

## Child Welfare Partners Committee (CWPC)

### Meeting Notes

Thursday, January 9, 2014

12:30 -3:00 p.m.

Hoover Building, 5 NE, Side 1

**Members in attendance:** Mindy Norwood, Tom Bouska, Vickie Frick, Julie Allison, Dawn Turner, Pat Penning, Barb Gay, Rick Venenga, and Jennifer Sievert

**Members by phone:** Mike Mitchell and Mary Macumber Schmidt

**Members not in attendance:** Wendy Rickman, Jean Slaybaugh, and Nola Aalberts

**Observers in attendance:** Kristie Oliver, Executive Direction of the Coalition for Family and Children's Services in Iowa

**Guest Presenter:** David Klinkenborg, Asst. Director, Integrated Health Home Program, Magellan Health Services

#### **Purpose of the Meeting:**

The purpose of the meeting was to learn more information on Integrated Health Homes, review and update the Strategic Plan, and provide general updates.

#### **Summary of Meeting:**

The first part of the meeting was facilitated by David Klinkenborg, Asst. Director, Integrated Health Home Program, Magellan Health Services. An Integrated Health Home (IHH) is a team of professionals working together to provide whole-person, patient-centered, coordinated care for adults with a serious mental illness (SMI) and children with a serious emotional disturbance (SED). The IHH is administered by the Magellan Behavioral Care of Iowa and provided by community-based IHHs.

The first phase of IHH providers began offering this new service delivery model in July 2013 in the following counties: Woodbury, Polk, Warren, Cedar Rapids, and Dubuque. The second group of providers will start April 1, 2014 in 29 additional counties. Starting July 1, 2014, the remaining IHH providers will offer services in the remaining 64 counties.

An Integrated Health Home is responsible for:

- Providing an accessible, single point of coordination for an individual's health care.
- Ensuring individuals and their families have access to timely, quality, and appropriate services and supports they need.
- Building alliances with various professionals that provide supports and services to the individual and their family.
- Providing different levels of care coordination that meet the different levels of need for individuals and their families.
- Involving multiple agencies and other partners to provide needed services and supports.
- Providing whole-person care coordination across medical, behavioral and social services and supports.
- Continuous quality improvement that improves measured effectiveness of services based on established outcomes.

IHH providers are paid on a “Per Member, Per Month (PMPM)” basis. Staff of the IHH program work in teams which include a registered nurse, a family peer support specialist, and a care coordinator who help children and families develop strategies and find local resources that help them reach their optimal potential. There are usually five members to a team who work with up to 400 households.

David reported that as of 1.8.14, the number of children served in the five counties listed above is 3500. The number of adults served in the same five counties is 3500 as well. The committee members were provided handouts with information. These documents were reviewed and any questions asked were answered.

A copy of the Strategic Plan is currently posted to the CWPC website. As activities/tasks are completed, the updated plan will be posted so those outside of the committee can track the progress on achievement of identified goals and objectives.

In reviewing the plan to date, all tasks are on target for completion. The next two sets of action steps to be completed are due March 2014 and May 2014. The primary focus of the steps for March 2014 is in collecting baseline data to assess current external partners’ awareness of the functioning of public and private efforts to achieve outcomes. This is specific to Objective 1.1.5.

The primary focus of the steps for May 2014 is to administer a follow up partnership survey to those surveyed in March 2012 and compare the current data to the baseline data from 2012. This is specific to Objective 1.1.6. The Child Welfare Contract Outcome Alignment group has a step identified in Objective 4.1.2 to analyze aggregate and case level incentives due in May 2014 as well.

There was a brief update provided on Differential Response (DR) which was implemented 1.1.14. There were several code and rule changes, notices and communication sent out across the state, and face to face training provided to all DHS CPWs and Supervisors. There was also training provided to the Community Care Contractor staff through Mid Iowa with assistance from Mindy Norwood and Jana Rhoads to address DHS roles, responsibilities, and expectations. A panel webinar recording was made available to external stakeholders for viewing as well.

There was discussion regarding the need to schedule a statewide all child welfare contractor meeting by the end of the fiscal year. Program Managers will add this as an agenda item to the quarterly contractor meetings this month to solicit feedback for topics of discussion, etc.

**Work Group Updates:** (The following updates were provided by each of the co-chairs in attendance) - As of this meeting date, the active workgroups are as follows:

*Child Welfare Services Contract Outcome Alignment* – Mary Macumber Schmidt and Tom Bouska are the co-chairs of this workgroup with other members including Mindy Norwood, Christine Secrist, and Doug Johnson. The co-chairs and members of this workgroup will reach out to others as necessary to meet the needs of identified goals (i.e. DHS Program Managers, DHS Contract Specialists, Contractor representatives for specific programs/contracts areas, etc.). The purpose of this workgroup is to ensure that performance measures are aligned across contracts, contribute to positive outcomes, and appropriately balance accountability and risk. The goals of this workgroup are outlined in the CWPC Strategic Plan, specifically Objectives 4.1.2, 4.1.3, and 4.1.4. In reviewing the charter, the current workgroup members agreed to initially focus on the following child welfare service contracts: Safety Plan Services, FSRP Services, Community Care, Foster Group Care, CWES, and R&R.

This group is in the process of reviewing current performance measures and outcomes identified in each of the respective contracts as well as current payment structures. To date, the group reviewed Safety

Plan and FSRP Services as well as Community Care. The plan is to review R&R and Group Care at next month's meeting and then CWES in the March meeting. Upon review of the above identified child welfare service contracts, any patterns that may affect other child welfare service contracts will also be addressed through this group with recommendations made to the CWPC. All meetings of this group have been scheduled through April 2014 with the next meeting to be held on 2.13.14.

*Training* – Mike Mitchell and Dawn Turner are the co-chairs of this committee. This group meets on a monthly basis with report outs from the different training committees including: Children's Juvenile Justice, DHS Training Committee, Child Welfare Provider Training Academy Committee, and IFAPA. Mike participated in some quarterly contractor calls in October to discuss general training needs as well as plug attendance to upcoming supervisory seminars. The goal is to increase attendance to the seminars and engage other Contractors to attend as the primary private attendees have been SP/FSRP representatives. Mike shared that he has been invited back to some of these quarterly meetings to obtain feedback from Contractors to bring back to the Joint Training Committee.

*Foster Group Care Rate Methodology* – Julie Allison and Jen Sievert are the co-chairs of this workgroup. A charter will be developed for this workgroup that will need approved by Wendy and Barb as the co-chairs of the CWPC. The purpose of this workgroup is to revisit and discuss negotiable/non-negotiable activities as well as timelines that were outlined in the Foster Group Care Rate Methodology Workgroup Final Report and Recommendations submitted in December 2012. The goals of the workgroup will be incorporated into the charter. Once the charter is approved, it will be shared with this committee as well as the workgroup members.

#### **Next steps:**

1. The updated Strategic Plan with completion dates of achieved activities/tasks will be posted to the CWPC webpage.
2. Tom and Mary will reach out to other contractors providing Group Care and CWES for the meeting next month.
  - a. Mindy will email Jim Chesnik and Tracey Parker to see if they are available to participate in the February meeting regarding their respective contracts. Mindy will also check to see if Jim can be available in March for the CWES discussion.
  - b. Mindy will email Mike Mitchell details for the February meeting so he can check with his staff for representation to participate in the discussion around R&R performance measures, etc.
3. Barb, Rick, Pat, and Tom volunteered to take the lead on the upcoming statewide All Child Welfare Contractor Annual Meeting.
  - a. Mindy will identify tentative dates in May and Pat will explore and secure room locations to accommodate attendees.
    - i. Once a date/room is secured, save the date emails will be sent out to child welfare contractors as well as identified DHS staff.
4. Julie will share the summary of the "staff turnover" provided on the respective contracts/program areas. This will be on the February agenda for further discussion.
5. The next meeting of this committee is scheduled for February 13, 2014 from 1-3:00 p.m.
  - a. The Contract Outcome Alignment Group meets this same date from 11:00 – 1:00 p.m.
  - b. Those taking the lead on the upcoming statewide meeting meet this same date from 3-4:00 p.m.

#### **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.