

MARYLAND DEPARTMENT
OF HUMAN SERVICES ADMINISTRATION'S

Integrated Practice Model





“There are a lot of moving parts in my house, 6 kids different schedules, different doctors, different schools, different social workers, when one piece of the schedule is changed the house of cards comes crashing down- when my foster children’s worker recognizes this I feel relief and validation at how challenging this is.”

– A Resource Parent

MARYLAND'S SOCIAL SERVICES SYSTEMS' INTEGRATED PRACTICE MODEL

Overview of our SSA Integrated Practice Model

The Maryland Department of Human Services (DHS) is the state's human service provider. Within DHS, the Social Services Administration (SSA) is responsible for helping families stay stable, safe and healthy and for protecting children youth and vulnerable adults from abuse and neglect. Twenty-four local departments of social services (LDSS) provide child welfare and adult services in collaboration with community organizations located throughout Maryland. Together, the state and county agencies seek to provide high quality services facilitated by a consistent integrated approach and practice model we are calling our *Integrated Practice Model*. Our goal is to achieve better outcomes for those we serve. The Maryland Integrated Practice Model described below is one important effort, within a larger system transformation, towards helping us achieve this goal across SSA's Child Welfare Services and Adult Services.

Maryland's Integrated Practice Model for serving children, vulnerable adults and families is based on SSA's inherent values of Collaboration, Advocacy, Respect and Empowerment. Through these values, we commit to a parallel process that supports a safe, engaged and well-prepared professional workforce and builds strong community-based, collaborative programs by:

- COLLABORATING with youth, vulnerable adults, families and community partners to insure their safety and well-being while helping them better understand and address their adverse experiences and challenges;
- ADVOCATING for services and supports that are evidence-based and designed to help individuals and families achieve their goals
- RESPECTING each individual's unique experience; and,
- EMPOWERING our professionals and the individuals and families we serve through building resiliency, self-sufficiency, stability, and lasting connections.

Maryland's Child Welfare Services is committed to protecting children and young people from abuse and neglect and to promoting their well-being by: 1) maintaining children and youth safely in their homes whenever possible and appropriate; 2) reducing repeat maltreatment 3) ensuring stability and timely and positive permanency, and 4) promoting the well-being of children, young people, vulnerable adults and their families.

Much like our child welfare partners, *Maryland's Adult Services* is committed to protecting adults who are vulnerable due to advanced age or disability, from abuse, neglect, self-neglect and exploitation, and to promoting their safety, stability and independence. We ensure that the personal dignity, quality of life, privacy, and right to make choices are preserved for all elderly, adults with disabilities and vulnerable adults. We work together to create environments where vulnerable adults can live safely within their community, in the least restrictive environment, with support, and without need for permanent involvement in their lives.

Developed by a diverse workgroup of SSA and LDSS staff and a variety of stakeholders including advocates, families, young people and vulnerable adults, the Integrated Practice Model provides

an integrated, individualized and standardized approach for the work we do in both child welfare and adult services. Using this approach, SSA delivers clear guidance and coaching for staff working directly with families. More importantly, SSA ensures that the children, youth, families and vulnerable adults of Maryland can expect and count on high quality services regardless of where they live and who knocks on their front door.

Our Strategic Vision

In 2016, Maryland SSA launched *Families Blossom*Place Matters*. Building on the successes of Place Matters and the Title IV-E federal waiver project, *Families Blossom*Place Matters* represents a coordinated, comprehensive set of agency-wide strategies aimed at improving the lives of Maryland families. Through *Families Blossom*Place Matters*, Maryland will:

1. Promote safe, reliable and effective social work practice through a strengths-based, trauma-responsive practice model for child welfare and adult services.
2. Engage in a collaborative assessment process that is trauma-informed, culturally-responsive, and inclusive of formal and informal community partners.
3. Expand and align our array of services, resources, and evidence-based interventions within child welfare and adult services based upon the assessed needs of children, families and vulnerable adults, to include additional resources aimed at preventing maltreatment and unnecessary out-of-home placements.
4. Invest in a safe, engaged and well-prepared professional workforce through training and other professional development including strong supervision and coaching.
5. Modernize SSA's information technology to ensure timely access to data and greater focus on agency, individual and family outcomes.
6. Strengthen the state and local continuous quality improvement processes by creating useful data resources to monitor performance, using evidence to develop performance improvement strategies, and meaningfully engaging internal and external stakeholders.

Through these strategies Maryland SSA will collectively transform our social service system and achieve our desired goals and outcomes: that the children, youth and vulnerable adults we serve are:

- Safe and free from maltreatment;
- Living in safe, supportive and stable families where they can grow and thrive;
- Healthy and resilient with lasting family connections;
- Able to access a full array of high quality services and supports that are designed to meet their needs; and
- Partnered with a safe, engaged and well-prepared professional workforce that effectively collaborates with individuals and families to achieve positive and lasting results.

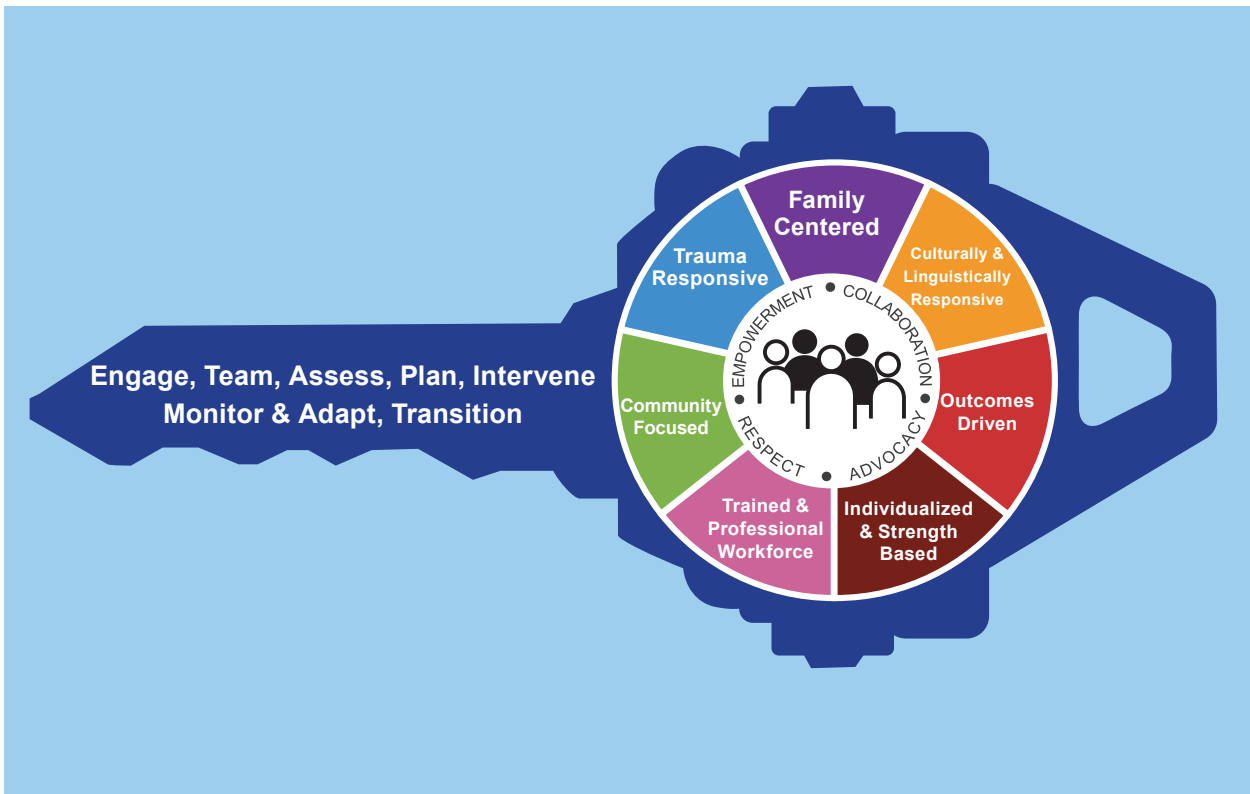
OUR PRACTICE MODEL FRAMEWORK



Rooted in the theoretical underpinnings of family systems, client-centered, and trauma responsive practice, Maryland's Integrated Practice Model brings together our three existing practice frameworks— Family Centered Practice, Youth Matters, and Adult Services – into one unified way of working with children, youth, vulnerable adults and families. Together, the values, guiding principles and core practices nested within the Integrated Practice Model illustrate our philosophy and approach for partnering with our children, youth, vulnerable adults, families, community partners and stakeholders.

The practice model graphic (right) illustrates how our values, principles and core practices inform and guide our day-to-day communications, behaviors, interactions, and decisions with our families, community partners, service providers, and each other – both within and outside the agency.

SSA and our local department partners commit to embedding the Integrated Practice Model's values, principles, and core practices throughout our state and local organizations, beginning with our agency policies, training curricula, supervisory and coaching practices, continuous quality improvement processes, IT modernization, and recruitment strategies.



OUR GUIDING VALUES, PRINCIPLES & PRACTICES



Our Values

Our values provide the basis from which we form partnerships with the individuals and families we serve. They guide our relationships, work behavior, and commitment to our children, youth, vulnerable adults, their families and caregivers. We demonstrate these values in our engagement, communications and daily interactions with each other, our children, youth and families and our community partners and stakeholders.

- **Collaboration** – We recognize and honor the importance of building relationships with our families and community as we work to promote safety, stability, permanency and well-being. Individuals and families are active partners in our assessment, planning, and decision-making.
- **Advocacy** - We acknowledge and support the opinions, voices, and strengths of children, youth, vulnerable adults and families in all levels of planning and decision-making. We value staff advocating for individuals' and ensuring their rights are maintained.
- **Respect** - We affirm all individuals without imposing personal opinion or judgment. We value learning about each person's unique skills and talents, and their expression of race, religion, ethnicity, culture, history, values, traditions, sexual orientation and gender identity.
- **Empowerment** - We support self-expression and individual choices. We believe everyone has the ability to reach their full potential.

Our Practice Principles

Much like our values, our practice principles govern our work, relationships, interactions and decisions with children, youth, families, vulnerable adults and each other. These practice principles demonstrate our commitment to delivering best practices and improving safety, stability and well-being outcomes for children and families.

PRACTICE PRINCIPLES	PRINCIPLES IN ACTION
<p><i>Family-Centered ...</i> Because...</p>	<p>...Families and individuals have the capacity to make informed decisions, thus family and individuals drive planning and decisions made about them.</p> <p>... Individuals do best when involved with their families, either biological, or families of their choosing, thus family and individual connections need to be continuously supported to ensure lasting connections.</p>
<p><i>Trauma-Responsive...</i> Because...</p>	<p>.... We recognize the impact of trauma on the individuals we serve and our workforce, thus our interactions with children, families, and vulnerable adults are sensitive and responsive to any trauma and loss they have experienced.</p> <p>.... We continually assess for adverse experiences. We respond to trauma reactions and behaviors by identifying interventions that build upon individual and family strengths and creating an environment that encourages healing, resiliency and prevents further trauma.</p> <p>....We promote an agency culture that supports staff healing and resiliency to secondary trauma.</p>
<p><i>Individualized and Strength-Based...</i> Because....</p>	<p>.... We value individual voice and perspective in all aspects of our organization and social work practice, thus individuals' specific strengths, thoughts, and ideas are nurtured to promote safety and well-being through assessments, planning, and the identification of unique interventions and service delivery. All efforts and accomplishments are celebrated.</p>
<p><i>Culturally & Linguistically-Responsive...</i> Because....</p>	<p>.... We affirm and seek to better understand and respond to children, youth, vulnerable adults, families, staff, and community partners of all races, ethnic backgrounds, socio-economic status, sexual orientation, gender expression, and faith.</p> <p>.... We work to expand our awareness and understanding of institutional and personal bias. We commit to asking the groups that are most affected by our policies, services, and interventions to guide their development.</p>

PRACTICE PRINCIPLES	PRINCIPLES IN ACTION
<p>Outcomes-Driven... Because...</p>	<p>.... We strive to continually improve our performance in ensuring safety, permanency, autonomy and well-being.</p> <p>.... We identify achievable immediate and long-term goals in partnership with families/caregivers and formal and informal supporters. We employ services and interventions that are backed by evidence of their effectiveness and continually track and analyze data to improve all of our practices and policies.</p> <p>.... We maintain a sense of urgency in our work because time is of the essence in the lives of children, youth, vulnerable adults and their families.</p>
<p>Community-Focused... Because...</p>	<p>... We believe that communities hold a critical role in responding to the needs and strengths of children, youth, vulnerable adults, and families, thus partnerships with communities are built to ensure that services and interventions reflect the diverse needs of those we serve.</p> <p>.... We are inclusive of neighborhood supports, schools, faith-based and other cultural and community supports as resources in service planning in addition to formal provider agencies.</p>
<p>Safe, Engaged and Well-Prepared Professional Workforce Because...</p>	<p>... We commit to a culture of safety and learning, thus we recruit, train, coach, and continually develop a highly-qualified workforce that embodies our values and principles.</p> <p>... We approach professional development as an ongoing process built through learning, experience and supervision that progressively strengthens individuals, teams and organizational capacity to provide quality services.</p>

Our Core Practices

The seven core practices that make up our integrated approach to working with children, youth, vulnerable adults and families are essential to a strong casework process and achieving successful outcomes. Each is inter-related, occurring continually throughout a caseworker’s involvement with the individual and their family. These practices, together with our values and principles, inform the day-to-day actions of our staff, supervisors, and administrators. They assist the agency in the timely achievement of our collective goals and outcomes for safety, permanency, stability and well-being.

We Engage

We are best able to create a successful working relationship with the individuals and families we serve when we are honest, respectful, and empathic in our approach. Engagement begins at our first encounter and is assessed and maintained throughout the life of the working relationship.

We Team Up

We recognize that we cannot achieve safety, permanency and well-being for our clients alone and that we are only able to achieve healing and restoration for our youth, families, vulnerable adults by working together with their identified supports, legal and community partners.

We Assess

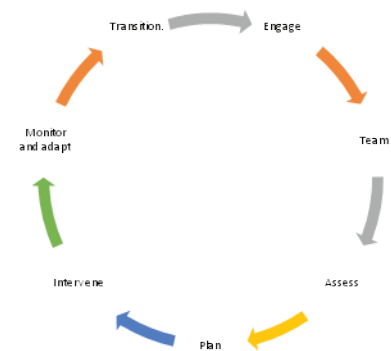
We assess and determine the individual's and family's strengths, needs, perspectives and wishes through a continuous and collaborative process of gathering information from multiple sources.

We Plan

We partner with individuals and families to address their needs and wishes and tailor plans that build upon their strengths and protective capacities. Plans are most effective when we come together often to assess and listen to the individual and family, celebrate their progress, eliminate barriers and make adjustments based on their changing needs and information.

We Intervene

We intervene effectively when we encourage and actively assist individuals and families to obtain services and supports (formal and informal) that are individualized, evidence-based, and intended to achieve their goals for safety, permanency and well-being. Interventions promote healing from trauma, reduce risks and nurture strengths identified in the assessment and family team meetings.



We Monitor and Adapt

We meet with individuals and families routinely to ensure their progress towards achieving agreed upon goals, and to assess their safety, well-being and readiness for reunification, permanency and/or self-sufficiency. We ensure that all questions are addressed, successes are supported and barriers to progress are resolved timely.

Transition

When determining readiness for discharge, we work together to ensure individual and family success is sustained beyond case closure by enhancing protective capacities, building networks of support and linkages to community resources. Prior to discharge we provide ongoing monitoring and re-assessment to best prepare children, youth, vulnerable adults and families for the transition without local department involvement, and to develop an actionable contingency plan with community and family supports that will assist the individuals and families when obstacles or crises arise.

OUR PRINCIPLES PUT INTO PRACTICES



The following section brings together the critical components of the IPM, beginning with our core practices. Each chart illustrates best practice examples of how frontline staff are expected to carry-out the IPM practice principles when engaging, teaming, assessing, planning, intervening, monitoring and transitioning with individuals and families in their day-to-day work and interactions.

Chart Terminology & Definitions:

- “Activities” describe the specific behavioral components of the identified core practice. For example, “partnering and collaborating” is a specific behavioral component used by frontline staff when they “engage” individuals and families.
- “Practice Behaviors by IPM Principle” provides action-oriented best practice behavioral examples to illustrate how frontline staff are expected to apply the IPM principles when interacting with individuals, family, community partners and each other.

Caseworkers and supervisors are encouraged to expand the examples of behavioral best practices contained herein during their supervisory and team meetings, as the charts are not exhaustive. Additionally, the IPM workgroup intends to release a series of brief practice model resource guides (e.g., practice papers) and tip sheets over the next few months that will further assist frontline staff in their day-to-day work with children, youth, families and vulnerable adults.



We ENGAGE

Active engagement serves as the foundation for individual and family healing, and represents the key to our success in building relationships with youth, vulnerable adults, caregivers and families. Positive engagement is developed when we are honest, respectful, nonjudgmental, and empathetic with individuals and families. Engagement is an ongoing process that is established through our daily communication and reinforced in our behavior and every interaction. When successful engagement occurs, individuals and families feel respected, empowered, included in all activities and decisions, and are able to talk openly about their culture, beliefs and experiences.

Activities	Practice Behaviors By Principles
Partner and Collaborate	<ul style="list-style-type: none"> • When meeting and talking with the individuals and family, we demonstrate dependability, timeliness, responsiveness, compassion, openness, and empathy (<i>Family-Centered, Trauma-Responsive, and Trained & Professional</i>). • We ensure the physical and psychological (emotional) safety of children, youth, and vulnerable adults through the use of trauma-responsive actions, particularly when loss and separation from their home is necessary, by attending to loss and trauma and showing openness, transparency, empathy and respect (<i>Trauma-Responsive</i>). • We acknowledge that contact with social services has the potential to be traumatic and may trigger trauma reactions for all parties (e.g., anxiety, numbing, anger, sadness, etc.), even when behaviors or symptoms are not visibly evident. • We facilitate conversations with individuals and families and answer questions to ensure their understanding of their reason for their involvement, the process, the role of the frontline worker, and their individual and family rights and responsibilities (<i>Family-centered</i>). • We preserve individual and family connections at the onset of our involvement, especially when separation from their home or family occurs. We partner closely and invest time and effort to ensure those connections are preserved and built upon to achieve case goals (<i>Family-Centered</i>). • We help individuals and family identify and connect to their formal and informal supports for assistance, especially with case-planning, family meetings and making critical decisions. Supports include social connections from school, community ((such as LGBTQ centers), spiritual and religious affiliations, etc. (<i>Family-centered, Individualized & Strength-Based, Culturally & Linguistically-Responsive, Community-Focused</i>).

Activities	Practice Behaviors By Principles
Respect and Honor	<ul style="list-style-type: none"> • We respect and affirm all races, religions, ethnicities, cultures, histories, traditions and gender identity/expression and sexual orientation (<i>Family-Centered, Culturally & Linguistically Responsive, and Individualized & Strength-based</i>). • We honor family and youth voice and choice in decision-making (<i>Family-Centered, Individualized & Strength-based</i>). • We are timely in our responses to individual and family questions and concerns in all communications and actions (<i>Trained & Professional</i>). • We recognize that the power and authority we have can create feelings of shame, failure and inadequacy in those we serve. To balance this dynamic, we practice respect and humility, and promote youth, vulnerable adult and family voice and participation in planning and decision-making (<i>Family-Centered, Trauma-Responsive, Individualized & Strength-based, Trained and Professional</i>). • We initiate conversations with individual and families about their self-identified interests, goals, and challenges, especially when working with older youth and vulnerable adults (<i>Individualized & Strength-Based</i>). • We listen to the experiences, priorities, and preferences of individuals and families and use this information to inform our decisions and actions (<i>Individualized and Strength-based</i>). • We recognize that individuals and families are more than a case file, and the sum of their experiences is more than what has been documented. We treat individuals and families as people, and help them unlock their potential and achieve their goals (<i>Individualized and Strength-based.</i>)
Empower & Explore	<ul style="list-style-type: none"> • We actively attend to individual and family trauma reactions. We explore individual insights and concerns and help them determine future needs and actions (<i>Family-Centered, Trauma-Responsive</i>). • We maintain sensitivity and use language and actions that are culturally-responsive and strengths-based and in a format that is easily understood, particularly with persons who are non-verbal or in need of assistive communication devices (<i>Family-Centered, Culturally & Linguistically-Responsive, and Individualized & Strength-Based</i>).

“I remember one time when I had a bunch of different workers in one year- I remember noticing that the difference in the workers was the ones that treated it like a job- I felt like they didn’t care what happened to me- but the ones that really loved what they did- were the ones that I felt the most connected to.

– A Former Foster Youth

We TEAM UP

Teaming serves as the practice cornerstone within child welfare and adult services. Through teaming, frontline staff have greater opportunity for shared planning and decision-making by partnering and collaborating with youth, families, vulnerable adults, caregivers, extended family, community partners, their colleagues and supervisor. Effective teaming promotes inclusion, respects diversity of views and culture, and fosters shared responsibility and ownership in achieving outcomes successfully. Through teaming, we can heal the effects of trauma, establish mutual trust and respect, build strengths and resiliencies, and foster lasting relationships that extend beyond the individual and family’s involvement with child welfare and adult services.

Activities	Practice Behaviors By Principles
Building Unity & Ownership in Decision-Making	<ul style="list-style-type: none"> • We recognize that individuals and families are often the best experts on themselves and their families by valuing their opinions, insights and wishes (<i>Family-Centered, Individualized & Strength-Based</i>). • We are flexible and responsive to the needs of the individuals and families and promote their ownership in decision-making by asking them to assist with scheduling and planning team meetings and action plans. Meeting frequency and location is driven by the needs of the child, family and vulnerable adults (<i>Family-centered, Individualized & Strength-based</i>). • We model and maintain respect for individual and family privacy and confidentiality in conversations and team meetings. We only share private information about the individual and family after we have prior discussion and consent (<i>Family-Centered, Trauma-Responsive, and Trained & Professional</i>). • We make sure individuals can verbalize their understanding and agreement before finalizing all plans and decisions. We recognize that language differences, developmental and cognitive disabilities and trauma reactions may muddy a person’s ability to hear and understand conversations and decisions. (<i>Family-Centered, Culturally & Linguistically-Responsive, Trauma-Responsive, and Family-Centered</i>). • We ensure plans and decisions are driven by the individual and family through teaming processes and structures, such as Client Team Collaboration (CTCs), Family Involvement Meetings (FIMs) and Treatment Team Meetings (<i>Family-Centered, Outcomes-Driven</i>).

Activities	Practice Behaviors By Principles
Promoting Strengths & Protective Factors through Relationships	<ul style="list-style-type: none"> • We work collaboratively with older youth, vulnerable adults, families, caregivers, colleagues, and community partners to create a team of relevant people committed to helping and supporting their safety, well-being, stability and permanency goals (<i>Family-Centered, Individualized & Strength-Based, Trauma-Responsive, Culturally & Linguistically-Responsive</i>). • We demonstrate solution-focused communication strategies, and partner with individuals and families to identify needs and challenges and leverage their strengths to achieve their goals. (<i>Individualized & Strength-Based</i>). • We build resilience and protective factors by encouraging individuals and families to routinely utilize their support networks and peer-supports during and outside of team meetings, especially when they may be faced with triggering and/or emotionally-charged conversations and decisions (<i>Trauma-Responsive, Family-Centered, and Community-focused</i>). • We establish our own positive relationships with community providers, local businesses and other state and county agencies. We recognize these entities represent critical members of our professional team and are also key resources for families and/or members of their support network. (<i>Community-Focused</i>).
Team Safety and Reliability	<ul style="list-style-type: none"> • We monitor ourselves, our colleagues, and our system for sign of stress, and plan forward in a routine and predictable way (<i>Trauma-Responsive, Trained and Professional</i>). • We reflect back as a team when unexpected or unintended events occur, and we manage team conflict with candor and respect (<i>Trauma-Responsive, Trained and Professional</i>).
Share Information & Responsibility	<ul style="list-style-type: none"> • We ensure all parties involved with the individual and family team are knowledgeable about the process and purpose for teaming by sharing pertinent information and clarifying questions and misunderstandings (<i>Family-Centered, Outcomes-Driven, Community-Focused</i>). • We meet regularly and frequently with the individual and family, their identified supports, community partners and service providers through team meetings. We develop action-driven plans and ensure all parties have a clear understanding about responsibility and expectations (<i>Family-Centered, Trauma-Responsive, Individualized & Strength-Based, and Community-Focused</i>).
Respect and Honor	<ul style="list-style-type: none"> • We are sensitive, respectful, and nonjudgmental when engaging in teaming processes and activities. We listen openly and reflect the client’s voice in our communication and documentation (<i>Trained & Professional</i>). • We actively demonstrate a willingness to compromise in team meetings when discussing conflicting opinions and concerns. When tensions do arise, we help parties come to a mutually satisfying solution (<i>Individualized & Strength-Based, Family-Centered</i>).

We ASSESS

Assessment begins with the frontline staff's first contact with the individual and family and continues until identified goals and outcomes have been successfully achieved. Assessment is the continuous and collaborative process of gathering and analyzing information about the individual's and family's needs, strengths and underlying functioning in order to develop an objective plan for achieving their safety, permanency/stability and well-being. Findings from assessments identify key areas of focus for planning and treatment, and serve as a baseline of functioning for all parties to visibly measure progress and address challenges.

When conducting assessments, frontline staff consider protective factors (e.g., strengths, supports and resiliencies) as well as factors that affect the individual and family's functioning related to safety, permanency and well-being. These factors include but are not limited to: prior social and developmental history, mental and behavioral health (e.g., mental illness, substance use, domestic violence, etc.), prior history and impact of trauma exposure, and functioning within key environments (e.g., community, school, etc.).

Successful assessment occurs when the individual and family's voice is heard throughout the process, and their strengths, needs, and wishes inform and drive decision making and planning.



Activities	Practice Behaviors By Principles
Engage & Partner To Gather Information	<ul style="list-style-type: none"> • We promote collaboration and consensus building by inviting and encouraging the individual and family into the assessment process. We ask individuals and families to self-identify their strengths and areas of need. (<i>Family-Centered, Individualized & Strength-Based</i>). • We provide a clear explanation about the purpose of the assessment, the types of information that will be gathered and explain how the information/findings will be used (e.g., determine goals, guide planning, etc.). We address any questions or concerns from the individual and family about the assessment process (<i>Family-Centered, Individualized & Strength-Based</i>). • We ensure the individual and family’s physical and emotional safety by creating a safe space when conducting the assessment (e.g., maximize privacy, reduce opportunities for interruptions, and ask individuals and families for their definition of safety and how to protect their sense of safety) (<i>Trauma-Responsive</i>). • We use approved, culturally-informed assessment tools to engage the individual and family/informal caregiver in the assessment process and encourage them to identify solutions and potential recommendations (<i>Family-Centered, Culturally-Responsive and Outcomes-Driven</i>). • We gather information about the entire family composition from multiple sources and ask about the individual and family/informal caregiver’s culture, needs, strengths, trauma experiences and protective factors (<i>Family-Centered, Trauma-Responsive, Community-Focused, Individualized & Strength-Based and Culturally and Linguistically-Response</i>). • We use trauma-informed screening and assessment tools (e.g., CANS/ CANS-F, Trauma Symptoms Checklist, etc.) to determine the individual and family’s exposure to trauma experiences (e.g., ACES) and related symptoms/behaviors (<i>Trauma-Responsive</i>). • We gather information about existing family and community supports to assist the individual and family in building viable emotional and concrete supports (<i>Family-centered, Trauma-Responsive, Community-focused and Individualized & Strength-based</i>). • We encourage the individual and family to describe their own perception of the family’s experience/circumstances leading up to and surrounding their involvement with the child welfare and/or adult services system, and ask them to identify their desired outcome (<i>Family-Centered</i>). • When out of home placement is being considered, we gather information from individuals, families and informal and formal caregivers about the child’s or vulnerable adult’s strengths, needs, likes, dislikes, routines, trauma history, medications, etc. of the individual being served (<i>Family-Centered, Trauma-Responsive, Individualized & Strength-Based</i>).

Activities	Practice Behaviors By Principles
<p>Address Trauma Reactions</p>	<ul style="list-style-type: none"> • We respond empathically when gathering information and remember the individual may struggle to think and communicate clearly when they are experiencing a trauma reaction (<i>Trauma-responsive, Trained & Professional</i>). • We avoid trauma re-triggering by minimizing the number of times the individual and family need to recount their history and reason for involvement. We limit interviews by maintaining comprehensive, clinically-rich documentation (<i>Trauma-responsive, Trained & Professional</i>). • We acknowledge the stress that is being experienced by individuals and family members during the assessment process, and apply stress management techniques (e.g., breathing, safety checks, breaks from the process, de-escalation, etc.) when needed (<i>Trauma-responsive, Trained & Professional</i>). • We familiarize ourselves with the network of community resources that exist to which we can refer individuals and family for trauma-responsive treatment and support, and make sure are list of resources are updated/ current (<i>Trauma-Responsive, Community-focused</i>).
<p>Analyzing Findings to Create a Comprehensive Report & Sharing Results</p>	<ul style="list-style-type: none"> • We conduct a thoughtful analysis and apply critical thinking when examining the individual and family data. We review findings and recommendations with our supervisor and/or colleagues before discussing with the individual and family (<i>Family-Centered, Trauma-Responsive, and Trained & Professional</i>). • We review assessment and outcomes data regularly with our clients and supervisor to re-assess needs and strengths and track progress on goals (<i>Family-Centered, Outcomes-Driven</i>). • We accurately document individual and family voice when conveying information and sharing findings (<i>Family-centered, Outcomes-driven</i>). • In collaboration with individuals and families, we clarify recommendations and establish next steps (<i>Family-Centered, Individualized & Strength-based, Outcomes-Driven</i>). • When sharing assessment data and reports with others (e.g., court, providers, etc.), we respect and protect individual and family privacy by informing clients of the need to share information. We clarify in advance what information is to be shared and why (<i>Family-Centered, Trained & Professional</i>).

We PLAN

Planning evolves from the assessment activities and findings, and is best achieved through active teaming and partnership with the individual, family, their identified supports. Collaborative planning provides the individual, family, frontline staff and their supervisor the means to actively assess and re-assess change and progress, resolve barriers, and address readiness for permanency and discharge.

The goal of planning with individuals and families is to create a mutually agreed-upon plan and timeline for addressing individual and family needs and accomplishing goals related to safety, permanency, stability, visitation and well-being. Well-crafted plans outline interventions to address needs based on individual and family functioning and input, improve functioning and develop/enhance protective capacities.

Planning, and the accomplishment of related goals, should always be considered through the child's or vulnerable adult's sense of time and urgency.



Activities	Practice Behaviors By Principles
Develop & Track Action-Driven Plans	<ul style="list-style-type: none"> • We build individual and family participation and ownership of their service, visitation and treatment plan when we clarify at the onset the purpose, expectations and objectives for the meeting and planning session and promote meaningful inclusion of family voice in all decisions that are made (<i>Family-Centered, Outcomes-Driven</i>). • We translate assessment findings, court reports, service agreements and other documents into language that is accessible and easily understood by the individual/family/caregiver (<i>Culturally & Linguistically-Responsive</i>). • We write service, treatment and visitation plans that include clear, reasonable and measurable goals and outcomes; strategies; supports; and timelines (<i>Outcomes-Driven</i>). • Our plans are based on the child, youth and vulnerable adult’s sense of time and urgency (<i>Family-Centered, Trauma-Responsive, Individualized and Strength-Based & Outcomes Driven</i>). • We seek supervision and feedback from team members when weighing the interconnected risk and safety factors to determine the degree of risk and the likelihood of harm in the immediate and foreseeable future (<i>Trained and Professional Workforce</i>). • At the onset and before concluding the meeting or planning session with the individual and family, we together identify desired behavior changes, select goals and interventions, resolve any concerns, and ensure recommendations and actions are based on current assessment findings and results (<i>Family-Centered, Individualized & Strengths-based, and Outcomes-Driven</i>). • Individuals and family should be clear about why interventions are selected; they contribute to the decision-making process and understand what the team expects to change as a result of the interventions or services selected (<i>Family Centered, Outcomes-Driven</i>). • For transition planning (e.g., FIM, CTC, etc.) with older youth, vulnerable adults and/or reunification/discharge, we utilize the appropriate assessment tool (e.g., Caseload Priority Analysis, Youth Transition Plan, etc.) to identify services based on current and upcoming life transitions and/or major changes for the individual and family (<i>Family-Centered, Trained and Professional Workforce</i>). • When evaluating our individual and family plans, we complete ongoing standardized assessment tools to re-assess decisions and progress (<i>Outcomes Driven</i>).

Activities	Practice Behaviors By Principles
Build & Connect	<ul style="list-style-type: none"> • We utilize individual and family support networks (i.e. kin, fictive kin, neighbors) and other natural and informal supports to inform, promote, strengthen, and coordinate plans (<i>Family Centered, Trauma-Responsive</i>). • When separation between individual and family is inevitable, we provide newly-introduced caregivers and resource providers with timely and specific information about the individual and their family of origin including likes, dislikes, routines, trauma history, needs, medications, etc. (<i>Family-Centered, Trauma-Responsive</i>). • We conduct on-going searches and conversations with the individual and family to identify potential permanency and other supportive resources during all case planning activities; we reinforce the availability of Family Finding services to identify other family members (<i>Family Centered</i>). • We use databases (e.g. Lexis-Nexus, CLEAR) and other resources and strategies, (e.g. genograms, eco maps, connectedness mapping, mobility mapping) to identify birth family members and other relatives that can be supports to the individual and family and/or placement resources (<i>Family Centered, Community-Focused, Individualized & Strength-Based, Culturally & Linguistically-Responsive</i>). • We are aware of regional and community differences related to community-based services and resources and integrate this information into practice with families when developing plans and making decisions (<i>Community Focused</i>). • We maintain sensitive, respectful, and nonjudgmental language when interacting with individuals and families, documenting information, and speaking with other professionals (<i>Family-Centered, Culturally & Linguistically-Responsive</i>). • We utilize supervision when we feel stress or discomfort associated with secondary traumatic stress and/or addressing the cultural issues/context within a family (<i>Trauma-Responsive, Trained and Professional Workforce</i>). • When new or change placement is required, we thoughtfully plan and do our best to make sure both the child/vulnerable adult and the new resource family have the information they need to support the transition and minimize impact of trauma related to separation. (<i>Family-Centered, Culturally & Linguistically Responsive, Trauma-responsive, and Family-Centered</i>).

Activities	Practice Behaviors By Principles
Tailoring Plans to Needs and Strengths	<ul style="list-style-type: none"> • We prioritize individual and family needs and wishes to develop individualized service, treatment and visitation plans; plans are most effective when we consider the individual and family’s past history and prior treatment experiences, trauma exposure, current functioning and strengths (<i>Family-Centered, Trauma-Responsive, Individualized and Strength-Based and Outcomes-Driven</i>). • We think creatively and build resources that are aligned with the cultural and linguistic preferences of the individuals and families (<i>Culturally & Linguistically-Responsive</i>). • We demonstrate strength-based practice when we identify and build strengths and resilience in individuals and families in planning and documenting plans, providing education about protective factors, helping the individual/family identify how they solved problems successfully in the past and actively celebrating their current successes (<i>Individualized & Strength-based</i>). • We encourage individuals and families through modeling and coaching to be assertive in expressing their thoughts, offering solutions to their own challenges and asking for what they need when making decisions about their care and future (<i>Individualized & Strength-based, Family-Centered</i>). • We teach practical behavioral skills (e.g., guided relaxation, mindfulness, the “stop” approach, etc.) to address past trauma and build/sustain confidence in pursuing their interests and mastering their talents (<i>Family-Centered, Trauma-Responsive</i>). • We use trauma-responsive, evidence-based interventions (e.g., mindfulness, CBT, etc.) in service, treatment and visitation plans whenever possible (<i>Trauma-Responsive, Outcomes-Driven</i>). • Before finalizing decisions, action plans and plan documentation, we review this information with the individual, family and team to make sure that all parties have a clear understanding and are in agreement with their roles, responsibilities, desired change(s) and expectations for successful completion (<i>Family-Centered, Individualized and Strength-Based & Outcomes Driven</i>).

We INTERVENE

Intervening involves how we approach and engage children, youth, vulnerable adults and families in the selection and delivery of individualized services and supports, both formal and informal. Intervening is the process by which the identified decision or change strategy (e.g., Intervention) is put into action to achieve a desired goal or outcome.

Interventions are determined by assessment findings and needs pertaining to safety, permanency, stability, independence and well-being. Interventions reduce risks, nurture strengths and foster healing and growth.

Activities	Practice Behaviors By Principles
Collaborate & Engage	<ul style="list-style-type: none"> • We connect individuals and families to referral providers and community partners in the referral process as early as possible (<i>Community-Focused, Family-Centered and Outcomes-Driven</i>). • Prior to selecting and referring for services, we discuss with the individual and family their scheduling availability and preferences for a provider. We review relevant information with the individual and family about the provider and confirm their understanding for referrals and assess their motivation/readiness and determine desired outcomes (<i>Family-Centered, Trauma-Responsive, Individualized and Strength-Based</i>). • We coordinate with selected providers upon referral to make sure they have background information and a clear understanding of the individual, family and/or caregiver’s major challenges, underlying factors contributing to their current involvement, reason for referral and desired expectations and outcomes (<i>Family-Centered, Trauma-Responsive, Community-Focused, Outcomes-Driven</i>). • We clarify with all involved parties (e.g., individuals, family, provider, court, etc.) how their progress/success will be defined and measured (<i>Family-Centered, Outcomes-Driven</i>)
Identify and Link	<ul style="list-style-type: none"> • We utilize Kinship Navigation Services and other resources to preserve family connections and stabilization (<i>Family Centered</i>). • We contract with a network of providers that can successfully attend to the cultural and linguistic needs of individuals and families (<i>Culturally & Linguistically-Responsive</i>). • Whenever possible, we connect individuals and families with providers who utilize trauma-responsive, evidence-based services/interventions that are best able to meet the specific needs and strengths of the individual and family (<i>Individualized and Strength-Based, Trauma-Responsive, Family-Centered, Outcomes-Driven</i>). • We assist individuals and families to ensure they keep their appointments and participate in services (<i>Family-Centered</i>). • We recognize that individual and family resistance to engaging in services may be due to trauma exposure, poor prior experiences with treatment and/or current beliefs tied to one’s culture, religion or identity. We respect the individual’s and family’s culture and beliefs, and work with them to successfully address their resistance and resolve barriers (<i>Trauma-Responsive, Family-Centered, Culturally & Linguistically Responsive</i>).

Activities	Practice Behaviors By Principles
Nurture & Protect	<ul style="list-style-type: none"> • We make sure that individuals and families have access to and are aware of how they can express a grievance or concern about their experiences in the child welfare and/or adult services system. This includes their experience with a substitute care placement, treatment, service provider, and/or caseworker (<i>Family-Centered, Trauma-Responsive, Trained & Professional</i>).
Inform & Preserve	<ul style="list-style-type: none"> • We promote stability by ensuring that all resource providers and caregivers are well trained and qualified to meet the specific needs for each child, youth and vulnerable adult placed in their care (<i>Trained and Professional Workforce</i>). • When individuals and families are faced with separation due to placement or placement change, we set-up opportunities for them to say good-bye properly and reduce the impact of traumatic loss. We make sure individuals bring/keep with them any personal items and/or belongings of emotional significance (e.g., stuffed animals, pictures, phone numbers, etc.) and provide appropriate moving supplies (luggage, storage boxes, etc.). We also set-up opportunities to reconnect with each other prior to leaving to preserve relationships and attachments. (<i>Family-Centered, Trauma-Responsive</i>). • For out-of-home care, we continue to promote regular contact and visitation with family members and identified supports to maintain connections and relationships by creating visiting activities and other community-based opportunities between youth and/or vulnerable adult and his/her family (<i>Family Centered, Strength-based, and Trauma-Responsive</i>).



We MONITOR & ADAPT

We monitor and adapt individual and family engagement, safety and clinical progress in all aspects of case management, including supervision and formal and informal meetings with the youth, vulnerable adult and family.

During monitoring activities, frontline staff partner with the individual and family to assess and evaluate their understanding of needed services, satisfaction with care, and progress towards the achievement of their goals. Individual and family services are assessed for effectiveness and alignment with individual and family needs. Frontline staff also consider whether - individual and family strengths are being utilized to enhance protective capacities, trauma symptoms are successfully addressed, barriers to progress are resolved timely, and plans and recommendations are adapted to meet the individual and family’s changing needs.

Activities	Practice Behaviors By Principles
Promote Active Collaboration and Participation	<ul style="list-style-type: none"> • We engage the individual and family to determine whether care is satisfactory and services are effective. We explicitly document behavioral changes that demonstrate progress towards the completion of agreed upon goals (<i>Family-Centered, Trauma-Responsive, and Outcomes Driven</i>). • We review documentation to ensure that youth, vulnerable adult and family voice and agreements are visibly present in written assessments, case notes, and plans (<i>Family-Centered, Individualized & Strength-based, Culturally & Linguistically-informed</i>). • We ensure Individual and family accomplishments and successes are celebrated, especially as they relate to progress towards completion of goals in their service and treatment plans (<i>Individualized & Strength-based</i>). • We clarify with the individual the reasons for their continued involvement and expectations for closure and discharge (<i>Family-Centered, Outcomes-Driven</i>).
Ensure Healing and Preventing Re-Traumatization	<ul style="list-style-type: none"> • We ensure individual and family trauma reactions are being addressed through services, as evidenced by a decrease in symptoms and no overt evidence of re-traumatization (<i>Trauma-Responsive</i>). • When individuals and families are experiencing barriers to service participation, we explore reasons and provide concrete (direct) assistance and resources to resolve challenges timely (<i>Individualized & Strength-based, Culturally-Responsive, Trauma-Responsive, Community-Focused</i>). • We monitor ourselves, our team and our system for signs of stress. We routinely assess our own trauma triggers, stress responses negative reactions and biases when meeting with individual and families. We seek support and supervision, and commit to a well-being plan to combat secondary traumatic stress symptoms (<i>Trained & Professional, Trauma-Responsive</i>).

Activities	Practice Behaviors By Principles
Assess & Re-Assess	<ul style="list-style-type: none"> • We use standardized assessments and tools (e.g., CANS, TA-Family Connections tools and/or other identified tools) to re-assess the youth, vulnerable adults and family’s progress towards goals (<i>Trauma-Responsive, Family-Centered, Individualized & Strength-based, Outcomes Driven</i>). • We review findings and behavioral changes with the individual and family to gather their input when assessing efficacy and progress; we focus on strengths and behavioral changes rather than compliance (<i>Culturally & Linguistically-Responsive, Outcomes-driven</i>). • We identify, within the plan and related documentation, how any new safety threats and/or risk concerns are to be addressed/resolved (<i>Family-centered, Outcomes-driven, and Trained & Professional</i>). • We ensure changes to plans and action steps are written clearly and explained to individuals and family using concrete steps and timelines for completion. We again clarify with all parties how progress/success will be measured (<i>Family-centered, individualized & Strength-Based, Outcomes-driven</i>). • After discussion with individuals and/or family, we adjust/amend as needed and share plans with all parties. We identify with the individual and family social and concrete supports that we will assist them as needed (<i>Individualized & Strength-Based, Family-Centered</i>).
Ensure Timely Progress & Closure	<ul style="list-style-type: none"> • We clarify with the individuals and families what actions and behavioral changes need to occur to achieve timely permanency/ discharge and closure. If needed, we adjust plans and action steps to ensure that individual and family are able to achieve identified goals for permanency and closure. (<i>Family-centered, Outcomes-Driven</i>). • Before finalizing any changes in decisions, action steps and plan documentation, we make sure all parties are in agreement and schedule a follow-up meeting date with the individual, family and their key partners (<i>Individualized & Strength-based, Trained & Professional, and Family-Centered</i>). • We maintain and share documentation of any decisions or changes to the service, treatment or visitation plan with the individual and family timely. (<i>Family-Centered, Outcomes-driven, Trained & Professional</i>).

We PLAN FOR TRANSITION

While transition planning has traditionally referred to planning for discharge from services, we recognize that individuals and families within child welfare and adult services experience many types of transitions throughout their time spent with us. Transitions occur when individuals and families experience changes in caseworkers and/or caregivers, achieve developmental milestones (e.g., moving from youth to adulthood or vulnerable adult to independence) and as they approach discharge from treatment and/or services.

Successful transition planning begins when the individual, family, frontline staff and community providers establish first contact and continues until the formal supports and services associated with the agency are no longer needed. Individuals and families are likely to respond best to transitions and achieve success when changes are discussed and planned early and often between frontline staff, individual, family, and their identified formal and informal family and community supports.

As the time for individual and/or family case closure nears, we pay thoughtful attention to the individual and family's emotional reactions and together determine what continued supports or services might be needed following SSA's and LDSS' formal involvement to preserve success and positive permanency outcomes.



Activities	Practice Behaviors By Principles
<p>Promote Physical and Psychological Safety and Stability</p>	<ul style="list-style-type: none"> • We start early on in working with individuals and families to gradually introduce concepts to build self-sufficiency (<i>Outcomes-Driven</i>). • We recognize that any transition and/or discharge will trigger feelings of loss and trauma for the individual and family. We educate about and address the topic directly with individual and family throughout the transition/discharge process. Also identify areas or events that may be stressful, challenging or trauma-triggering during the process and beyond discharge (<i>Trauma-Response</i>). • We establish routine contact with the individual and family to clarify goals, develop/review plans and determine action steps to ensure successful achievement and timely closure (<i>Family-Centered</i>). • We help individuals and families prioritize their desired goals and activities that will build a strong foundation for a thriving future (<i>Outcomes-Driven, Family-Centered, Individualized & Strength-based</i>).
<p>Support Lasting Relationships and Connections</p>	<ul style="list-style-type: none"> • We involve youth or adult-identified supports, such as fictive kin, caregivers, and community members in planning discussions and meetings (<i>Family-Centered, Individualized & Strength-based, Community-Focused, Outcomes-Driven</i>). • When considering discharge, we assist the individual and family to identify mentors and build connections for concrete social and community supports beyond transfer and discharge (<i>Family-Centered, Individualized & Strength-based, Trauma-Responsive, Community-Focused</i>).
<p>Ensure sustained success</p>	<ul style="list-style-type: none"> • We assess the youth, vulnerable adult and family’s readiness for transition (including independent living) and discharge using standardized assessment tools, including the CANS, Financial Literacy, etc., for safety, stability, permanency, self-sufficiency and well-being (<i>Family-Centered, Outcomes-Driven, Individualized & Strength-Based</i>). • We provide linkage and access to needed resources and services before discharge to increase the individuals’ and families’ success (<i>Family-Centered</i>). • We set a concrete plan and date with the youth, vulnerable adult and family for follow-up post discharge, and ensure assistance and direct support are available as needed (<i>Outcomes-Driven</i>).

Supervisory & Administrative Leadership Behaviors

Successful implementation, fidelity and sustainability to the Integrated Practice Model is best achieved when SSA supervisors and administrators demonstrate, coach, support and hold staff and one another accountable to the application of the IPM values, principles and core practices in their daily work. We aim to create and sustain a culture of safety, learning, and continuous improvement. The table below represents what supervisors and administrators can do in their interactions and work with frontline staff to best implement, support and sustain the IPM values and principles in their practice, relationships, and decision-making.

	Engage, Assess & Team	Plan & Intervene	Monitor & Adapt
Build Partnerships (Family-Centered & Community-Focused)	<ul style="list-style-type: none"> • We model our values of collaboration, advocacy, respect and empowerment in our communications and interactions with staff, individuals, families and community. • We foster transparency and open communication with staff in daily interactions, supervision and team meetings. • We ensure timely sharing of information with staff, individuals, families, resource parents and providers, especially when critical decisions are involved. • We forge meaningful and productive relationships with community partners and providers to enlist their support in addressing individual and family needs short and long-term. • We educate community partners, law enforcement, court and judicial partners about child welfare and adult services policy, practice and the special needs of the population we serve (e.g., LGBTQ, Developmental Disability, etc.). 	<ul style="list-style-type: none"> • We reinforce timely and meaningful identification of family membership (including maternal/paternal relatives and fictive kin) when conducting assessments and developing team meetings and plans. • We promote involvement of extended family and social supports in the lives of children and vulnerable adults to build lasting family and community connections and shared responsibility in achieving safety, permanency, stability, well-being, and self-sufficiency outcomes. • We provide guidance to staff to ensure youth, vulnerable adults and families have individualized services and normative social and developmental experiences when separation from their home and family is necessary. 	<ul style="list-style-type: none"> • We monitor practice closely and provide guidance to ensure child, youth, family, vulnerable adult and caregiver voice are present in assessments, FIM/CTC, plans, and decision-making. • We actively and routinely seek feedback from staff and partners to monitor stress and fidelity related to the implementation of the practice model, new initiatives and policy. • We respond timely to address and resolve staff and agency conflicts, concerns and system barriers. • We ensure ongoing family and community voice and perspective in system activities, decisions and continuous quality improvement processes (CQI).

	Engage, Assess & Team	Plan & Intervene	Monitor & Adapt
Create an outcomes-driven working environment (<i>Outcomes-Driven</i>)	<ul style="list-style-type: none"> • We use supervision and administrative meetings to strengthen implementation and promote system alignment with the practice model by creating a culture of healing, teaching and reflection throughout the agency. • We seek to understand the reasons, details and contributing circumstances to an event when progress lacks or mistakes happen, so the team can learn and prevent similar situations from occurring in the future. • We involve staff, family, community and providers of varying cultures in agency decision-making when creating and reviewing program development, policy-making and practice. • We provide staff with ongoing training opportunities, modeling and coaching to ensure successful delivery of the IPM strategies (e.g., FIM, CTC, Case Priority Analysis, CANS/assessment tools, trauma responsive care, etc.) in their day to day practice. • We create supervisory and leadership teams to increase implementation and sustain fidelity to the IPM values, principles, interventions and behaviors. 	<ul style="list-style-type: none"> • We honor and protect individual and group supervision. We promote meaningful supervising by encouraging staff to bring an agenda to supervision that focuses on challenging issues and client outcomes data. • We ensure that treatment and service plans are driven by assessment data (e.g., CANS, Safety and Risk Assessments, Caseload Priority Analysis, etc.), and that documentation contains clear goals and expectations. • We support professional development of an individualized training plan for staff based on their needs and desired expertise. We review the training plan with staff on regular intervals and annually. 	<ul style="list-style-type: none"> • Promote use of comprehensive monitoring and CQI through routine review of assessment, performance and outcomes data in daily practice, performance evaluations, and decision-making (e.g., supervision, team meetings). • Establish a meaningful and participatory continuous quality improvement process. Review data regularly with staff, clients, community partners and providers, and develop time-driven plans to address improvements where needed. Ensure timely follow-up to action steps. • Routinely obtain and review feedback from individuals and families about the quality of their care and satisfaction with treatment. Collaborate with staff to determine a response to challenges and/or difficulties. • Monitor the efficiency/ efficacy and quality of practice of staff. Use evidence to inform supervision, support and training to staff. Develop corrective active plans and assist staff when needed.

	Engage, Assess & Team	Plan & Intervene	Monitor & Adapt
<p>Promote strengths & healing from trauma (<i>Trauma-Responsive, Individualized & Strength-Based</i>)</p>	<ul style="list-style-type: none"> • We use trauma-responsive engagement and strengths-based language in daily communications, interactions, assessments, case documentation, and performance evaluations. Provide feedback to staff and community providers by acknowledging their successes and strengths. • We promote use of the CANS (and deeper-level trauma screens) to assess individual and family functioning, trauma exposure, and well-being, and review data to ensure needs and strengths are attended to in service/treatment plans and supervision. • We advocate for ongoing trauma training and provide transfer-of-learning opportunities for staff, families, and resource caregivers. • We create policy, training opportunities and resources that acknowledges and addresses secondary traumatic stress in the workplace and promotes healing and restoration for staff and families. • We review individual and family reports and plans to ensure staff’s daily practice and decision-making is actively attending to youth, vulnerable adult and families’ current and past trauma and trauma behaviors. • We ensure staff are utilizing providers who use trauma-responsive assessments and interventions with children, youth, vulnerable adults and families. • We address the impact of secondary trauma on staff through supervision. 	<ul style="list-style-type: none"> • We create a work environment that acknowledges the impact of trauma and violence on clients and staff. • We ensure staff review client assessment data with clients to help them better understand trauma history and its relationship to maltreatment history and potential impact on recidivism. • We promote self-care among staff and encourage and model a healthy work life balance. • We provide staff training on de-escalation techniques and model a culture of calm. 	<ul style="list-style-type: none"> • Continually assess the impact of trauma exposure on all staff and agency work performance throughout the agency. Reflectively consider workforce attendance/performance, bias and stress. • Identify opportunities for outreach and training for community partners, court and legal partners on trauma exposure and impact. • Debrief with all staff following any potentially traumatic event. Bring in external professional assistance (e.g., EAP) as needed. • Collaborate with community partners to build resources to address individual, family and staff trauma reactions.

	Engage, Assess & Team	Plan & Intervene	Monitor & Adapt
Honor Culture (Culturally & Linguistically Responsive)	<ul style="list-style-type: none"> • We celebrate staff, individuals and families’ cultures and traditions throughout the agency work environment. • We promote ongoing training and mentoring of staff and resource caregivers to ensure responsiveness to individuals and family’s cultural and linguistic needs. • We encourage staff to actively reflect on their own beliefs, assumptions and biases regarding their work with people of different values, culture, race, religion, gender and sexual orientation. We address the impact of cultural bias on staff interactions and decision-making when applicable. 	<ul style="list-style-type: none"> • We ensure agency staff and contractual providers are responsive to individual, family and staff culture and language in assessments, treatment reports, documentation, family and team meetings, and when developing service and treatment plan recommendations. • We build and provide staff with information regarding community resources and providers who are affirming of individual culture, traditions, language, gender identity, sexual orientation, and spiritual needs. 	<ul style="list-style-type: none"> • When behaviors or comments are made in the work place that are not in alignment with SSA’s culturally-responsive practice principle, educate staff and address the issue immediately.
Foster Professional Growth	<ul style="list-style-type: none"> • We forge helping and collaborative relationships within and outside the agency by bringing a variety of community resource providers and experts into the agency who can share their experiences and ideas. • We seek opportunities to educate community partners and external stakeholders about SSA initiatives, and conduct and attend trainings for the community if applicable. 	<ul style="list-style-type: none"> • We integrate SSA’s values of collaboration, advocacy, respect and empowerment into staff professional development through supervision and coaching strategies. • We respond to staff and client needs and challenges rapidly when they arise and report back. • We encourage opportunities for upward mobility of staff members. 	<ul style="list-style-type: none"> • We actively and routinely seek feedback from staff regarding their satisfaction with their work and work relationships. • We ensure active monitoring of staff’s individual and team achievement towards agency performance outcomes and professional growth goals. • We celebrate staff successes and respond to barriers and challenges timely.

Implementing and Sustaining our Integrated Practice Model



Implementing and sustaining our Integrated Practice Model requires a coordinated effort with and across SSA and the LDSS. The SSA-LDSS Implementation Structure plays a critical role in infusing the practice model across all facets of SSA and the Local Departments of Social Services. Cross-Cutting Networks (i.e., Workforce Development, Information Technology/Modernization, Communications, Policy and Continuous Quality Improvement), in particular play critical role.

Workforce Development – Training & Coaching

Training and Coaching are foundational pillars to the implementation and sustainability of the practice model. To fully achieve the Integrated Practice Model into SSA’s day-to-day practice, Human Resources will be engaged to modify future job postings to include the Practice Model mission, values, and practice principles. Selected candidates will be educated about the practice model values and principles. Interviewing tools will ask applicants to identify key collaborators, share views and beliefs about parents and vulnerable adults, describe how advocacy would be facilitated, and identify specific ways individuals can be empowered. Employee competencies and performance evaluations will be enhanced to include all practice model principles and supervisors at all levels will use existing and newly developed measures to monitor and provide feedback to staff on their ability to demonstrate these skills.

Establishing and sustaining change to the point of integration into daily work is not likely unless there is external support for change at the practice level (e.g., support from coaches). Training can set a baseline understanding for new hires and veteran staff alike, but coaching reinforces practice integration. SSA and local agencies will engage in conversations and explore existing resources to meet this vital need.

Information Technology/Modernization



The Information Technology/Modernization efforts underway at SSA will be leveraged to promote implementation and sustainability of the Integrated Practice Model. Data fields and prompts will be included to encourage case work practice that aligns with and reinforces the core practice principles and core strategies reflected in the Integrated Practice Model. Caseworkers will have access to an IT platform (CJAMS) that not only captures the relevant case-level information but is also built in a way that helps improve the manner in which staff work with children,

youth, families, and vulnerable adults more effectively. Through the enhanced IT platform and integration with the practice model, supervisors will have a resource to help them better monitor casework practice and provide more meaningful supervision and oversight. CJAMS will also support SSA and LDSS to become more outcomes-driven, as it will have the capacity to generate meaningful data reports to inform decision making at the case and system level.

Communications

The Communications network will be a critical collaborator throughout the implementation process. This network is responsible for working closely with DHS and SSA communications staff to develop a strategy and materials to ensure all internal and external LDSS stakeholders are educated about the Integrated Practice Model and the implementation time line. Key resources will include a monogram for the Integrated Practice Model, brochures for youth, families, and vulnerable adults, and communication platforms like a newsletter or social media outlets to share up-to-date information.

Policy

SSA policies will be modified or drafted to provide staff clear guidance for how the practice model behaviors, activities, and measures are to be integrated into daily practice and decision-making. SSA will enhance SSA's policy development and review process to ensure the practice model principles and values are fully integrated and operationalized.

Continuous Quality Improvement



Continuous Quality Improvement will rely heavily on the modernization efforts to streamline and create valuable data sources to monitor and recommend needed adaptations to the practice model implementation and sustainability. Client satisfaction surveys, referral agent surveys, community stakeholder surveys, program audits, and functional assessment data from child welfare and adult services will help SSA and the local agencies identify gaps in practice and strengths that should be sustained and replicated. As an example, youth and family surveys may be utilized to

measure effective implementation and fidelity following family involvement meetings or client collaboration meetings. Similarly, all assessments will be aligned with the practice model and policy to help staff understand how data can be better used when making decisions at all levels of the system.

