



MiTEAM Practice Model

What is a Case Practice Model?

The field of public child welfare defines how to effectively deliver services to children, youth, and families. The practice model includes the following elements: desired outcomes, principles, theory of change, evidence informed practice, process and quality of care, and service array.

Positing Public Child Welfare Guidance

<http://www.ppcwg.org/practice-model-definition.html>

MICHIGAN's Current Case Practice trends:

- In 2009, only 46% of children, parents and relatives were involved in case planning. Of the 46% who were surveyed, 69% were FC and 12% were CPS.
- In 2010, 55.7% of children in FC had two or more placements and 9.9% had six or more placements.
- The longer children are in care the more placements they have, for example, in 2009, 59% of children in care longer than 24 months have had two or more placements.

Current Case Practice trends cont'd:

- ❑ Adolescents in foster care are twice as likely to have had teenage pregnancy than teens in the general population. There are also sexually active 20% more often by age 16 compared to their peers.
- ❑ 1/3 Suffer from depression, post-traumatic stress disorder, social phobia, alcohol or substance abuse. After emancipation, 42% of foster care alumni suffer from depression.
- ❑ They are less likely to graduate from high school or attain a 4 year college degree.

Why is Michigan making a change?

- **Child and Family Services Review**
- **Dwayne B. v. Granholm, et. al. Lawsuit**
- **Feedback from Families**
- **Foster Care Review Board**

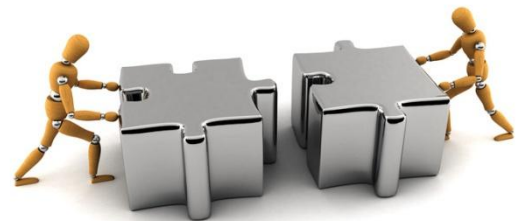


How are “**we**” going to change this together?

- Development of the MiTEAM Case Practice Model ;
- Improving ongoing collaboration between Central Office and Field Staff;
- Smaller case loads;
- Streamline policy/administrative barriers;
- Revision of CWTI Training;
- Actively involving Tribal Government, Judicial System, Foster Parents, Youth , Families and Service Providers;
- State Automated Child Welfare Information System. (SACWIS)

Working together DHS and PAFC.....

- Collaboration is good practice;
- Going our separate ways is not an option;
- We'll go down this path together, or we'll fail separately.



MESSAGE

The MiTEAM practice model is not a replacement for, but rather an ***enhancement of current practice.*** It builds upon the strengths of prior teaming processes.



The State of Michigan's Case Practice Model: MiTEAM

Practice Model consist of the following four key competencies :

- Teaming
- Engagement
- Assessment
- Mentoring

MiTEAM Key Competencies

- **Teaming** is the collective effort that necessitates a team approach. It is the ability to assemble, become a participant of, or lead a group or groups that provide needed support, services and resources to children or families and that help resolve critical child and family welfare related issues.

MiTEAM Key Competencies

Engagement is a series of intentional interventions that work together in an integrated way to promote safety, stability, well-being and permanency for children, youth and families. The goal is for the family to actively participate in strengths-based and solution focused planning that is needs-driven.

It is the ability to successfully establish a relationship with children, parents, and individuals, to work together to help meet the needs of the child or family and resolve child welfare related issues. Interactions are open, transparent, and non-judgmental and relationships are viewed as partnerships.²

MiTEAM Key Competencies

- **Assessment** is the process that includes information gathering, analysis, and collaborative decision-making that incorporate the family, child, and caregivers in the plan development. Thorough initial and ongoing assessments have a direct effect on better outcomes for children.

It is the ability to utilize engagement skills is to acquire information about significant events and underlying causes that trigger a child and family's need for child welfare related services. Strength-based assessment offers a strategy for empowering children and their families by building on the personal strengths and resources that are frequently overlooked or given minimal attention in more problem oriented approaches to assessment.

MiTEAM Key Competencies

- **Mentoring** is a developmental partnership through which one person shares knowledge, skills, information and perspective to foster and empower the personal and professional growth of someone else.

The power of mentoring creates a one-of-a-kind opportunity for collaboration, goal achievement and problem-solving. Mentoring is the ability to guide and empower others, it is vital to demonstrate and reinforce desired skills to promote positive outcomes for children, families and practice.

MiTEAM Practice Model: recognizes and promotes

- All families have strengths;
- Families are the experts on themselves;
- Families deserve to be treated with dignity and respect;
- Families can make well-informed decisions about keeping their children safe when supported;
- Outcomes improve when families are involved in decision-making; and
- A team is often more capable of creative and high-quality case plan than an individual.

MiTEAM Practice Model

Core Outcomes

The MiTEAM Practice Model goal is to achieve the following three core outcomes: **safety**, **permanency** and **well-being** of children and their families. MiTEAM is our agency's guide of how staff, children, families, stakeholders, and community partner's work together to reach desired outcomes

Safety

The Department of Human Services (DHS) recognizes that the parent(s)/legal guardian(s) have primary responsibility for keeping their own children safe.

However, when safety cannot be maintained in the home, DHS and private agency providers have been entrusted with the authority to intervene on behalf of the child. Our desired outcome is that children are safe from abuse and neglect.

Safety Outcomes and Items of measurement:

SAFETY



Outcome S1: Children are, first and foremost, protected from abuse and neglect.



Item 1: Timeliness of initiating assessments

Item 2: Repeat maltreatment



Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.



Item 3: Services to family to protect child(ren) in home and prevent removal or re-entry into foster care

Item 4: Risk Assessment and safety management

Permanency

The primary goal for the children and families involved with DHS and private agency provider is permanency - a safe, stable home in which to live and grow including a life-long relationship with a nurturing caregiver. When the home is not safe and stable option, the goal is to move children from the uncertainty of foster care to the security of a permanent family. Our desired outcome is to reach permanency by reunification, adoption, legal guardianship, permanent placement with a fit and willing relative or another planned permanent living arrangement.

Permanency Outcomes and Items of measurement:

Permanency



Outcome P1: Children have permanency and stability in their living situations.



- Item 5:** Foster Care re-entries
- Item 6:** Stability of foster care placement
- Item 7:** Permanency goal for child
- Item 8:** Reunification or transfer of permanent legal and physical custody to a relative
- Item 9:** Adoption
- Item 10:** Permanency goal of long term foster care



Outcome P2: The continuity of family relationships and connections is preserved for children



- Item 11:** Proximity of foster care placement
- Item 12:** Placement with siblings
- Item 13:** Visits with parents and siblings in foster care
- Item 14:** Preservation of connections
- Item 15:** Relative placement
- Item 16:** Relationship of child in care with parents

Child Well-Being

Implementing interventions that provide protective and positive outcomes to ensure that children thrive in safe permanent homes with access to necessary resources for long-term stability.

Our desired outcome includes maintaining a child or youth's connectedness to family, supportive relationships, and the community as well as, effectively meeting the physical, mental health and educational needs of a child, youth or young adult.

Permanency Outcomes and Items of measurement:

Child Well Being



Outcome WB1:
Families have enhanced capacity to provide for their children's needs.



Item 17: Needs and services of child, parents and foster parents
Item 18: Child and family involvement in case planning
Item 19: Worker visits with child
Item 20: Worker visits with parent(s)



Outcome WB3:
Children receive adequate services to meet their physical and mental health needs.



Item 22: Physical health of the child
Item 23: Mental/behavioral health of the child



Outcome WB2:
Children receive appropriate services to meet their educational needs.



Item 21: Educational needs of the child

Leadership Principals for: Supervisors

Coaching is demonstrating practice skills that provide leadership, direction, education and support that will help staff to gain confidence in Teaming, Engaging, Assessing and Mentoring our families, their peers and community partners.

Modeling is the demonstration of the MiTEAM skills in Case Conference, Field supervision and in daily activities. Modeling is staying visible to staff and actively engaging staff in setting individual goals and objectives that reflect the MiTEAM skills. From the top down, leaders will always model best practice with staff and all external partners.

Leadership Principals for: Supervisors

Feedback is the ability to articulate expectations of Teaming, Engaging, Assessing and Mentoring. Give frequent and effective feedback that is behaviorally specific to skills that promote MiTEAM. Effective feedback is timely, sharing of pertinent information, empathetic, concentrates on strengths and works toward solutions. The supervisor and/or manager will work with the Case Worker to clarify performance expectations and encourages them to take an active role.

Leadership Principals for: Case Managers

Engagement: The ability to successfully establish a relationship with children, parents, and individuals who work together to help resolve the child welfare related issues that brought the youth into care. Effective engagement allows the Case Manager to guide and empower youth and parents during the life of the case.

Leadership Principals for: Case Managers

Assessment is a process rather than a one-time or point in time event. A thorough initial and ongoing assessment has a direct effect on the MiTEAM core outcomes; permanency, safety and child well-being.

Proficient assessments helps children and families recognize and promote strengths they can use to resolve issues, determines the child or family's ability to complete tasks or achieve goals, and ascertains a family's willingness to seek and utilize resources that will support them as they try and resolve their issues.

Leadership Principals for: Case Mangers

Teaming: When a Case Manager effectively teams with the youth and family, the needs of the family can be addressed in a safe and supportive environment. The process includes information gathering, analysis, and collaborative decision-making that include the family as partners.

So, what is different?

Permanency Planning Conferences

- Typically run by a trained Facilitator
- Minimal engagement of family prior to staffing, prep work not defined clearly or done consistently
- DHS defined purpose for meeting
- Content of meeting led mainly by the Case Manager and PPC Facilitator

Family Teaming Meeting

- Name Change: The name change to Family Team Meetings (FTM) was made as it is more family-friendly. Our goal is to increase the engagement and involvement of families; therefore we are creating a format that includes them at every level.
- Addition of a pre-meeting discussion: Family is engaged in the entire process. Extensive prep-work is done before meeting. The family defines purpose of meeting with team feedback regarding any non-negotiable(s). Family is empowered to tell their story, share their concerns and strengths, and to assist leading decision making.
- Location of FTM's: FTM's may be held at the parents' home or other neutral location, as safety dictates.
- Facilitator: FTM's may be led by the Case Manager assigned to the case; however there are times that the meetings may be led by another facilitator, as safety dictates.
- Additional Types and Timeframes created: Meetings will be held timeframes that were not required under the PPC model.

Family Team Meeting is:

- **Strength Based:** Means that we will recognize and emphasize the family's strengths. The focus is to identify strengths from the family, supportive groups and communities that will be utilized to solve the problem or crisis that brought the child into care.
- **Child Centered:** Promotes and emphasizes the need to actively encourage the safety and health of the child thus, ensuring the well-being of the youth. Promoting the youth's right to make and maintain connections, while, asking questions and searching for answers.
- **Family Focused:** It emphasizes family relationships as an important factor in maintaining permanency, identifying strengths and overcoming concerns. The Family Focused skills begin with treating the family with respect and dignity. Having their strengths acknowledged will empower them to participate in services.

Family Team Meeting Process:

Pre-Meeting Discussion:

The Case Worker will inform the family on why the meeting is being called. This will allow for the family and their team members to be ready to fully participate but to provide the family with a forum to share their point of view.

During the pre-meeting the family with the Case Worker input will identify the location of the meeting, develop the agenda, ground rules and participates that are to be invited. It is important that all participants are prepared for the meeting, agree to what will be accomplished, and understand the purpose of the meeting.

Family Team Meeting Process:

Meeting:

The team will agree to the confidentiality statement, agenda and ground rules. The team highlights the family strengths and utilizes them in supporting the family in making the necessary changes to increase child safety, permanency, and well-being.

The Case Worker will promote an atmosphere of safety and transparency. So that all concerns can be addressed and evaluate realistic, measurable and obtainable solutions.

Family Team Meeting Process:

Meeting Documentation:

- The Case Worker will document action steps/safety plan on **DHS-1105**, as agreed upon by all team members, and distribute to participants at the conclusion of the meeting.
- Document the meeting in the JJOLT database and in SWSS/SACWIS and service plan.