



**Iowa System of Care Summit  
Monday, April 4, 2016  
Interdependencies Between Systems**

**Report Out for Outcome #1**

*Children should remain in their own homes whenever safely possible. Children will only be removed from their homes when safety requires it. A uniform assessment process will be used to help make these decisions.*

**Primary Lever(s) related to this Change: Policy**

Many policies change when a uniform assessment is identified: providers, State DHS, Juvenile Justice. DHS may need to change administrative rules/Iowa Code.

Tool needs to be developed/identified. Valid and reliable assessment of safety. Providers complete this assessment during/throughout services. Develop what this “process” looks like from start to finish.

Sharing results of assessment with appropriate people. Confidentiality. Who gets results? Why are children removed? Is it always because they are unsafe, are there other reasons – does this assessment apply here? Mental illness. Juvenile Justice. Substance abuse treatment.

Paying multiple providers for “in home services.” Will multiple “in home” providers be involved at the same time?

How do we define “safe”? – Assessment needs to keep everyone faithful/committed to the same definition.

Does this assessment apply to delinquents?

**Primary Lever(s) related to this Change: Fiscal**

Insurance coverage issues = fiscal concerns.

Will the rates support high intensity level of services? Paying multiple providers for “In Home” – 2 in home providers like crisis stabilization and FSRP – How do they collaborate?

Changes will change case loads one way or another.

Changes in staff expertise.



How are these out of home services paid for? Case rate, fee for service, hourly/units?

**Primary Lever(s) related to this Change: Practice**

Does this apply to delinquency kids too? Can the assessment identify who and what makes homes unsafe? Applies to many settings.

Uniform training on how to complete this. Fidelity on hoe to complete the assessment. Who monitors that the assessment was done when it should be, and the results are shared with those who need it.

Does assessment reflect improvements in safety? From the start to tend of care can we measure improvements easily?

Court ownership of assessments, do they support it, believe it. Uniformity in practice important here.

Make sure assessments look closely at underlying conditions and contributing factors vs. just symptoms these problems. Family/Household-centered versus just child-centered.

Child isn't removed without completed assessment.

How do these new services work with current FSRP contracts?

Who's responsible for completing assessment and when. Everyone (state and provider) using the same tool/process.

**Primary Lever(s) related to this Change: Regulatory**

DIA's licensing process – does that change with new practice/procurements.

Accreditation changes for providers.

Could state streamline regulations i.e.:

- Have one point of contact for each provider no matter what contracts they have
- Multiple definitions of what a critical incident is and who/when to report it

Insurance coverage: no eject/no reject but insurance doesn't "cover" kids who start fires

Bring MCO's into discussions about fixing gap b/w PMIC, Group Care, and Shelters. Is there another level needed or a change in how kids get "approved" for PMIC...how do they transition out/where do they go?



**Report Out for Outcome # 2**

*We will provide families the necessary supports to help their children stay safely in their own homes.*

**Primary Lever(s) related to this Change: Policy, Fiscal**

Provide access to preventative services for families with children at risk of out-of-home care. E.g. childcare, transportation, healthcare, housing

**Primary Lever(s) related to this Change: Practice, Fiscal**

Significant evolution of FTMs to assure necessary supports:

- Fidelity of model
- Expansion (FTMs as needed)
- Payment for participation
- Accountability to Outcomes

**Primary Lever(s) related to this Change: Fiscal**

Alternative fiscal model: Create dual funding streams (prevention and protective). Preventative services cost less but cover more families. As preventative services become more and more effective; protective services are reduced. Savings are invested in preventative service enhancement.

**Primary Lever(s) related to this Change: Policy**

Broaden child welfare system to focus on the family: explore Family In Need of Assistance model to assure needed family supports: e.g. short term shelters with intensive family counseling.



Note: Outcome #3 did not have any written feedback

**Report Out for Outcome #4**

*When a child is removed and the plan is for that child to return home, every effort will be made to return the child to their own home as soon as possible.*

**Primary Lever(s) related to this Change: Policy, Practice, Fiscal**

Family engagement/intervention/success plan. Includes basic needs and natural support, and if needed – interim steps towards home

Financing supports the approach outlined above. Current funding is siloed and doesn't encourage in home services.

**Primary Lever(s) related to this Change: Regulatory**

Remove regulatory barriers (ex. Home visit limitations currently exist for out of home care), for return home goal.

**Primary Lever(s) related to this Change: Policy**

Provider and public need coordination, sequencing time frames, agreeing on plan. Example: The CPW and on-going DHS workers don't align their timeframes; providers with out of home and in home services aren't integrated.

**Primary Lever(s) related to this Change: Policy (Legal)**

Legal: judges and attorneys have to sign off on plan and outcomes – including permanency and concurrent plans

**Primary Lever(s) related to this Change: Policy, Practice, Regulatory**

Require members of an interdisciplinary team who is responsible ("own") the outcomes: family, provider(s), DHS, JCS, MCOs, family and community supports.



## Report Out for Outcome #5

*Permanency decisions will be made as quickly as possible when it is clear that the child will not be returning to their own home. Keeping siblings together whenever possible will be a priority. Every child leaving care will have a permanent connection to a caring adult.*

### **Primary Lever(s) related to Change:** Policy, Regulatory (courts' decisions)

We need TPR decisions made as soon as possible, if necessary.

- This required a change within the court system
- Delays in court prohibit and hinder permanency planning and family engagement planning.

### **Primary Lever(s) related to Change:** Fiscal

Procurements need to identify who will explore and identify a permanent connection to a caring adult and specify who will be paid to do so. R&R? Foster Group Care?

### **Primary Lever(s) related to Change:** Practice (train and promote as best practice), Regulatory (remove time limits/age limits/frequency max), Fiscal (increase funding)

Ensure YTDM and FTMs are being done across the state and available to all children who are not returning home.

Challenge: children in JCS do not necessarily receive these services currently

Provide these meetings when and as requested by any member of the team around the child

### **Primary Lever(s) related to Change:** Policy, Regulatory

Remove policy barriers that delay relative and other permanent placements and supports

- Home studies/training exceptions needed
- Expedited licensing
- Payment for care are needed for many caretakers

### **Primary Lever(s) related to Change:** Policy, Practice, Fiscal

Siblings must remain together unless safety is a concern. (Training needs)

- Increase the number of children allowed with a relative
- Make exceptions for space, etc.
- Incentivize placing siblings together

Siblings removed together are placed together or if not moved together, place with siblings



### **Report Out for Outcome #6**

*Out of home care providers will become responsible for finding permanent homes for children who will not be returning to their own homes and will be paid for these search, home findings, and engagement activities.*

#### **Primary Lever(s) related to Change: Practice**

Training designated staff to complete family finding activities

- Standards for what is appropriate
- Challenge the idea that a “child has no family” – shift in thinking

#### **Primary Lever(s) related to Change: Policy, Regulatory**

Having access to available adoptive homes, data to do searches for permanency

- Be part of the state’s data system
- Data sharing agreements, releases, to cover HIPPA

#### **Primary Lever(s) related to Change: Fiscal**

Payment structure:

- Establishing rates
- Financial “dings” if not achieved? – not going to “failed”
- Still need some shared responsibility

#### **Primary Lever(s) related to Change: Policy, Practice**

Doing true discharge planning at admission:

- Family engagement skills/activities early
- Become systems thinkers – community, school, church – broaden “system” to beyond child’s immediate family
- Hooking systems into the family as supports
- Strength based approach to engagement
- Use of FTDM/YTDM

#### **Primary Lever(s) related to Change: Fiscal**

Providing supports to relatives/kin to care for children

- Lack of financial support
- Background checks
- Child care assistance



**Primary Lever(s) related to Change: Practice**

Raising awareness in communities about early intervention, supports, and services to prevent kids from coming into care.



### **Report Out for Outcome #7**

*When a child will be returning home, out of home care providers will develop and implement a "family engagement plan" within the first 30 days.*

#### **Primary Lever(s) related to this Change: Policy, Practice**

Family Engagement Plan needs to be defined.

What is it? Components? Uniformity statewide time frames and milestones to be accomplished.

"Who" is engaged and who is at the table – family child, providers, DHS, JCO, attorney, MH, SA, School?

Measurable, specific achievable

Anticipate barriers to accomplishing

Consensus or is there a decision maker?

#### **Primary Lever(s) related to this Change: Practice, Fiscal**

Competency and capacities to effectively engage families, develop meaningful/effective plans and implement/initiative the plans

Philosophy and commitment to "family first" across systems

Training components/skill building/fidelity

Across personnel or dedicated people

Family systems understanding?

How paid for?

Time dedicated?

Hours 24/7?

Facilities welcoming

Overtime regs

Wage and hour regs





**Primary Lever(s) related to this Change:** Policy, practice, regulatory

Alignment with CFSR

Out of home providers commitment fits in with overall philosophy/outcome/commitment to engagement of department:

- Expand/reserve bed issue considered/flexibility
- Clear expectations defined
- Need to work with companions systems to also align

**Primary Lever(s) related to this Change:** Policy, practice, fiscal

Free collaboration between parties:

- Family driven process that invites others in
- Need to address "overtime", hours worked, wages, etc. to be 24/7
- Level of importance emphasizes
- Collaborative approach: shorter length of stay?



**Report Out for Outcome #8**

*Families will be involved in all aspects of decision-making and planning during the time their child is in out of home care*

**Primary Lever(s) related to this Change: Practice**

How do we change our own practice to get family engagement in Foster Group Care?

- If they are placed closer to home we could have FGC staff going to the home to engage the family therefore understanding the home/family in that environment
- Dual collaboration/service in FCG and FSRP to assist with home visitation and support to families
- Practicing good re-entry from JCS
- Create standardized assessments that assess the right issues
- Trauma informed understanding of the family and total family trauma and not blame them or punish them for not being engaged, get to trauma theory of why the family isn't engaged
- Open FSRP for anyone in GC not just CINA

**Primary Lever(s) related to this Change: Policy**

FGC subcontract with FSRP to do weekly home visits to engage families

**Primary Lever(s) related to this Change: Policy, Practice, Regulatory, Fiscal**

Utilize the following model, develop practices around when we utilize FTDM, YTDM

- FTDM – frequency, utilizing FTDM more often
- YTDM – frequency, utilizing YTDM more often
- Important that YTDM facilitator is from area

Ensure that there are enough local trainings to get enough FTDM, YTDM facilitators

Need fiscal structure to support model

**Primary Lever(s) related to this Change: Practice**

Incentivizing the family in some way to engage them in the decision-making and planning during the time their child is in out of home care and flexible wraparound



**Primary Lever(s) related to this Change: Policy**

Expanding/be flexible with what a family unit is, the definition of family and looking at non-traditional family supports

- Faith based community organizations
- Civic organizations



### **Report Out for Outcome #9**

*Every effort will be made to place a child as close to their own home as possible and weekly family contact or home visits with families will be expected.*

#### **Primary Lever(s) related to this Change: Regulatory**

Iowa kids net regulation of 30 days from discharge to begin identifying a potential foster placement

IKN include earlier provider incentive for finding placement

Family finding efforts by providers

#### **Primary Lever(s) related to this Change: Fiscal**

Improved funding to allow for the positions outlined in Administrative Code for direct services and supportive services.

Re-align job descriptions to ensure capacity for transportation, supervising visits, supervision ratios.

FSRP in place for all youth regardless of DHS or JCS

#### **Primary Lever(s) related to this Change: Regulatory**

Staff rations to meet needs

Transportation to and from

Supervision of visits

Wraparound for family

Staff training – annual develop for licensing purposes

#### **Primary Lever(s) related to this Change: Practice**

Full implementation of any EBP training (most EBP are defined about a certain practice – impact no reject/no eject).

Time, capacity, dollars to train/prepare staff for increased scope of service or partner with other agencies.

State partners with providers to provide training and data collection for EBPs



**Report Out for Outcome #10**

*The same family support services currently used with “community families” will be expected to be used with all “residential families.” Out of home care providers will be paid for providing these family support services.*

**Primary Lever(s) related to this Change: Policy**

Some community based services specifically exclude system involved families/youth or require a court order and/or MH diagnosis

**Primary Lever(s) related to this Change: Practice, Regulatory, Fiscal**

Some evidence based models exclude allowing any other services to be provided

- How to ensure fidelity of the model
- How to ensure regulation does not perceive this as “double dipping”

**Primary Lever(s) related to this Change: Fiscal**

Increased need for more case managers due to scope and intensity of service

**Primary Lever(s) related to this Change: Policy, Practice, Regulatory, Fiscal**

Payment processes will need to be created for the least restrictive to most restrictive services and staff will need to be cross-trained

**Primary Lever(s) related to this Change: Policy, Regulatory**

Current system does not allow for youth/families needing different levels of service to receive services together. (i.e. shelter in licensed residential facility, detox in residential facility)

**Primary Lever(s) related to this Change: Policy, Fiscal, Regulatory**

Community support services may require periods of time with increased staff supports; have to fund human capital capacity

**Primary Lever(s) related to this Change: Practice**

Training at all levels from direct care to judges

**Primary Lever(s) related to this Change: Fiscal**

Keep \$’s saved from reducing out of home placement to invest in community based services



## Report Out for Outcome #11

*The success criteria for out of home care providers should be: quality of family engagement, length of stay, and success upon reintegration back into their own home or into the community.*

### Primary Lever(s) related to this Change: Policy, Practice, Regulatory

Definition of “out of home care”

- Roles and responsibilities of ALL “levels of care”
- Issues around other out of home placements that do not fall under child welfare – interplay of all of those because they are often the same kids and families

### Primary Lever(s) related to this Change: Policy, Regulatory

How to define quality of family engagement

Setting the target for LOS

Defining “success” upon integration

Assessments would be determining differences in definitions – categorizing youth by “level of need”

Who analyzes the data?

Consistency of measurement

### Primary Lever(s) related to this Change: Practice, Regulatory

Courts – how judges provide oversight and decision-making for cases.

Caseworkers (referring workers) how decisions are made about what is needed at assessment and throughout the life of the case

When does re-evaluation happen?

Maybe this outcome should be SHARED – NOT success criteria for providers, but for US as we serve a child and family

### Primary Lever(s) related to this Change: Regulatory

Rules about movement in and out of home care – licensing, contracting, accreditation, etc.



**Primary Lever(s) related to this Change:** Practice, Fiscal

Collaboration among providers – trusting each other with handoffs which probably affect outcomes measurement

Involves: Risk-sharing among one another and profit-sharing

**Primary Lever(s) related to this Change:** Practice, Fiscal

Staffing – ratios, competencies, training, qualifications

HUGE changes in WHAT we are DOING



## **Report Out for Outcome #12**

*Service delivery should be incentivized. The state will pay more for those services that are needed the most and that can successfully produce the results that are most needed.*

### **Primary Lever(s) related to this Change: Fiscal**

Concrete support

Flexible funding

Managed legal system would not control or have to change such as if court orders to RT

Prioritize incentives – finance follows the priorities

Not as black and white example foster home three blocks away

### **Primary Lever(s) related to this Change: Policy**

Change paperwork so child can move seamlessly

### **Primary Lever(s) related to this Change: Practice, Policy**

Flexibility in licensing e.g. a sibling group being able to be placed together

Having ability to do what is best for kids

### **Primary Lever(s) related to this Change: Policy**

May need to change policy about how we do business. For example, maybe group care providers would go into homes.

Internal policies needed for COA – hard to be proactive based on how new/flexible services may be able to need contract providers

### **Primary Lever(s) related to this Change: Practice**

Concern with handling specialized cases such as sex offenders

Better family engagement – need new ways to improve practice and measure outcomes

### **Primary Lever(s) related to this Change: Fiscal**

- Sharing incentives
- Managing cases – some may need a lot and others that will need a lot more





- Budgets – internal and separate
- Level of child – not just one lump sum
- What if you don't have SAL to buy a building
- How to assign cost to a child
- Wraparound services for kids
- Having the ability to spend for property damage



**Report Out for Outcome #13**

*Short-term treatment and therapeutic foster care will be added as service options. The state will pay extra for these vital services.*

**Primary Lever(s) related to this Change:**

Considering the no reject/no eject we would need to ensure that there is a full array of services/interventions to meet variety of needs

**Primary Lever(s) related to this Change:** Practice, Fiscal

New training curriculums for those providing and administering the services as well as their partners. Service definitions/expectations must be developed using evidence based principles/practices which ensure meaningful family involvement/engagement

**Primary Lever(s) related to this Change:** Policy, Practice, Regulatory

Improved communication between out of home and community based services. Issues:

- Confidentiality refined
- How does the communication happen – electronic, family team meetings, shared EHRs
- What gets communicated and to whom
- Is there change in the responsibilities in DHS and providers to get best outcomes:
  - Assessments
  - Crisis Response
  - Discharge Planning
- Decrease number of times child/family has to be assessed, tell their story – not start over each time there is a transition, better continuum of care.

**Primary Lever(s) related to this Change:** Policy, Practice, Fiscal

Assessment tools are similar sized and apply to the decisions of the court – whether CINA or JC jurisdiction

Will the court have the discretion to make exceptions to the recommendation?

Will there be a fiscal impact if court doesn't order per the assessment?

**Primary Lever(s) related to this Change:** Practice, Fiscal

Must have after care transitions to new providers?

Can use telehealth to connect with future providers/most recent provider?



**Report Out for Outcome #14**

*The “community-based service gaps” that currently result in out of home placements will be identified and those gaps will be filled whenever possible. Therapeutic foster homes will be developed to meet one of the identified service gaps.*

**Primary Lever(s) related to this Change:** Policy, Practice, Fiscal

More intensive in-home prior to removal (similar to family preservation-stabilization)

**Primary Lever(s) related to this Change:** Regulatory

Out of home placement definition – should not count as a removal/out of home placement if they go to a relative

**Primary Lever(s) related to this Change:** Policy, Practice, Regulatory, Fiscal

Therapeutic foster home – have a standardized tool to determine if a child meets the level of care so it is not over utilized

**Primary Lever(s) related to this Change:** Fiscal

Standard tool for all levels of care – including for removals – some DHS worker, county attorneys

Need to really train that home is the best place for kids

**Primary Lever(s) related to this Change:**

Sometimes it’s not the service gaps, but the knowledge of what services are available

**Primary Lever(s) related to this Change:** Policy (education), Practice, Fiscal

Liason between school and services and figuring out ways to help kids in school with services

Neglect – Services to parents (mental health, substance abuse) having a person to help navigate the system, early in the process to get them started