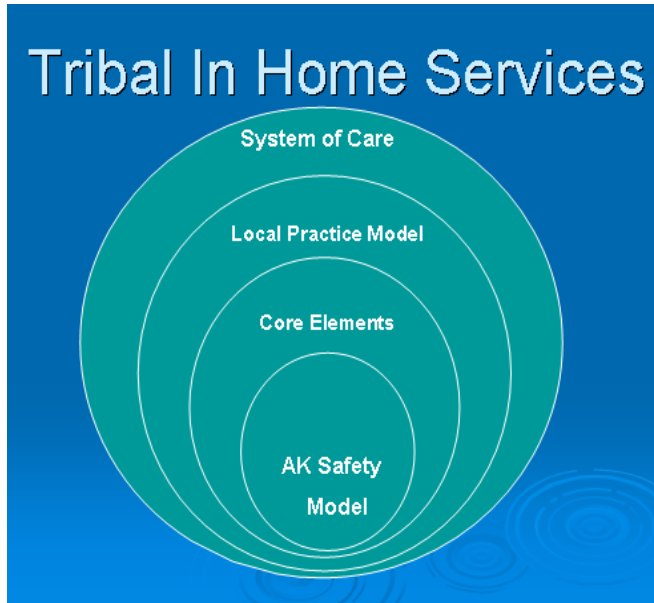


**Alaska Child Welfare Initiative
WPIC Partner Tribe
Tribal In-Home Services Practice Model Description
Planning Template**

Introduction

The WPIC partner tribes are engaged in a project to reduce the disproportionate out of home placement of Alaska Native children by the State Office of Children's Services (OCS) using three key strategies (or



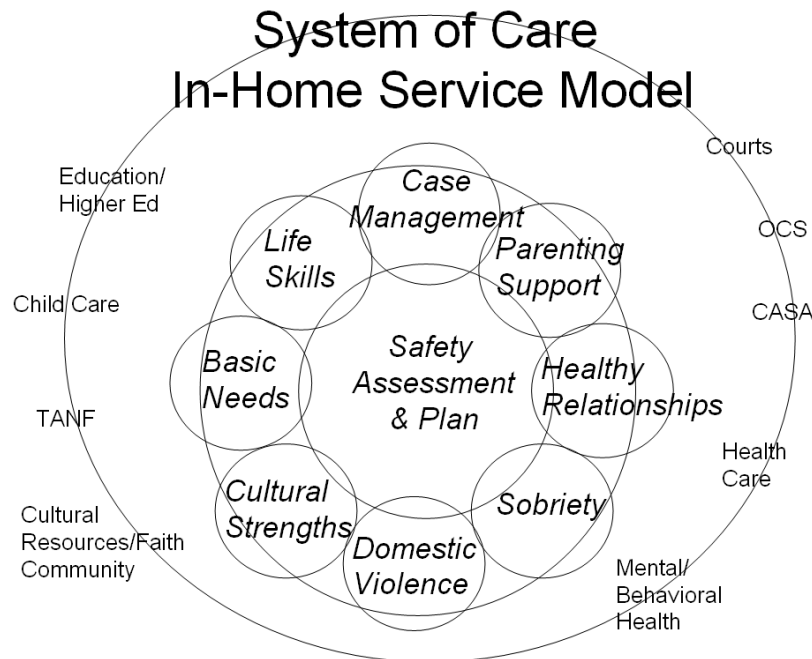
goals). First through increasing the capacity of tribes to provide in-home services that become the preferred option over placement, second by increasing the availability and use of tribal families as relative and foster care providers, and third by enhancing the skills of tribal staff in working with the courts. The Alaska Child Welfare Initiative Partner Tribes are being supported with technical assistance and training by The Western and Pacific Implementation Center (WPIC). Through a series of facilitated partner meetings the Tribal State Collaborative Group has established several workgroups to achieve the goals of this project. This planning

template has been designed to help implement the first WPIC goal, increasing the capacity of tribes to provide in-home services.

Purpose of Planning Template

This planning template was developed based on input from the group charged with establishing a process by which partner tribes can develop local in-home service models that both conform to self regulating standards and respect the sovereign authority of tribes to define their own services. The graphic above represents the agreed upon framework to guide the development of each tribe's practice model. All will have as a minimum standard, the Alaska Child Safety Model. In addition to this standard, the tribal partners have also agreed on a set of Core Elements that all practice models will include. These Core Elements will be incorporated into the practice model of each tribe but with services of their own design and choosing. The specific configuration of services will constitute the tribe's Practice Model. Each tribal practice model will exist within the context of a System of Care. Each tribe will organize their system of care based on available resources, the willingness of partners to collaborate and on local priorities. The following illustration depicts this framework.

WPIC has developed this planning template to be used by each of the 16 tribal partners to define their in-home practice models and to develop a program development, technical assistance, funding strategy and training plan to implement the practice model. Once this template is completed each tribe will begin to receive training on the core elements of its practice model. That training is available through the NRC for In-home Services in partnership with WIPC and the National Indian Child Welfare Association. WPIC will provide technical assistance on funding strategies, implementation of the practice models, aligning state referral process with tribal capacity, and on systems care strategies.



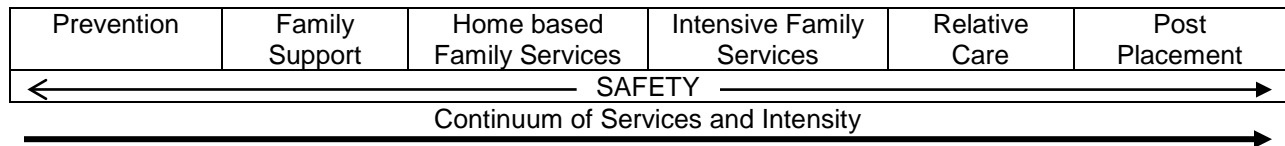
Services and Sovereignty

As Sovereign Nations tribes and, by default, the non-profits under their auspices, can design any configuration of services they deem appropriate to meet the needs of their citizens. Sovereignty comes with both rights and obligations. The safety of citizens, especially children is one of those obligations. As tribes exercise their sovereign rights to protect children they assume an obligation that their actions and services adhere to standards that ensure safety. Thus the tribes participating in this initiative have elected to self regulation by setting the standards reflected in this planning template. For their part, outside funders, including the federal and state governments as well as foundations, influence standards and service through the "power of the purse strings." That is, they set the conditions under which they will fund services. This is their right and part of their own sovereign obligations to their citizens. However, when sovereign self regulation is prioritized locally, services tend to reflect local values and

culture, services make sense to families and tribes exercise greater ownership and advocacy.

The service designs or practice models that will be developed under this template are designed to tribal standards. There is no guarantee of funding. However, because this project is being conducted in partnership with the state and with resources and support of the Federal government, the service designs will be used as the basis for advocacy for funding.

In planning In-home services a tribe is not limited to the constraints imposed on OCS by its legislative authority. For example, OCS cannot provide preventive services to families in which a child is not substantiated as abused or neglected. Tribes can provide such services. The following table shows the scope of possible services that tribes can provide within their in-home services practice models.

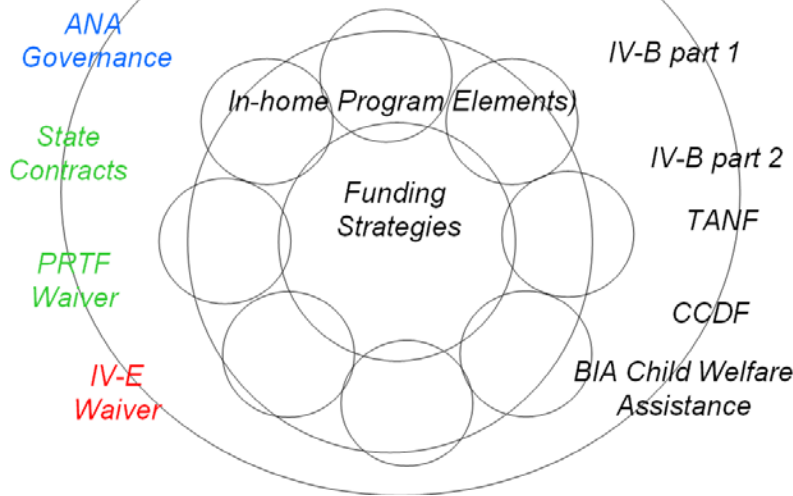


This flexibility is a distinct advantage for tribal services and will allow tribal in-home services to keep more children out of the state child welfare system as a result.

Funding Strategies

In developing the Practice Model each tribe will also examine the existing funding streams that currently contribute to tribal services and will examine which of those funding streams could be reallocated, blended or written into the system of care. In addition, new sources of funding will be examined for possible application. Finally, where there are gaps, strategies for closing those gaps will be pursued. The following graphic shows some of the potential funding sources that could be considered. However, the template will allow you to develop the practice model even where current funding is not available. Do not limit the design to available resources but always try to identify existing or potential resources.

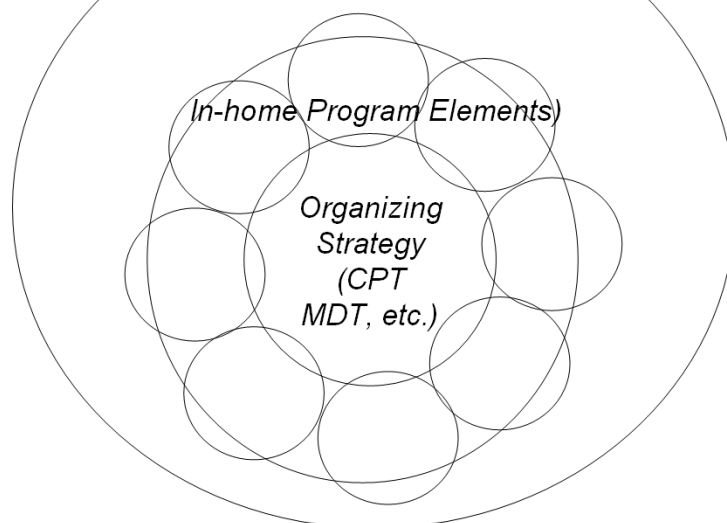
System Of Care: In-home Services Funding Strategies



Organizing Frameworks

Systems of care are intentionally organized service systems that require infrastructure to allow them to operate successfully. These organizing frameworks usually take the form of a written plan, developed by partners in the proposed system and codified with memoranda of agreement or understanding (MOA, MOU) or contracts. Other ways exist to organize such services. For example, some communities use a Multi-Disciplinary Team or a Child Protection Team (MDT, CPT) as the organizing framework. In this method representatives of partnering organizations are convened by agency of statutory authority, a team is formed and governing documents are developed. These governing documents establish the rights and responsibilities of each partner and the rules that they agree to for governing the team. For some communities it will be easiest to engage an existing CPT in the development and implementation of the in-home practice model. The planning template will help you decide which organizing framework will work best for your tribe to implement the chosen practice model. WPIC technical assistance will help your community get the framework operational.

System Of Care Organizational Framework (MOAs, Contracts, etc.)



What is a Practice Model?

A practice model is a way of describing work with children and families in a comprehensive array of services that are based on values and beliefs that together form an underpinning philosophy for service delivery. A practice model is similar to a logic model in that it says, based on our beliefs about what children and families need and our values about the outcomes that are desired, we provide services and practices that we believe will reduce risk achieve the desired outcomes. In short, a Tribal In-home Practice Model describes what tribal service providers do to ensure child safety and support/strengthen families. The practice model will clearly answer the question "What is the intervention (i.e. the behavior of the helper)?" When the practice model is clear it can be more easily evaluated and it is easier for potential funders, partners, and judges, to trust that the services are the right ones, and that they will be done right.

This template is designed to result in a practice model description and implementation plan.

I. Tribal Definition of "Safe Child"

Rationale: The foundation of an effective in-home practice model is safety. It is the sovereign right and obligation of a tribal government (and the non-profits to whom such authority is delegated) to define for its citizens what a safe child is. This definition should represent a minimum sufficient level of care for a particular child and will provide the standard by which tribal child welfare service intervention should be judged.

Instructions: If your tribe does not currently have a definition of a safe child one can be developed at a meeting of key stakeholder, via a gathering of tribal leaders or elders, or by any decision making process that is usual and customary to the tribe. Record your tribes "Safe Child" definition in the space provided.

A safe ____(*insert tribal name*)_____child is:

Enter definition of safety

II. Guiding Principles for Service to Children in Their Own Homes

Rationale: When a tribe adopts "Guiding Principles" for their service model they are articulating what they value and believe about services to children and families. Guiding Principles set policy for tribal staff to follow and communicate clearly to funders, partners and families the philosophy that drives decision making. Guiding principles are the foundation of a well designed practice model. Planners do not have to start from scratch. Following are sample guiding principles that can provide a starting place for discussion.

Alaska OCS Guiding Principles:

- A child's safety is paramount.
- A determination that safety threats are present within a family does not equate with removal
- of a child from their home. The assessment of safety threats directs staff to make informed
- decisions about safety planning that will control and manage the threats identified. These
- actions may be in- home, out- of- home or a combination of the two.
- Relevant services will be sought with respect for and understanding of the families' culture
- and specific needs.
- Collaboration with Alaska Native Tribes is fundamental to best practice.
- Families are treated respectfully, thoughtfully and as genuine partners.
- A person's right to self determination is valued and supported.
- A safety intervention system is congruent with strengths based and family centered practice.
- Assessing for the safety of children is what we do; family centered practice is how we do it.
- Interventions are identified using the family's perspective about what needs and strengths
- exist that are selected in collaboration through family engagement.
- By engaging in a collaborative problem solving process with the family, case plans will be
- specific to the uniqueness of each family served.
- Enhancing parent/caregiver protective capacities are essential for the ability of families to
- protect their children.
- OCS needs partnerships within the community and stakeholders to achieve strong outcomes

- for children and families.

NICWA, Heritage and Helping Practice Philosophy

- "There is no resource that is more vital to the continued existence and integrity of Indian tribes than their children". 161210 Indian Child Welfare Act of 1978, U.S.C. Sec. 1901 et al. (1978).
- Tribal child welfare service recognizes "the essential tribal relations of Alaska Native people and the culture and social standards prevailing in Alaska Native communities and families." 261210 Ibid.
- Strengthening families strengthens the culture. Tribal child welfare services should reflect the unique values of Alaska Native culture and promote the stability of families.
- The primary right and responsibility for child rearing lies with the parent and/or extended family.
- Child rearing in the Alaska Native culture is not solely a private affair. Parents, extended family, clan, and tribe all share responsibility for the well-being of children.
- Tribal child welfare recognizes the rights of parents to bring up their children in the manner in which they desire, provided that a "minimum sufficient level of care" is provided, as defined by the standards of the culture and the community and by law.
- As well as a minimum sufficient level of care, children have the right to health and safety, freedom from exploitation, to develop their own unique personality and identity including cultural identity, and to grow up in a family which they can identify as their own on a permanent basis.
- Tribal child welfare functions with a commitment to the preservation and strengthening of Alaska Native families, to preventing out-of-home placement whenever possible, to careful planning and recording which ensures that the least detrimental alternatives are provided, to maintaining family ties and responsibilities, to reunification of families; and to alternative permanent plans for children who cannot return home.
- The practice of Tribal child welfare recognizes that each child undergoes a process of psycho-social development and that services are to be conducted with the emotional, mental, and developmental well-being of the child in mind.
- The Tribal child welfare worker works on behalf of children with families, not as adversaries of families, recognizing and encouraging the strengths of the extended family, traditional values, and local community.
- The family is the basis for tribal society. It is the most important unit in Alaska Native culture.
- Historically and presently the teachings and values of Alaska Native culture emphasizes the interdependence of the family.
- Family values, customs, and traditions vary among tribes and among different families of the same tribe. Thus, each family must be viewed individually.
- Tribal child welfare recognizes the capacity for people to grow and change.
- A wide variety of child-rearing standards and styles exist among Alaska Native parents and is dependent on tribal identity, degree of assimilation, and other factors.

- Tribal child welfare functions with a commitment to maintaining families. This includes providing adequate resources and services to children at home.
- Parents can better fulfill their role as parents through learning more effective parenting techniques.
- Tribal child welfare recognizes alcoholism as a major factor in the welfare of children.
- Alcoholism is a disease. It is a family and community problem in which the Tribal child welfare worker has an integral role.

Instructions: Using the two examples above as a starting point for discussion develop a your tribally specific guiding principles for you in-home practice model

_____(insert tribal name)_____Guiding Principles for In-home Services

(Enter Guiding Principles)

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III. Safety Assessment/Planning Capacity

Rationale: The 16 tribal partners in the Alaska Child Welfare Initiative have agreed that the Alaska Child Safety Assessment model will form the universal foundation of each tribes In-home Practice Model. This template is designed to document your tribe’s current capacity to assess safety using the Alaska Safety Model (i.e. determining threats, establishing vulnerabilities, affirming protective capacities (safety assets), controlling threats of harm (safety plans)).

Safety Assessment and Tribal Sovereignty: Alaska Native Tribes (and their non-profits with delegated authority) that have not established exclusive jurisdiction share concurrent jurisdiction with the State of Alaska. As sovereign powers with civil regulatory authority tribes may exercise assessments of child safety independently from the state. In Alaska, the

State government interprets federal and state law as giving it jurisdiction over child protection for all Alaska's children regardless of their status as Alaska Natives. In this context Tribes share the obligation of child safety with the state (unless they establish exclusive jurisdiction.) Whether done in cooperation with the State and State Courts or done independently conducting a safety assessment and developing an implementing a safety plan requires the fundamental capacity to execute the safety assessment model.

Instructions: Describe in the space provided below your:

- a. program's proposed version of the Alaska Safety Model
- b. current capacity,
- c. action steps and timelines to build the desired capacity, and
- d. a training and implementation plan for in each of the aspect of the Safety Model

Threat of Danger:

Description:

Current Capacity:

Actions steps and timelines (e.g. training and TA)

Training and TA Needs

Implementation Plan for assessing threats of harm

Child Vulnerability

Description:

Current Capacity:

Actions steps and timelines (e.g. training and TA)

Training and TA Needs

Implementation Plan for Assessing Child Vulnerability

Protective Capacities

Description:

Current Capacity:

Actions steps and timelines (e.g. training and TA)

Training and TA Needs

Implementation Plan for Assessing Protective Capacities

Safety Plans

Description:

Current Capacity:

Actions steps and timelines (e.g. training and TA)

Training and TA Needs

Implementation Plan for Developing Safety Plans

Controlling Treats of Danger (In-home, visitation, and reunification)

Description:

Current Capacity:

Actions steps and timelines (e.g. training and TA)

Training and TA needs:

Implementation Plan for Controlling Threats of Harm

Please describe TA you would like to receive related to this area:

IV. Core Elements

Rationale: The 16 tribal partners in the Alaska Child Welfare Initiative have agreed to a minimum standard for the essential elements of a Tribal In-home Practice Model that consists of 8 core service elements. This template is designed to document your tribe's current capacity in each of the core elements and to develop an implementation plan for delivery of in-home services meeting the minimum agreed upon standards.

Core Elements and Tribal Sovereignty: Alaska Native Tribes (and their non-profits with delegated authority) have the authority as sovereign governments to independently establish minimum standards for services provided by and for their communities. Based on the standards voluntarily adopted by the WPIC partner tribes, each tribe has the independent authority to determine and establish how to implement the standard locally. Some will provide the services directly. Others will ensure the services are delivered through engaging partners in a system of care. The design of the In-home practice model is an exercise in sovereignty that will result in a practice model that reflects local priorities and approaches.

Instructions: Describe in the space provided below your:

- e. program's version of the standard core element
- f. current capacity to deliver the core element,
- g. proposed implementation strategy to deliver the core element
- h. action steps and timelines to build the desired capacity, and
- i. a training and implementation plan for the core element.

Core Element 1: Parenting Support, (Coaching & Mentoring Families, Training)

Standard Definition: (to be completed)

Current Service Description: Briefly describe your programs existing tribal

services that address this core element. (your version of the standard element)

Projected Services: Briefly describe this core element as it will function in your In-home practice model if different from the current practice.

Current capacity to deliver the core element,

Proposed implementation strategy to deliver the core element

Action steps and timelines to build the desired capacity:

Training Needs: Describe the training needs of your staff to deliver this core element.

System of Care Configuration: Describe who in your system of care will provide this service and the organizing framework to ensure this core element is provided on a consistent basis.

Required Technical Assistance: Describe the technical assistance you will need ensure the capacity to deliver this core element.

Core Element 2: Sobriety

Standard Definition: Capacity to work with substance effected families Substance Misuse (identification, mobilizing treatment resource, coordination of case planning/management with recovery, relapse planning, COA support, FASD (to be completed)

Current Service Description: Briefly describe your programs existing tribal services that address this core element. (your version of the standard element)

Projected Services: Briefly describe this core element as it will function in your In-home practice model if different from the current practice.

Current capacity to deliver the core element,

Proposed implementation strategy to deliver the core element

Action steps and timelines to build the desired capacity:

Training Needs: Describe the training needs of your staff to deliver this core element.

System of Care Configuration: Describe who in your system of care will provide this service and the organizing framework to ensure this core element is provided on a consistent basis.

Required Technical Assistance: Describe the technical assistance you will need ensure the capacity to deliver this core element.

Core Element 3: Domestic Violence

Standard Definition: Capacity to support families effected by Domestic Violence (to be completed)

Current Service Description: Briefly describe your programs existing tribal services that address this core element. (your version of the standard element)

Projected Services: Briefly describe this core element as it will function in your In-home practice model if different from the current practice.

Current capacity to deliver the core element,

Proposed implementation strategy to deliver the core element

Action steps and timelines to build the desired capacity:

Training Needs: Describe the training needs of your staff to deliver this core element.

System of Care Configuration: Describe who in your system of care will provide this service and the organizing framework to ensure this core element is provided on a consistent basis.

Required Technical Assistance: Describe the technical assistance you will need ensure the capacity to deliver this core element.

Core Element 4: Case Management

Standard Definition: Capacity to Case Manage: Identify/link/broker services and informal supports, Advocate for family, Coach, counsel, and teach families how to engage resources; Recording, tracking, coordinating, monitor, and evaluating service fit for family needs; (to be completed)

Current Service Description: Briefly describe your programs existing tribal services that address this core element. (your version of the standard element)

Projected Services: Briefly describe this core element as it will function in your In-home practice model if different from the current practice.

Current capacity to deliver the core element,

Proposed implementation strategy to deliver the core element

Action steps and timelines to build the desired capacity:

Training Needs: Describe the training needs of your staff to deliver this core element.

System of Care Configuration: Describe who in your system of care will provide this service and the organizing framework to ensure this core element is provided on a consistent basis.

Required Technical Assistance: Describe the technical assistance you will need ensure the capacity to deliver this core element.

Core Element 5: Removal of Barriers/Resource Access/Addressing Basic Needs

Standard Definition: Capacity to ensure families can meet basic needs, Income, housing, health, food, water; Solutions based approaches to intergenerational trauma/grief (to be completed)

Current Service Description: Briefly describe your programs existing tribal services that address this core element. (your version of the standard element)

Projected Services: Briefly describe this core element as it will function in your In-home practice model if different from the current practice.

Current capacity to deliver the core element,

Proposed implementation strategy to deliver the core element

Action steps and timelines to build the desired capacity:

Training Needs: Describe the training needs of your staff to deliver this core element.

System of Care Configuration: Describe who in your system of care will provide this service and the organizing framework to ensure this core element is provided on a consistent basis.

Required Technical Assistance: Describe the technical assistance you will need ensure the capacity to deliver this core element.

Core Element 6: Traditional/Culturally Based Services

Standard Definition: Capacity to engage traditional/culturally based assets/resources to support families, Teaching/coaching/mentoring regarding values, principles, cultural standards, etc. (to be completed)

Current Service Description: Briefly describe your programs existing tribal services that address this core element. (your version of the standard

element)

Projected Services: Briefly describe this core element as it will function in your In-home practice model if different from the current practice.

Current capacity to deliver the core element,

Proposed implementation strategy to deliver the core element

Action steps and timelines to build the desired capacity:

Training Needs: Describe the training needs of your staff to deliver this core element.

System of Care Configuration: Describe who in your system of care will provide this service and the organizing framework to ensure this core element is provided on a consistent basis.

Required Technical Assistance: Describe the technical assistance you will need ensure the capacity to deliver this core element.

Core Element 7: Life Skills

Standard Definition: (to be completed)

Current Service Description: Briefly describe your programs existing tribal services that address this core element. (your version of the standard element)

Projected Services: Briefly describe this core element as it will function in your In-home practice model if different from the current practice.

Current capacity to deliver the core element,

Proposed implementation strategy to deliver the core element

Action steps and timelines to build the desired capacity:

Training Needs: Describe the training needs of your staff to deliver this core element.

System of Care Configuration: Describe who in your system of care will provide this service and the organizing framework to ensure this core element is provided on a consistent basis.

Required Technical Assistance: Describe the technical assistance you will need ensure the capacity to deliver this core element.

Core Element 8: Healthy Relationships

Standard Definition: Capacity to support healthy relationships (to be completed)

Current Service Description: Briefly describe your programs existing tribal services that address this core element. (your version of the standard element)

Projected Services: Briefly describe this core element as it will function in your In-home practice model if different from the current practice.

Current capacity to deliver the core element,

Proposed implementation strategy to deliver the core element

Action steps and timelines to build the desired capacity:

Training Needs: Describe the training needs of your staff to deliver this core element.

System of Care Configuration: Describe who in your system of care will

provide this service and the organizing framework to ensure this core element is provided on a consistent basis.

Required Technical Assistance: Describe the technical assistance you will need ensure the capacity to deliver this core element.

Core Element

Definition:

Current Service Description: Briefly describe the existing tribal services that address this core element.

Projected Services: Briefly describe this core element as it will function in your In-home practice model.

- Family Preservation
- FGDM
- MDT or CPT
- Wrap Around Team
- Casework (Heritage and Helping)
- Culturally Specific
 - e.g. ONC-Healthy Families the Yupik Way
- Sacred tree - 4 worlds
- Hawaiian Model

System of Care Configuration: Describe who in your system of care will provide this service and the organizing framework to ensure this core element is provided on a consistent basis.

- ISP
- Healthy Relationship
- Domestic Violence
- Informal Helpers
- CASA

Required Competencies:

- Safety Assessment
- NICWA Certification

Required Standards

- CWLA
- COA
- American Humane
- NRC In-Home Services