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
What does this mean?

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
What does this mean?

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
What does this mean?

*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
What does this mean?

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.
What does this mean?

*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

- Safety Assurance
- Risk Management
- Preserving Connections
- Individualized Case Planning
- Strengthening Assessment
- Involving Children and Parents
- Mobilizing Services Timely

CONTINUOUS QUALITY IMPROVEMENT
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
Implementation – Regions/Counties

- 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
Implementation – Regions/Counties

- 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
Implementation – Regions/Counties

- 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
Implementation – Regions/Counties

- 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