

**Coalition for Family & Children's Services Meeting with the Iowa Department of Human Services
December 10, 2015**

Background: In 2016 the Iowa Department of Human Services (DHS) intends to release the request for proposals (RFP) that will re-procure major aspects of the child welfare system including foster group care, child welfare emergency services, supervised apartment living, and recruitment and retention of resource (foster and adoptive) families.

The Coalition for Family & Children's Services in Iowa and DHS want to ensure all stakeholders experience an opportunity to engage in conversations and the process to continue the transformation of Iowa's child welfare system.

On Thursday, December 10, 2015 9:30 – 11:30 at the Iowa State Bar Association in Des Moines the first of these conversations was held. The meeting included providers, DHS program and fiscal staff and other invited guests.

Kristie Oliver, Executive Director, Coalition for Family & Children's Services in Iowa provided the introduction and background for the day.

Wendy Rickman, Division Administrator for the Division of Adult, Child & Family Services facilitated the day's conversation intended to provide the overarching vision for Iowa's direction as well as setting the philosophical base for the recommended changes.

- The intent of today's conversation is to launch a series of conversations as the DHS and stakeholders look forward to the upcoming major procurements for the child welfare system and how the process might be conducted differently than they have in the past.
- One fundamental difference going forward between what we want to do and what has happened in the past is to bring the largest group of stakeholders along together as we move toward the development the RFP. Conversations have always been held regarding past procurements, sometimes in bits and pieces between agencies and DHS, or between entities within DHS, and providers within their own organizations. We want to fundamentally shift thinking and move in much more a broad way over the next several months. The biggest difference is trying to ensure that providers and DHS are on the same page philosophically and fundamentally and have an understanding that contracts are really just vehicles to carry out the intent of what we want for Iowa's children and families. In addition, we see successes around that we want to build on. These services are a chunk of big contracts and we want to approach it differently. The intent of today's conversation is to have a dialogue that is wide-ranging and helps everyone to understand where we are headed.

WHERE WE ARE NOW

Good things going on: Thinking about how systems can change and our successes. We can look back to the child welfare redesign work around 2005-06 when some things began foundationally that were not thought of previously; e.g., the model of practice, decisions of standardizing who in our system would receive services and how.

- The contract for Community Care was the first run at performance-based contracting (and thinking that things could be done differently related to paying providers and the orientation from which providers looked at our families).
- The implementation of Differential Response and how it has resulted looking at things differently is another example.
- Iowa has taken things from “pilot” status to statewide contracts quickly compared to other states. What Iowa has done with Parent Partners is also a good example; Iowa is the only state to provide these services statewide and other states look to Iowa for consultation.
- Parent Partners is an example of one of the most important things to discuss today: i.e., the partnership we have with providers. During the first run at FSRP was when a fundamental shift in providers talking to one another and the state and providers wanting to learn from each other became obvious. When anyone identified something that was successful then, they wanted to share it and others wanted to learn about it, including DHS.
- Overall, the idea that we can enter into these dialogues and fundamentally agree that we will try to move together within certain parameters and have the broadest group of stakeholders not just informed about things, but involved in the process of how the RFPs will be put together is important.
- From a past Learning Session topic - The difference between “buy in” and “ownership”: In our social services work with families or with each other we talk a lot about buy in. Buy in is not as substantive and not as successful in the long run as everyone owning where we are headed and moving there together. The intent is to agree to the boundaries that exist and continue to evolve those as we get there together.

Areas for improvement

- **How do we define safe?** Kids have to be safe. What does that mean? What makes us safe and how do we incorporate that into the system?
 - Safe families
 - Keeping kids connected with families. Kids need to be with families.
 - We want a family driven system.
 - We (the system, including providers, DHS, and all interested stakeholders) exist to support and advocate for families.
 - If a child needs to be placed in shelter or foster group care, the entire focus should be on getting them back out and with their families.
 - Safe neighborhoods
- Contracts are meant to be a vehicle for our kids to get better outcomes. However, at times, the contracts and system is focused on compliance.
 - We define our families as dysfunctional if they don’t work with the system. However, is that true dysfunction if our system is more focused on compliance than outcomes?
- Questions:
 - How do we define families?
 - How do we define supports for our families?
 - How do we fund them differently?

The procurement process is to help the system of care evolution.

- A model for a children’s system supporting child wellbeing is defined by the Iowa’s Children’s Disability Workgroup and is confirmed by the current Children’s Mental Health and well-Being Workgroup: A child and family driven, cross-system spectrum of effective, community-based services, supports, policies, and processes for children and youth, from birth – young adulthood, with or at risk for physical, emotional, behavioral, developmental and social challenges and their families that is organized into a flexible coordinated network of resources, builds meaningful partnerships with families, children and young adults, and addresses their cultural and linguistic needs, in order for them to optimally live, learn, work, and recreate in their communities, and throughout life.
 - System of care is not case management.
 - The child welfare system must begin to develop more evidence based data driven approaches that support strong children, strong families, and strong community networks focused on whole person growth and development.

WHERE ARE WE HEADING

Form follows function: Sally Titus, Deputy Director of the Iowa Department of Human Services tells DHS: Form follows Function. The principle is that the shape of contracts should be primarily based upon its intended function or purpose/philosophy.

- DHS and providers must be focused and disciplined to get the philosophy right.
- Once the philosophy is set – does the current contract enhance or detract from the philosophy?

Conversations: The conversations between now and the writing of the RFP will help DHS and providers know how far and how fast to push each other.

- The conversations will help guide what Code, rule, procedure, and contractual changes are necessary.

The **Guiding Principles** for Iowa’s Child Welfare System Future State was presented.

- Safety is the first priority of the child welfare system.
 - Question: How do we define and delineate safety from risk?
 - Providers, Courts and DHS do not have agreement on this.
 - Philosophically kids belong with their families. The FSRP services is an example of a services being tailored to families with a “let’s do what it takes” mentality.
 - Proposed and accepted change: Delete ~~Safety is the first priority of the child welfare system~~. Replace with: Safety for children emerges and is enhanced when we do all the following:
- Families, children, youth and caregivers will be treated with dignity and respect while having a voice in decisions that affect them.
- The ideal place for children is with their families; therefore, we will ensure children remain in their own homes whenever safely possible.
- When placement away from the family is necessary, children will be placed in the most family-like setting and be placed with siblings whenever possible.
 - Thought: connections with siblings are important.

- Permanency connections with siblings and caring and supportive adults will be preserved and encouraged.
- Children will be reunited with their families and siblings as soon as safety possible.
 - Question: What responsibility does a shelter or group care provider have in the future to find community and family supports?
- Community stakeholders and tribes will be actively engaged to protect children and support families.
- Services will be tailored to families and children to meet their unique needs.
- Child welfare professionals will be supported through ongoing development and mentoring to promote success and retention.
 - Thought: DHS wants to invest in workers in order to carry forward the philosophy and goals at all levels.
- Leadership will be demonstrated within all levels of the child welfare system.
 - Thought: Leadership must be discipline to move the system along together.
 - Question: Where do we want to go together? Team work and candid conversations is the key.
- Decision making will be outcome based, resource-driven and continuously evaluated for improvement.

Resources: Providers noted their concerns with financing. Providers noted as a public/private partnership we need to be mindful of financing as we decide what and how we want to move forward together.

- Wendy responded that: funding will be one of the determining factors on how fast and far the next procurement process moves towards a family, community focused system of care.
- Whatever we put in place should not make it harder for DHS or provider staff.

Items will need to be itemized as an immediate, near term or long-term issue/solution.

Training and Mentoring: Question: Who are we bringing into the social work field?

- Answer: We need to invest more in the right training, to help better our outcomes
 - Having good policies will help implement the parameter for the right trainings

Trauma informed Care: Question: Should trauma informed services are a guiding principle?

- Answer: Trauma is one of the operating elements, similar to disproportionality and cultural competency.
 - We are trauma informed, but how do we operationalize trauma
 - Dr. Orell at child health specialty clinics has operationalized trauma informed care

HOW WE ARE GOING TO GET THERE

TA Request: The Coalition for Family & Children's Services in partnership with the Iowa Department of Human Services is seeking technical assistance from the Alliance for Strong Families and Communities to help inform the procurement process and prepare providers for the transformational changes that are going to occur. The conversations will be framed around four levers:

- Practice challenges

- Policy challenges
- Regulatory challenges
- Fiscal challenges.

Part 1: Initial Meeting with Service Providers. Input from this session will inform the design of all subsequent activities.

Part 2: Discussions and Interviews with state leaders and key stakeholders to prepare for the Summit

Part 3: System of Care Summit: One day meeting with providers, DHS, judicial system, key legislators, managed care organizations and other key stakeholders. There will be case studies from out-of-state providers who have successfully made the transformation.

- Example: wraparound Milwaukee

Part 4: Providers would create a Learning Cohort to increase provider understanding and readiness for incorporating the change.

Part 5: System of Care Partners Discussion: Meetings/discussion with the courts, juvenile justice system, education, Medicaid (managed care) and other stakeholder groups.

Part 6: Technical assistance for DHS for RFP development including financing.

- Hard to create a fiscal note as it is hard to determine how many kids and families will be served in the system.
- The goal is to land on strategies/messages and then find what it costs.

The Coalition is requesting funding from Casey for this project/TA request.

RFI: On November 30, 2015, DHS released a Request For Information (RFI) regarding the Child Welfare Emergency Services, Foster Group Care, and Supervised Apartment Living child welfare services at this link: http://bidopportunities.iowa.gov/index.php?pgname=viewrfp&rfp_id=11906

- Spend time reading the RFI and responding.
- What questions do the DHS questions raise? Include the questions in your response.
- How do we get services more aligned, less siloed and more community specific?
- Thought: For foster group care do we use a utilization management tool to determine who goes into what level of care.
- Question: What about the Recruitment and Retention of Resource Families (R & R) RFP?
 - Use the RFI as a place to discuss any changes that you see to the system, including the R & R contract. Note: The R & R contract is the contract that receives the most complaints.

Timeline and Communication: The goal is to be focused and discipline in the conversations to get the philosophy right. This will guide the writing of the RFPs.

- Back and forth communication will/can occur up to the time that DHS begins writing the RFP (May).
- DHS will still take feedback beyond May, but is limited in their response back to providers.

- The current intent of the Department is to release the RFPs in 2016 with new contracts to be effective July 1, 2017.

We have not heard from Casey on funding the TA, but as soon as we know – information will be sent and published.