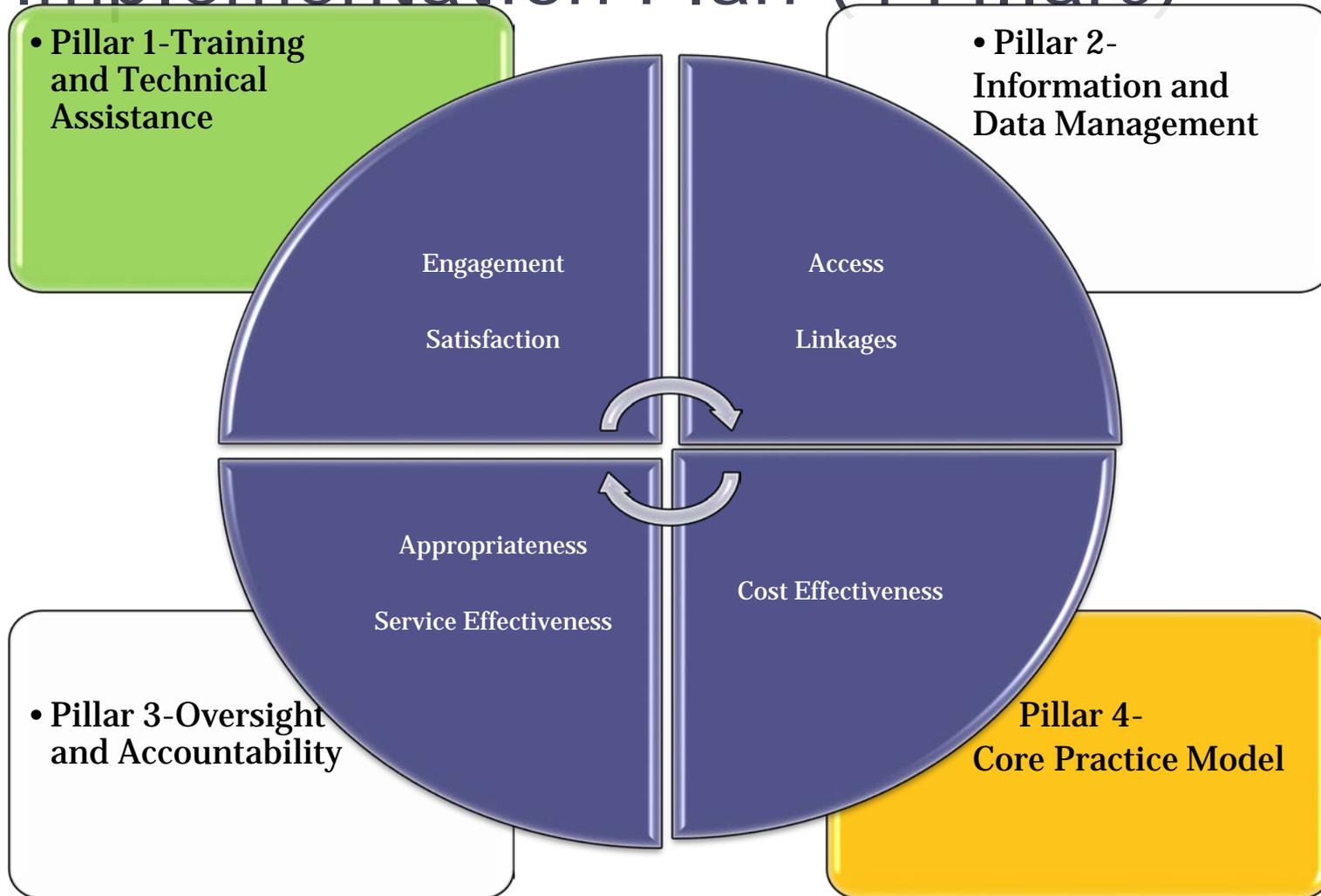


Using the
Pathways Core Practice Model
to build
Child and Family Services Reforms
in California

Brief History And Context

- At least 5 Little Hoover Reports since 1977 have invited state and county agencies to close gaps for kids and families.
- Katie A. Settlement required a cross system, Core Practice Model be developed and implemented in CA.
- State effort in 2011-12 to create and produce a *“Pathways to Mental Health” CPM*
- County CWS partners began thoughtful planning and development of a *“Child Welfare” CPM*, and has finalized its enhancements to the Pathway’s Model.
- The court requires an Integrated Model be in place however, and stakeholders are in development of a truly shared modeling platform.
- A parallel, Integrated Training Plan, to support CPM use, is fast approaching approval.

SMS/Community Team Implementation Plan (4 Pillars)



A Shared Approach
to California's Children, Youth,
and Families/
Integrated Practice Guide

Shared Theoretical Underpinning

Shared Principles and Values

Shared Practice Behaviors (CFT)

Unique Probation
Theories, Values,
Principles, and
Practices

Unique Welfare
Theories, Values,
Principles, and
Practices

Unique Behavioral
Health Theories,
Values, Principles,
and Practices

Integrated Statewide Training Plan

Settlement Agreement

“The purpose of the Core Practice Model (CPM) Guide is to provide practical guidance and direction for **county child welfare and mental health agencies**, other service providers, and community/tribal partners who will be implementing the CPM when working with children and families involved with child welfare who have or may have mental health needs.”

Continuum of Care

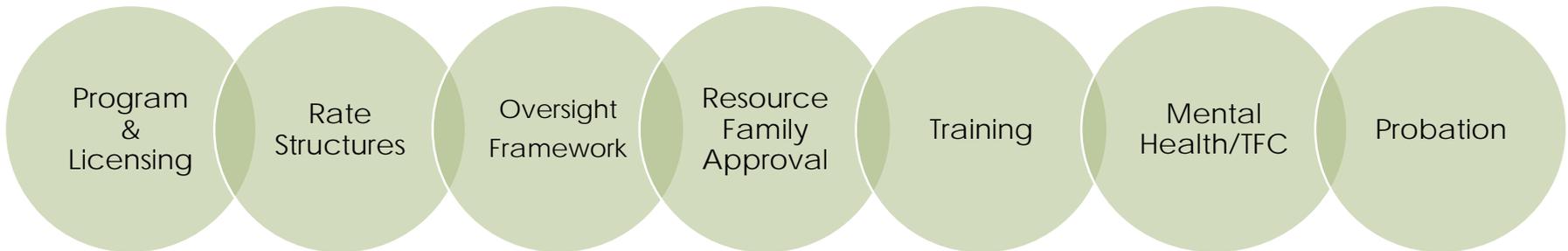
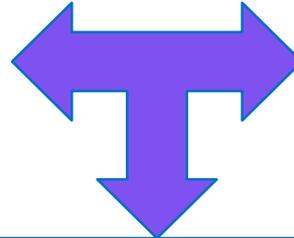
“The Core Practice Model (CPM), which is the guiding framework for California’s child welfare community...will provide a framework which will outline how services should be developed and delivered; support consistent implementation of child welfare practice statewide with a focus on evidence informed practices; allow child welfare and probation professionals to be more effective in their roles through teaming strategies, valid and reliable assessment tools and state of the art training...”

Pathways CPM contains helpful content as to how to get started with CCR and RFA

“It is intended to facilitate a common strategic and practical framework that integrates service planning, delivery, coordination and management among all those involved in *working with children in multiple service systems.*”

The CPM guide is also intended to provide initial guidance for direct service staff; those child welfare and mental health service providers who provide services to children, youth and their parents/families who need services *from both systems.*”

CCR Implementation Framework



Program Instructions

- Interim Standards
- Regulations
- ACLs/ACINs/CFLs
- Forms
- RFA Written Directives

Capacity Building Activities

- County and Provider Implementation Guides
- Training Gap analysis
- Training Curricula
- Child Welfare Assessment Tool

Accountability & Oversight

- Accreditation Process
- License application review process
- Oversight framework/measures
- Provider Performance dashboard
- Consumer Survey

Pathways/Katie A Implementation is Platform for Continuum of Care and Related Reforms

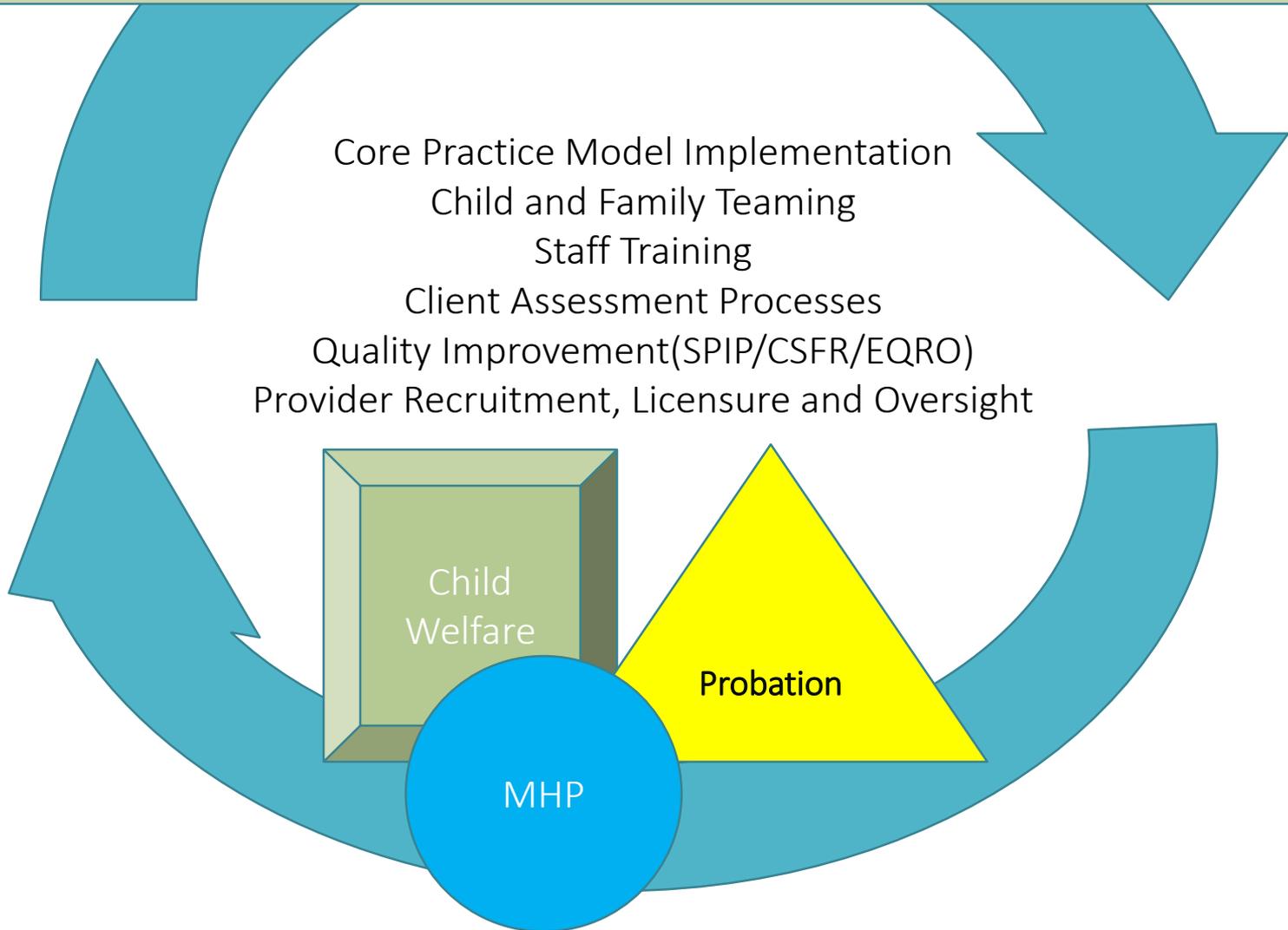
Six County Level Opportunities for More Effective Integration

Core Practice Model Implementation
Child and Family Teaming
Staff Training
Client Assessment Processes
Quality Improvement(SPIP/CSFR/EQRO)
Provider Recruitment, Licensure and Oversight

Child
Welfare

Probation

MHP



Shared Values CPM and CCR

- ❖ Needs driven, strength-based, and family focused from the first conversation with or about the family.
- ❖ Delivered through a multi-agency collaborative approach that is grounded in a strong community base.
- ❖ Individualized and tailored to the strengths and needs of each child and family.
- ❖ Parent/Family voice, choice, and preference are assured throughout the process.
- ❖ Incorporate a blend of formal and informal resources designed to assist families with successful transitions that ensure long-term success.
- ❖ Culturally competent and respectful of the culture of children and their families.
- ❖ Provided in the child and family's community.
- ❖ Children have permanency and stability in their living situation.

Critical Shared Value: Trauma-Informed

- Trauma Informed—“one in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers, families, and those who have contact with the system.
- *Programs and organizations within the system* infuse this knowledge, awareness, and skills into their organizational cultures, policies, and practices. They *act in collaboration*, using the best available science, to facilitate and support resiliency and recovery.”

Practice Components--Engagement

“At every point in a child and family’s involvement with child welfare and mental health—whether it is the initial contact; the initial assessment process, service planning, monitoring, or transition—successfully engaging everyone involved is a key ingredient for promoting positive outcomes.”

Family and youth engagement processes are prerequisites to a number of the CCR and RFA enhancements.

Practice Component--Assessment

“Assessment includes both the assessment activities that are done by child welfare, which include screening for mental health needs, and the more formal mental health assessment that is done by a mental health professional.”

“The process from screening to assessment for mental health needs to actually getting services when needed will vary from county to county. **Counties should make this process as efficient, integrated and seamless as possible, minimizing the time it takes and number of individuals a family has to meet.**

All children and youth involved with the child welfare system will receive comprehensive strength/ needs-based assessments, including screening for trauma exposure and mental health service needs.

If the child/family is not already involved with mental health, when a mental health assessment is needed, **it will be an integrated part of the full assessment process and coordinated with mental health through the child welfare worker and/or the CFT.”**

Practice Component— Service planning and implementation

- Teaming—Child and Family Team Description (12-16)
- “There will be a single cross-systems planning process that coordinates all individual agency/ service provider/community/tribal partner plans.”
- “All individual plans need to be complimentary, consistent and coordinated, with steps toward goals and tasks prioritized by the team **so the family is not pulled in different directions.**”
- Existing Resource: ICC Coordinators—“Organize and match care across providers and child serving systems to allow the child/youth to be served in his/her home community.”

Practice Component— Monitoring and Adapting

“The team routinely measures and evaluates child and family status, intervention process, progress and problems, and change results.

- Monitoring and adapting the plan is a responsibility shared among all team members.
- Monitoring includes on-going assessment for further trauma exposure which may impact the child and family’s progress.
- The CFT identifies and ties goals and interventions to observable or measurable indicators of success, continually revisits progress on tasks and goals, and revises the plan accordingly.”

Practice Component--Transition

“Children and families who are involved with both mental health and child welfare, may not exit both systems at the same time. Transition plans may vary, depending on whether the family is exiting both systems or just one of them.

The importance of the family support team continuing beyond the time of child welfare and/ or mental health involvement is emphasized from the beginning process of engagement. “

GOALS: Permanency, Safety and Well Being

Implementation and System Guidance

To the extent that local collaboratives implement the Core Practice Model, there is increased likelihood of timely and successful CCR and RFA build out.

CPM includes Training recommendations, capacity building and system development processes, and strategies to build collaborative systems.

Why Integrated Practice Modeling?

1. Katie A. Settlement invites a “revision” of existing CPM and “*unified Multi agency approach*” to care.
2. Children and families will be served with the *same values and principles and practice behaviors*, when receiving any cross system services.
3. Other reform efforts (CCR, TFC, RFA) will be enhanced via a shared training document and shared CPM.
4. Trauma Informed Systems are impossible if we remain DIS-integrated. Evidenced based programs enhanced.
5. California will have created and implemented a first in the nation *Integrated, Cross System Practice Model*.
6. Compliance, Information Tracking, Reporting and Data sharing will mirror integrated and collaborative practices. Counties will not be confused as to which model should be trained to, is being implemented, and which model the state is assessing during their eventual integrated Compliance and Quality Reviews.

What is the Child and Family Integrated Training Plan?

- Stakeholder workgroup, supported by both STEC and the SMS Community Team.
- Multiple meetings since January 2016
- Draft Integrated Training Plan expected for county level review later this summer or early fall, with potential first use availability in early 2017.

What a fully Integrated, Cross-system Practice Model and Training Plan mean for California's Families

1. Youth and families receiving services from more than one public agency will experience the use of same words and same approach to engagement, planning and delivery of interventions.
2. Parents, resource families and youth will experience reduced stress through the use of an integrated, coordinated service plan that reflects the reality of their life; satisfaction will increase because the plan will reflect their own goals and preferences.
3. If youth (re)enter another system subsequently, they will already know what to expect and can build on the previous experience and learning.
4. Judges, District Attorney, and law enforcement partners will have a clear and consistent understanding about how child welfare, mental health and probation work with families.

What a fully Integrated, Cross-system Practice Model and Training Plan mean for California's Families

5. There will be uniform processes to assess youth or child needs, with shared understanding of available services and resources that can contribute to an integrated plan.
6. Quality management and oversight activities can be managed more efficiently through uniform measures and metrics and reduction of redundant audits.
7. Collaborative leadership helps reduce risk and creates the opportunity to continuously learn from shared success and shared mistakes.

Next Steps

County Steps:

- Engage your staff, CCR, RFA and TFC implementation teams in a full and shared understanding of the Pathways to Mental Health CPM.
- Train Staff to the CPM
- Use CPM in Supervisory Process
- Engage providers, contractors, potential contractors to have awareness of the CPM and its implications for practice and service delivery and design.
- Build in key CPM elements and values into your contracting processes.
- Use Implementation Guides (if relevant)

State Shared Management Steps:

Complete Integrated Training Plan (Fall 2016)

Complete BH and Probation CPM content workgroups (Sept 2016)

Merge BH, Probation and Welfare Practice Model documents to “Integrated CPM for CA”

The Country is watching...

“Your work around an integrated practice model is important for the field. As a result of your work, CA is in a leadership position in moving the field forward.”

--Bryan Samuels, Former Chief, Children's Bureau

While the country may be watching, the best and most timely solutions are local!