# Mississippi Child Welfare Practice Model



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## Components of the Practice Model

Mobilizing Appropriate Services Timely Safety Assurance and Risk Management Involving Children & Families in Case Activities & Decision Making Strengths and Needs Assessments of Children and Families Preserving Connections and Relationships

Individualized and Timely Case Planning



## What do these components mean?

Mobilizing Appropriate Services Timely

- Services are designed and delivered pursuant to an assessment of children's and parents' needs
- Requires broad array of services & supports individualized to meet the specific needs of children and families
- Appropriate placement resources
- Services initiated when & where needed



Safety Assurance and Risk Management

- Help children remain safely at home whenever possible and appropriate
- Initial safety and risk assessment; Ongoing safety and risk assessment
- Assuring safety during placement at reunification and case closure
- Safety and risk interventions are applicable for all children within a home



Involving Children and Families in Case Activities and Decision Making

- Active involvement of age-appropriate children, families and youth in identifying their strengths, needs and service requests, and in developing plans to address those areas
- Including all relevant family members, preparing them to participate in meetings and reviews
- Involving parents in parenting their children while in foster care



Strengths and Needs Assessment of Children and Families

- Ongoing and continuous process of gathering, organizing and analyzing information for informed decision making
- Beyond assessment of risks, safety and circumstances leading to involvement
- Includes broader focus of the strengths and needs of all individual family members, and underlying conditions
- Assessing all, using information to develop plans



Preserving Connections and Relationships

Normalizing connections and relationships for children in foster care to the extent that it is safe and appropriate to do so

Keeping children safe and stable within placement settings that permit them to retain important relationships with family, siblings, friendships, traditions and social institutions



#### Individualized and Timely Case Planning

- Start with information from the comprehensive family assessment and continue to be informed by assessment
- Individualized case plans to be developed with not for the family
- Address underlying issues
- Be flexible and change as family progresses
- Include independent living goals and specific plans and tasks

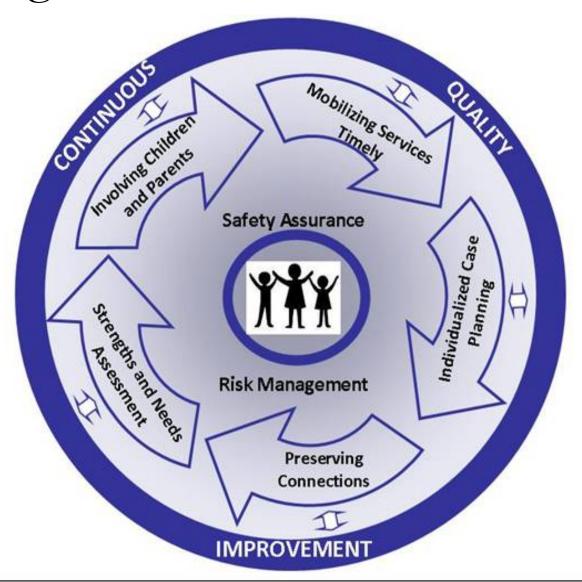


# The Big Picture

- All components are tied together
  - □ Family is at the core of the practice model
  - Activities designed to protect child and support family in caring for child safely and appropriately
  - □ Each component contains unique skills and focus, but all are highly interrelated and should be implemented together
  - Beyond ideals and concepts, the practice model has specific roles, activities and responsibilities



## The Big Picture





## Logic Model Approach to Practice Model

#### Inputs

Training, Policy, Monitoring, Resources and Practice

#### Outputs

■ Work Products, Activities, Roles and Responsibilities

#### Outcomes and Indicators

☐ Short-term (0-12 mos.), Mid-term (12-24 mos.), Long-term (24-48 mos.)



# What will the practice model mean to caseworkers?

Not business as usual

Daily activities with all children and families must reflect the principles of each component of the model

Caseworkers will strengthen skills to carry out major casework activities



What will the practice model mean to caseworkers?

#### Example: Preserving & Maintaining Connections

- Use assessment information to identify connections
- Identify and locate relevant family members
- Caseworker visits
- Support family involvement with children in care
- Address connection issues in all case plans



What will the practice model mean to caseworkers?

### Example: Preserving & Maintaining Connections

- Identify and support tribal and other cultural connections
- Advocate for school consistency
- Place children in settings that supports connections
- Identify and evaluate relative resources early



# What will the practice model mean to supervisors?

- Reviewing caseworkers work for quality and substance; providing constructive feedback
- Coaching and modeling for staff on effective approaches and methods
- Identifying systemic needs to support practice
- Monitoring Practice Model activities and participating in broader continuous quality improvement



# What will the practice model mean to Regional Directors?

- Serve as practice model spokesperson
- Managing outcomes and monitoring data
- Identifying regional strengths and needs, including service provision
- Advocating for needed services and collaboration among stakeholders
- Leading program improvement efforts
- Holding staff and providers accountable



# What will the practice model mean to CQI staff?

- Regularly monitor the quality of work and outcomes
- Provide case level and broader level feedback to staff
- Monitor capacity of the system in the field, including service array, training, etc
- Include stakeholders to facilitate community ownership



# What will the practice model mean to other stakeholders?

- State Office leaders communicate vision and support practice
- Resource families/facilities support including parents in children's lives & decision making
- Service providers tailor services flexibly to individual needs
- Training and policy staff revise and develop materials/promote skills development and practice consistency



# Implementation Strategy

Implications for Regions/Counties

Implications for State Office



- Practice model is vehicle for putting Olivia Y, COA, CFSR practices into place
- Phase-in of practice model statewide by regions
- Begin with 2 regions to implement entire model
- All regions begin implementation within 48 months
- Provide intense technical assistance to regions in planning & implementation



- Change management is critical
- Staging by region to support learning, ability to adjust and accessing resources and technical assistance
- Staging by region accounts for different regional processes and varied experiences of children and families
- Facilitates easier communication of change



- Phase I: Planning (6-8 months)
  - County and regional implementation teams
  - Develop implementation plans
  - ☐ Engage stakeholders & service providers
  - Conduct baseline CQI review
- Phase II: Initial Implementation (12 months)
  - Training staff and providers
  - Phasing in case activities
  - Coaching for practice improvement
  - Resource development



- Phase III: Evaluation and Revision (3-4 months)
  - ☐ Follow up CQI Review
  - Revise implementation plan as needed
- Phase IV: Continued Implementation and Evaluation (ongoing)
  - Ongoing but less intense technical assistance
  - Regular CQI process

