from DRS Training
 - The more inclusive you can be at the beginning, the less 'cleaning up' you will have to deal with once implementation is initiated.

Typically, the restrictions on training have to do with capacity and resources, not a rationale for limiting who participates.

• The more you can offer training to diverse groups (e.g., primer sessions with staff of public and private agencies), the better you set the stage for collaborative relationships.

Logistic and time constraints often limit such opportunities. Whenever possible, push against & through such constraints as they will not serve your long-term purpose.

- What does Training Typically Look Like?
 - Primer: The Foundation of DRS
 - Practice Fundamentals
 - Supervisory Fundamentals
 - Specialized Training [Selected Examples]
 - Ethnographic Interviewing
 - Solution Focused Practice
 - Working with Families affected by
 - Substance Abuse
 - Mental Health Disorders
 - Interpersonal Violence

One significant goal is to increase the Department's capacity to collaborate with other agencies and service providers who serve the same families.

What Training will Your Constituency Need?

There were a number of comments about the fact that workers/providers are quite competent in assessment; training needs to be tailored to the specific needs of the workers/providers.

One member commented that the DHS Web Page is a very useful site to access training information; it would be good to expand its use for DRS.

The Department has "how do I" training modules; a member of the group expressed her desire that this approach/vehicle can be used for DRS. Another member expressed her desire that trainings be open to related professionals and include other providers to enhance the understanding of related professionals.

Each member was asked to provide specific views on training and constituency training needs and did so.

Final Report: Outline

Caren shared and reviewed the outline of the final report with the Work Group Members

Executive Summary

- I. Introduction
- II. Overview of Differential Response Systems National Landscape
- III. Relevance of Differential Response to Iowa Department of Human Services

Legislative Context

Policy and Practice Reforms

Current Snapshot of IA Child Protective Service System

- IV. Meetings of the Iowa Differential Response Work Group
- V. Recommendations of the IA Differential Response Work Group
- VI. Summary

Proposed Work Group Recommendations

Caren reviewed her initial draft of the recommendations that have been made by the Work Group over the course of the six meetings (March – June, 2012). The recommendations are in the following areas:

- Workgroup Endorsement of DRS Philosophy
- Elements of Enabling Legislation
- Target Populations: Assessment Plus & Family Assessment Response
- Pilot Site Selection
- Data and Measures
- Training
- Well Resourced & Supported Comprehensive Service System
- Ongoing Role and Involvement of Private Providers & other Stakeholders
- Consideration of Pathway Switch from Assessment PLUS to FAR when DRS matures
- Absence of knowing final DRS details precludes endorsement of the specific IA DRS

Members had discussion on many of the abovementioned items and weighed in on issues that they wanted to comment further or amend.

Summary of Current Status

Caren reviewed the set of decisions that the Work Group was charged with making. She highlighted that the group had satisfied its charge, made the decisions it was supposed to make, and commended the members for their participation and contributions.

Next Steps

Julie Allison indicated that the Department will begin to strategize about the DRS structure and next steps. Caren talked about the importance of staying connected. She reminded members about carrying out their communication plans and indicated that DHS will request their assistance when needed.

Adjourn: 12:30pm

Minutes respectfully submitted by Caren Kaplan, MSW