



SOCIAL SERVICES ADMINISTRATION MARYLAND DEPARTMENT OF HUMAN SERVICES

Integrated Practice Model For Child Welfare and Adult Services

A Framework for Maryland's Human Services Workforce



Executive Summary

A practice model is a framework for the overall approach to child welfare and adult services. It includes the vision, values, principles, and core intervention components and skills necessary to achieve intended outcomes for and with children, youth, families, and vulnerable adults.

Adapted from McCarthy, J. (2012). Guide for developing and implementing child welfare practice models. Available from the University of Southern Maine Muskie School of Public Service: http://muskie.usm.maine.edu



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Letter from the Executive Director

Maryland's child- and family-serving systems have been evolving for more than two decades. We have grown and enhanced local services and supports to be evidence-based and evidence-informed, high quality, accessible, and culturally and linguistically responsive. We have increased our emphasis on serving children, youth, vulnerable adults, and families in their own homes and communities. We have prioritized collaborating with our partners and stakeholders to transform our system so that is trauma-responsive and better aligned with our shared values.

In 2007, the Department of Human Services embarked on a bold initiative, Place Matters, which, along with strategic efforts in Adult Services, has resulted in increasingly greater numbers of individuals and families being served in their homes and communities—while maintaining their safety—with better outcomes. These reforms provided the foundation in 2014 for Maryland to implement a Title IV-E Waiver Demonstration Project, known as Families Blossom&Place Matters. Leveraging the work of Place Matters and focused on preventing new and re-entries into out-of-home placement, Families Blossom&Place Matters has supported installation and implementation of locally-selected evidence-based and promising practices and increased use of meaningful assessments while improving how we do business with each other and with the individuals and families we support.

Today, we have an opportunity to go further, to build on our foundation, to support equity across our state.

This Integrated Practice Model (IPM) articulates our values, principles, and core practices and sets forth expectations for how we will work with children, youth, families, and vulnerable adults, as well as how we will work with each other and with our community and state partners. We want to ensure that every child, youth, family, and vulnerable adult we serve, regardless of jurisdiction, benefits from our shared values, principles, and core practices and has access to high-quality interventions and services in their homes and communities.

In the coming months and years, we will be providing training and coaching, supporting supervisors to support their workers, disseminating tools and materials to improve practice, and aligning all policies with this practice model. We will have a modernized management information system and the tools we need to use it effectively. We will infuse this model into everything we do so that it becomes the foundation for all our work across Maryland.

I hope that you will return to this document in the years to come so it can serve as a reference to ground your work. I thank you for your commitment to Maryland's children, youth, families, and vulnerable adults, and I challenge you to consider how you can grow and learn so that we can continue to improve the quality and effectiveness of what we do, in partnership with those we serve and support.

Best,

Rebecca Jones Gaston, MSW Executive Director, Social Services Administration

Overview of our SSA Integrated Practice Model

The Maryland Department of Human Services (DHS) is the state's human service agency. 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 members and organizations, children, youth, families , and vulnerable adults across Maryland.

In *Child Welfare Services*, we are committed to protecting children and youth from abuse, neglect, and maltreatment by: 1) maintaining them safely in their homes whenever possible and appropriate; 2) reducing repeat maltreatment and re-entry into foster care; 3) ensuring stability and timely, lasting, and positive permanency; and, 4) promoting their well-being.

In *Adult Services*, we are 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 individuals, 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 with Adult Services in their lives.

Together, the State and local jurisdictions strive to provide high quality services and supports facilitated by a consistent, integrated approach and practice model, known as the Integrated Practice Model (IPM). Our goal is to achieve better outcomes for those we serve. Maryland's IPM is based on values of CARE: Collaboration, Advocacy, Respect and Empowerment. Through these values, we commit to:

COLLABORATING with children, youth, families, vulnerable adults and their community partners to ensure 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-informed and designed to help children, youth, families, and vulnerable adults achieve their goals;

RESPECTING each individual's unique experiences; and,

EMPOWERING professionals and the individuals and families we serve by building and strengthening their resiliency, self-sufficiency, stability, and lasting connections.

The IPM provides an integrated, individualized, and standardized approach for the work we do in both child welfare and adult services. This means that the children, youth, families, and vulnerable adults of Maryland can expect and count on high quality services regardless of where they live.

OUR STRATEGIC VISION

In 2014, DHS/SSA launched Families Blossom&Place Matters. Built on the successes of Place Matters, Families Blossom&Place Matters represents a coordinated, comprehensive set of agency-wide strategies aimed at improving the lives of Maryland families. The goals of Families Blossom&Place Matters are to:

- 1. Promote safe, reliable and effective practice through a strength-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.
- Expand and align the array of services, resources, and evidence-based interventions available across 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.
- 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 (IT) to ensure timely access to data and greater focus on agency, individual, and family outcomes.
- 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, SSA intends to transform the social service system so that the children, youth, families, and vulnerable adults we serve and support 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 safe, engaged and well-prepared professionals that effectively collaborate with individuals and families to achieve positive and lasting results.

Our Practice Model Framework

Rooted in family systems theory, systems of care values and principles, and trauma-responsive practice, the IPM aligns, unifies, and enhances Maryland's existing practice frameworks- Family-Centered Practice, Youth Matter, and Adult Services. Together, the values, guiding principles, and core practices nested within the IPM establish our philosophy and approach for partnering with children, youth, families, vulnerable adults, community partners and stakeholders.

The IPM (Figure 1) illustrates how our values, principles and core practices inform and guide our day-to-day communications, behaviors, interactions, and decisions with children, youth, families, vulnerable adults, community partners, service providers, and colleagues – both within and outside the agency.

SSA and our local department partners are committed to embedding the IPM'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 personnel and resource recruitment strategies.

Figure 1: The Integrated Practice Model Key



OUR VALUES

Our values are the fundamental beliefs that guide our work. They provide the basis for our behaviors and communications, daily interactions, and activities at individual and systems levels. We demonstrate these values through the words we use, the way we engage with others, the activities we prioritize, and how we respond to one another.

Collaboration – We recognize and honor the importance of building and strengthening relationships with families and communities as we work to promote safety, stability, permanency and well-being. Children, youth, families, and vulnerable adults are active partners in assessment, planning, and decision-making about themselves.

Advocacy - We support and elevate 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 or restored. **Respect** - We affirm all individuals without imposing personal opinion or judgment. We value learning about each person's unique skills and talents, and support their expression of race, religion, ethnicity, culture, history, values, traditions, sexual orientation and gender expression and identity. We are responsive to language preferences.

Empowerment - We support self-expression and individual choices. We believe everyone has the ability to reach their full potential. We build on strengths and support children, youth, families, and vulnerable adults to achieve their own goals for themselves and their families.

OUR PRACTICE PRINCIPLES

Much like our values, our practice principles govern our work, relationships, actions, 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, youth, families, and vulnerable adults.

| PRACTICE PRINCIPLES | PRINCIPLES IN ACTION |
|---|---|
| Family-Centered | We believe families have shared power in planning and decision-making processes. Our planning and service delivery engages, strengthens, and supports the entire family unit, as defined by the family. We support children, youth, families and vulnerable adults to make informed decisions related to their own plan, services, and supports. They are full partners in all aspects of the planning and delivery of their own services and in the development and implementation of the policies and procedures that govern their services and support. |
| Culturally & Linguistically- Responsive | We affirm and seek to understand better the individual identities of children, youth, families, and vulnerable adults, as well as our colleagues and partners. We value people inclusive of their race; ethnic background; socio-economic status; sexual orientation, gender identity or gender expression; faith; national origin or immigration status; physical, developmental, or intellectual disability; behavioral health disorder; geography; or other characteristics; and, we seek to provide services that are responsive to these identities. We work to expand our awareness and understanding of institutional and personal bias, whether explicit or implicit. We use the chosen name and pronoun of the individuals with whom we are interacting. We commit to asking the individuals and groups that are most affected by our policies, services, and interventions to guide their development, implementation, and evaluation. |

Table 1: SSA Practice Principles in Action

| | We strive to continually improve our performance in ensuring safety, permanency, autonomy, and well- being of the children, youth, families, and vulnerable adults we serve and support. | | | | | | |
|---|---|--|--|--|--|--|--|
| | We identify immediate and long-term goals in partnership with the children, youth, families, and vulnerable adults and utilize a team process to refine those goals and ensure they are consistent with our shared values, specific, achievable, and able to leverage the desired result. | | | | | | |
| Outcomes-Driven | We utilize services and interventions that are evidence-based or evidence-informed and continually track and analyze data to improve all of our practices and policies. | | | | | | |
| | We assess quality, effectiveness, and outcomes at the individual, organizational, and systems levels. | | | | | | |
| | 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. | | | | | | |
| | We provide developmentally appropriate services and supports for children, youth, families, and vulnerable adults, and work to ensure accessibility of a broad, flexible array of effective and quality home and community-based services and supports, both traditional and non-traditional. | | | | | | |
| Individualized and Strength-Based | We build upon the strengths of the individual and family and address individualized needs across domains. We create individualized plans that include services aligned with the unique strengths needs of each member of the family and, developed in true partnership with the individual and fa | | | | | | |
| | We celebrate individual and family accomplishments and successes. We recognize that plans may fail but children, youth, families, and vulnerable adults do not fail. | | | | | | |
| Safe, Engaged and | We commit to a culture of safety and learning, thus we recruit, train, coach, and continually develop an engaged and highly-qualified workforce that embodies our values and principles. | | | | | | |
| Well-Prepared Professional Workforce | We believe professional development as an ongoing process built through learning, experience, and supervision that progressively strengthens individuals, teams and organizational capacity to provide quality services. | | | | | | |
| | We believe that communities hold a critical role in ensuring the safety and well-being of children, youth, families, and vulnerable adults. | | | | | | |
| | Community partnerships are essential to ensuring that services and interventions reflect and are responsive to the diverse needs of those we serve and are sustainable beyond the agency's formal involvement with the family. | | | | | | |
| Community-Focused | We are inclusive of both traditional and non-traditional home and community-based interventions within our service array and believe that services and supports should be delivered in the least restrictive, most normative environment that is clinically appropriate for safety, permanency, and well-being. | | | | | | |
| | Services and interventions should be delivered to prevent removal of children, youth, and vulnerable adults from their homes and communities whenever possible and appropriate and to support their successful transition back into their homes and communities. | | | | | | |
| | For older youth, services and supports should be delivered to support successful transition into adulthood, regardless of permanency plan. | | | | | | |
| | Services should be integrated across child- and family-serving systems as well as with neighborhood, faith-based, school-based, and other service delivery systems. | | | | | | |
| | We recognize and respond to the impact of trauma experiences and traumatic stress on the individuals we serve and support and help our workforce understand its interaction with other experiences, such as culture, history, race, and gender, as well as the compounding impact of structural inequity. | | | | | | |
| Trauma-Responsive | We continually assess for adverse and traumatic 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. | | | | | | |
| | We promote and maintain an environment and agency culture that addresses, minimizes, and treats secondary traumatic stress and increases staff wellness. | | | | | | |

These principles were informed by workgroups and stakeholder input as well from the Child Welfare Information Gateway's *Philosophy and Key Elements of Family-Centered Practice*, the National Child Traumatic Stress Network's *What's Sharing Power Got To Do With Trauma-Informed Practice and Creating Trauma-Informed Systems*, and Stroul, B., Blau, G., & Friedman, R. (2010). *Updating the System of Care Concept and Philosophy*.

OUR CORE PRACTICES

Our seven Core Practices (Figure 2) that make up our integrated approach to working with children, youth, vulnerable adults and families are essential to strong practice and achieving successful outcomes. Each is interrelated, occurring continually throughout a worker's involvement with the individual and their family. These practices, together with our values and principles, inform the day-to-day actions of 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.

Figure 2: SSA Core Practices



We Engage

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

We Team

We recognize that we cannot achieve safety, permanency, and well-being alone and that we are only able to achieve healing and restoration for children, youth, families, and 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 goals 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 goals 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 each other, celebrate progress and successes, identify and eliminate barriers, and make adjustments based on changing needs, priorities, 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 promoting healing from trauma, reducing risks and nurturing strengths are identified in the assessment and team meetings.

We Monitor and Adapt

We meet with individuals and families individually and as a full team regularly to support progress towards achieving agreed upon goals, and to continually and collaboratively assess safety, well-being, and permanency, as well as the fit of services and interventions being provided, team composition, meeting frequency, and other needs that may arise. We ensure that all questions are addressed, information is shared in a clear and developmentally appropriate manner, successes are celebrated, and barriers to progress are resolved timely.

We 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 workers and/or caregivers, achieve developmental milestones and when we transition out of providing direct services to them.

FAMILIES ***** PLACE BLOSSOM MATTERS

Maryland's Transformation of Child Welfare & Adult Services

Core values of collaboration, advocacy, respect and empowerment, and our family-centered, community-focused, strengths-based, trauma responsive practice



GOALS FOR MARYLAND'S CHILDREN, YOUTH, VULNERABLE ADULTS, FAMILIES AND OUR COMMUNITIES

| | Safe and free from maltreatment | | | Partnered with a safe, engaged, and well- prepared professional workforce that effectively collaborates with individuals and families to achieve positive and lasting results | | | ell- ional ctively | Healthy and resilient with stable and lasting family connections | | | |
|--|--|--------------------|--|---|---|---|--------------------------|---|---|--|--|
| | Living in safe, supportive and stable families where they can grow and thrive | | | | | | d eve | Able to access a full array of high quality services and supports designed to meet family or individuals' needs | | | |
| OUR BUILDING BLOCKS AND STRATEGIES | | | | | | | | | | | |
| Prac | Integrated Practice Model Comprehensive Assessment | | ehensive | Expanded & Aligned Array of High Quality Services | | Safe, Engaged & Well- Prepared Professional Workforce | | Modernized Technology | Continuous Quality Improvement | | |
| OUR FOUNDATION: THE INTEGRATED PRACTICE MODEL PRINCIPLES Based on SSA's Values and Vision, these practice principles govern our work, relationships, and decisions with children, youth, families, adults, and each other. | | | | | | | | | | | |
| Family- Centered | | rauma- sponsive | Individualized & Strength- Based | | Culturally & Linguistically- Responsive | | Outcome Driven | s- Communit Focused | Safe, Engaged & Well-Prepared Professional Workforce | | |
| | OUR CORE PRACTICES | | | | | | | | | | |
| Enga | Engage Team | | Ass | sess | s Plan | | ntervene | Monitor & Adapt | Transition | | |

Voices of Experience about Key Core Values and Principles

66 I wish more foster parents were empowered to know what the process is supposed to look like, what their rights are in the process, and what to do if it [the process] isn't happening. **Resource Parent**

66 We are working together as a team when we are communicating about our foster child frequently and consistently, I don't mean they have to show up all the time just keep me in the loop.

Resource Parent

6 I want to have an open line of communication with my worker, I need to feel comfortable telling them how I feel about my placement.

Current Foster Youth

66 It is really important to me to have everyone working together, the DSS, my grandson's school, and doctors, and me.

Kin Caregivers

- 66 She [case manager] helped me and stuck with me to help me find someone who would be able to help me. Anytime I pick up the phone and call the case manager I get a response. Adult Services Client
- **66** Support is the most important thing to have when you're in foster care because you need somebody who will be there for vou.

Current Foster Youth

66 It took me a long time to trust my worker- I didn't trust anyone- but she never gave up on me- she kept being nice and caring even when I wasn't being nice.

Former Foster Youth

The above quotes were gathered from key informant interviews held in July 2018 with with parents, caregivers, former and current foster youth, vulnerable adults, and resource parents.

ACKNOWLEDGMENTS

The Maryland Department of Human Services' Social Services Administration is grateful to the local and central office social services staff, sister agencies, provider community, technical assistance providers, and key stakeholders who contributed to the development of this model and to the members of the Practice Model Workgroup, Integrated Practice Model Team, and Outcomes Improvement Steering Committee.

We offer our sincere appreciation to the youth and young adults, foster care alumni, resource parents, caregivers, vulnerable adults and families who provided critical insight, perspective, and input into this process and the development of this practice model.

Funding to support the development of Maryland's Integrated Practice Model came in part from the U.S. Department of Health & Human Services, Administration on Children & Families, Children's Bureau through Maryland's Title IV-E Waiver Demonstration Project, Families Blossom.

Thank you also to our partners at Casey Family Programs, Chapin Hall at the University of Chicago, and the Institute for Innovation and Implementation at the School of Social Work, University of Maryland for their contributions to development of the Integrated Practice Model.

These principles outlined in this Integrated Practice Model were informed by workgroups and stakeholder input as well from the Child Welfare Information Gateway's *Philosophy and Key Elements of Family-Centered Practice*, the National Child Traumatic Stress Network's *What's Sharing Power Got To Do With Trauma-Informed Practice* and *Creating Trauma-Informed Systems*, and Stroul, B., Blau, G., & Friedman, R. (2010). *Updating the System of Care Concept and Philosophy*.

