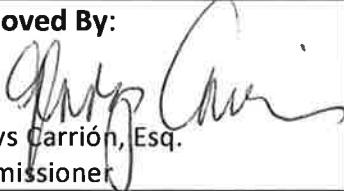


Rapid Response Meeting

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Related Forms: N/A			
SUMMARY: The Rapid Response Meeting is a tool to facilitate reflection, support, and coordinated action following a serious critical incident or fatality. The period following a critical incident is an important time for staff from the Administration for Children's Services (ACS) and provider agencies to review the services provided in the case and discuss how to better support that family and others in order to prevent similar incidents in the future. Rapid Response Meetings convene targeted ACS and provider agency staff in order to collaboratively review the case with a problem-solving lens and provide additional support to the provider agency; the meetings are designed to establish clear and coordinated next steps for both ACS and providers. This policy establishes the procedure for Rapid Response Meetings, including the selection of cases, meeting agendas, and follow-up.			
SCOPE: This policy applies to staff in ACS' Division of Preventive Services (DPS), ACS' Family Permanency Services (FPS) and ACS' Division of Child Protection (DCP), as well as ACS' Policy, Planning and Measurement (PPM), and foster care and preventive provider agency staff.			

I. Introduction and Purpose

Child welfare work is challenging, and serious critical incidents or fatalities bring additional trauma and loss to the families served, as well as to the workers who serve them. Acknowledging this, and recognizing the need for reflection and action during the period following an incident, a Rapid Response Meeting may be convened shortly after the incident to bring targeted ACS and provider agency staff together for collaboration, support, and oversight around the case.

Rapid Response Meetings were originally held only for cases receiving preventive services; however, with the creation of Child Welfare Programs in 2015, it was determined that Rapid Response Meetings should serve the Divisions of Child Protection and Family Permanency as well. One of the focuses of the expanded program is to address cases in which multiple ACS divisions and/or multiple provider agencies are involved, enhancing collaboration on these complex cases.

The purpose of the Rapid Response Meeting is to provide an opportunity for collaboration, problem-solving, and support to move forward after a critical incident. During the meeting, key stakeholders from involved ACS divisions and service providers discuss the critical incident, highlighting strengths in practice as well as challenges or practice gaps. Building on these insights, participants collaboratively determine a concrete action plan for next steps in the case and for addressing any apparent systemic issues. The ultimate goal is to provide better support to the family at the center of the incident, as well as other families, in order to, where possible, prevent similar incidents in the future.

The Rapid Response Meeting is not a punitive measure, nor is it intended to scrutinize trends in an agency's or division's practice. If serious practice concerns are identified such that a formal Corrective Action Plan (CAP) may be necessary, this will be developed outside of the Rapid Response Meeting through the current CAP procedure. However, the meeting will candidly examine any practice gaps in the case at hand and generate ideas for action steps, which may, in turn, inform a CAP.

II. Selection of Cases for Rapid Response

A. Process for Selecting Cases

Associate Commissioners in DPS, FPS, and DCP should review serious critical incidents as they are reported and identify those that would benefit from a Rapid Response Meeting, based on the selection criteria listed below. The division emails the recommendation for a Rapid Response Meeting to the Associate Commissioner for Child Welfare Support Services (CWSS), who makes the final decision. Contracted provider agencies may also contact this individual

to request a Rapid Response Meeting, as may the Commissioner, the Executive Deputy Commissioner for Child Welfare Programs, or the Internal Monitor.

The decision to call a meeting should generally be made within two (2) business days of the incident. Requests made after that period will be considered on a case-by-case basis.

B. Selection Criteria

1. Cases will be considered for a Rapid Response Meeting if the children involved in the critical incident are receiving preventive or foster care services or are siblings of children receiving these services. Closed cases with a recent history of ACS services (less than six [6] months prior to the incident) will also be considered if the incident is related to child maltreatment.
2. Examples of critical incidents that would warrant a Rapid Response include, but are not limited to, the following:
 - a. Fatalities or serious injuries to children that may have been the result of maltreatment;
 - b. Domestic violence within a child's residence resulting in the injury or death of the victim; or
 - c. Abuse resulting in the arrest of a parent or child care provider, or an act of violence resulting in the arrest of the child.
3. The case may also meet one or more of the following criteria:
 - a. Multiple divisions, contracted provider agencies, or other service providers are involved in the case;
 - b. Significant gaps in case practice are identified by reviewers;
 - c. Case involves a frequently encountered family¹; or
 - d. Immediate safety concerns remain following the incident.

¹ "Frequently encountered families" (FEF) are the children, parents, and caregivers who the child welfare system repeatedly serves throughout the service continuum. FEF are the families that are the subject of two (2) or more indicated or unfounded reports within the prior six (6) months or with four (4) or more indicated or unfounded reports within the prior two (2) years. Despite several child protective investigations, safety and risk remain a concern for these families. FEF are also families that have been receiving lengthy preventive services, such as up to 18 months, and/or multiple preventive services. In either scenario, such families will have elevated risk factors present and will receive preventive services for years without achieving their goals. Lastly, FEF are the families that are in and out of foster care or become involved in foster care as a child and later as parents with children in foster care.

III. Procedure

A. Scheduling

1. If determined that a meeting is needed, the meeting should be held within five (5) to eight (8) business days of the critical incident.
2. The Associate Commissioner of CWSS, in consultation with staff in FPS, DPS, or DCP, shall determine which participants must attend the Rapid Response Meeting. CWSS will determine which division(s) need(s) to attend and who will facilitate; those divisions will determine which staff need to attend and will invite providers; providers or divisions may also invite other city agencies involved with the family.
3. Participants should include those at a level to have direct knowledge of the case, as well as those with decision-making authority. Required participants include:
 - a. Associate Commissioner(s) of ACS divisions involved in the case;
 - b. Representatives of ACS divisions who have direct knowledge of the case, such as a supervisor or manager of a DCP unit
 - c. ACS technical assistance staff, such as the Office of Preventive Technical Assistance (OPTA), Senior Practice Consultants, and/or Shared Response
 - d. Provider agency program director
 - e. Representatives of provider agencies who have direct knowledge of the case, such as a supervisor or manager of the case planner
 - f. Provider agency quality improvement staff
 - g. A representative from Family Court Legal Services
 - h. Agency Program Assistance
4. Depending on the case, and in consultation with the provider agency, additional participants also may be invited:
 - a. Provider agency executive leadership
 - b. Model developers (for evidence-based models) or ACS staff overseeing EBMs
 - c. Other city agencies
 - d. Content area experts (e.g., DV, substance abuse, mental health, education)
5. Participants should generally be limited to two (2) or three (3) per division/agency, and outside observers are discouraged.
6. The CWSS Special Projects Coordinator is responsible for scheduling the Rapid Response Meeting and sending the calendar invitation along with

the agenda. Divisions and provider agency staff may forward the information as described above.

B. Preparation

Explicitly identifying and sharing key areas of concern ahead of the meeting will help with targeted preparation and increase the efficiency of the meeting itself. Because Rapid Response Meetings occur in response to critical incidents, some of the preparation is built into the critical incident process, in the form of incident reports.

In order to facilitate the sharing of information between divisions and agencies, each division and contract agency involved in the case should share a brief, standardized case summary/reflection (see Appendix A) with all meeting participants. The summary, which can be derived mainly from the incident report, will include strengths, missed opportunities, and suggested next steps.

C. Roles During the Meeting

1. **Facilitators:** Two (2) Associate Commissioners or above from ACS divisions involved in the case will be assigned by the Associate Commissioner of CWSS to facilitate each Rapid Response Meeting. The facilitators' role is to introduce the purpose of the meeting, ensure that all identified topics are discussed, and ensure that all participants are heard. Facilitators are expected to remain neutral and to maintain a sensitive, trauma-informed lens and tone throughout the meeting. The facilitators will also summarize findings and next steps at the close of the meeting.
2. **Designated note-taker:** A staff person from CWSS will take notes during the meeting about key challenges, missed opportunities, and other lessons learned. In addition, the note-taker will record the agreed-upon action steps, timelines within which those steps are to be taken, and the individuals responsible for each step.
3. **ACS and provider agency representatives:** Each division and agency will elect a representative to present its own perspective on the strengths, challenges, and missed opportunities in the case. Additional staff may add to that discussion as needed. All participants are expected to remain respectful of each other and focused on practical next steps.

4. FCLS and content area experts: These representatives are chosen based upon their ability to provide practical insights into underlying issues and/or direction for future action in the case.
5. APA and quality improvement staff: These representatives are present in the meeting in order to track and follow up on improvement efforts as needed. The Rapid Response Meeting is not about agency-level trends, so these individuals may not be active participants unless their perspective is called upon.
6. All participants must be physically present at the meeting; due to the confidential nature of the conversation, no conference number will be provided.

D. Agenda

The Rapid Response Meeting is focused primarily on generating and building consensus around action steps; any review of the case timeline during the meeting should be kept very brief, because participants should already be familiar with the case prior to attending the meeting. Each division and agency has a chance to present their perspective on the lessons learned from the case and the action steps to be taken.

The agenda will be distributed with the meeting notice or at least 24 hours prior to the meeting. See Appendix B for a sample agenda. The order of the meeting should generally proceed as follows, with room for flexibility based upon the nature of the incident and the parties present:

1. The facilitator welcomes participants and describes the general purpose of Rapid Response Meetings, as well as the reason for calling a meeting for the specific case.
2. Each participant introduces her/himself and describes her/his relationship to the case and purpose for being at the meeting.
3. A representative from each division and each provider presents on the strengths, challenges, and missed opportunities in case practice that their division/agency has identified, with a focus on lessons learned. The suggested order of presentations is:
 - a. A designee from the provider agency with primary responsibility for the case;
 - b. A designee from the ACS division with primary responsibility for the case (someone who is closer to the case than the facilitator, e.g., OPTA, Shared Response, Deputy Director or Child Protective Manager);

- c. Other ACS divisions and provider agencies that have touched the case, if any;
- d. Other city agencies, if any.
4. Content area experts and FCLS provide practical insights into the issues at hand.
5. Participants collaborate to brainstorm concrete next steps.
6. Participants establish consensus on the next steps, including the timeline for each action, and the party responsible for each step.
7. The facilitator summarizes the lessons learned and next steps, thanks the participants, and closes the meeting.

IV. Tracking and Follow-up

A. Action Plan Contents

Within one (1) business day following the Rapid Response Meeting, the note-taker will distribute the findings and next steps that were discussed at the meeting to each division/agency point-person (as described below). This will form the basis of the action plan, an initial draft of which will be distributed within five (5) additional business days. See Appendix C for a template.

The action plan will include any concrete next steps that were identified as priorities to address case challenges and missed opportunities. Examples of the types of action that may be included in the plan are as follows:

1. Case action steps, such as court filings or service referrals
2. ACS trainings needed
3. Technical assistance from ACS to the provider agency
4. Systemic issues to address
5. A systematic review of similar cases or relevant data
6. Additional meetings or check-in points
7. No action needed (if all appropriate actions have already been taken)

B. Roles Following the Meeting

The key to a successful plan is having clearly designated individuals who create, carry out, follow up on, and track the action plan.

- a. The action plan clearly designates individuals responsible for carrying out each action.
- b. The Associate Commissioners and agency program directors also function as point-persons for their respective divisions/agencies and will follow up on internal actions and ensure progress. This may include designees from other City agencies if indicated.
- c. OPTA and Shared Response or Senior Practice Consultants provide technical assistance to agencies for systemic issues, which may

- include assistance in locating appropriate training for provider agency staff and assistance in the implementation of the action plan.
- d. The ACS Internal Monitor is responsible for tracking the issues and action steps from each Rapid Response Meeting as well as progress on all steps. This person also shares progress updates with all division and provider point-persons.
- e. APA incorporates findings and action steps into the Co-QI process as appropriate. In addition, if systemic issues are identified that merit a formal CAP, APA will coordinate that process as usual.
- f. The ACS Internal Monitor, in collaboration with the Special Projects Coordinator in Child Welfare Support Services, tracks and aggregates issues and actions over time from all Rapid Response meetings, in order to identify common trends in issues and strategies.

C. Follow-up Process

1. All immediate actions decided upon during the Rapid Response Meeting will be carried out by the individuals or entities designated at the meeting. Progress will be sent to ACS' Internal Monitor, who will forward as needed.
2. The note-taker sends out findings and next steps discussed during the meeting, within one (1) business day.
3. The provider agency with primary responsibility for the case develops the first draft of the action plan within five (5) additional business days and sends the draft to all point-persons.
4. Each division/agency sends any suggestions or comments to the Internal Monitor within three (3) business days of receipt of the draft plan. Each division/agency is responsible for surfacing related initiatives in their areas that may be addressing identified issues, and determining how the action plan should coordinate with the leaders of the initiatives.
5. The Internal Monitor consolidates comments, finalizes the action plan, and sends it to all involved divisions and agencies.
6. Individuals designated in the plan carry out the action steps, and notify the Internal Monitor of progress, according to the timeline.
7. The Internal Monitor tracks all progress on actions and updates all point-persons on action plan progress. The Internal Monitor also facilitates any follow-up meetings noted in the plan.