



## **Collaborative Practice Model**

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# The Home's Public/Private Partnership with DCBS

- To work towards the mutual goals of child safety, permanency and well-being for Kentucky's children and families. Both the Department for Community Based Services (DCBS) and Home of the Innocents realized that they must voluntarily work very differently – with a collaborative problem-solving approach, with synergistic communication.
- Synergistic Communication allows both parties to be open to new possibilities and novel ideas that can lead to new insights and growth.

# Collaborative Principles-Our Approach



## Bold

- We aspired to have a partnership that was focused on a fundamental shift, beyond short-term programmatic work, to longer term influences over policy, regulation and systems-level change.



## Integrated Care

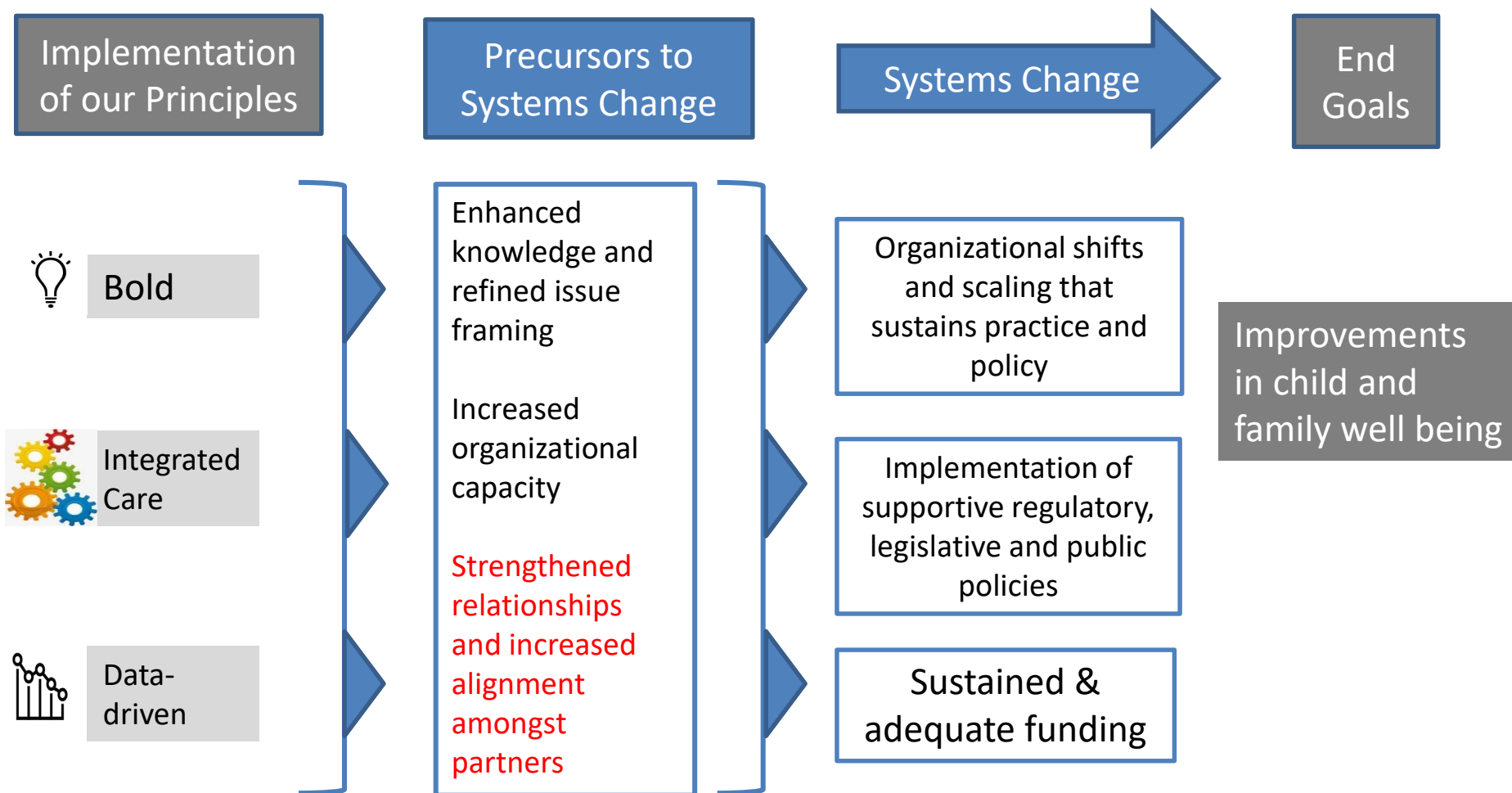
- We aspired to have a partnership that aligned the practices and perspectives of communities, health systems and child welfare systems under a shared vision by drawing upon the strengths of each partner.



## Data-driven

- We aspired to have a partnership that used data from clinical, medical and child welfare sources, as a tool to identify key needs, measure meaningful change and facilitate transparency, to generate a new service for KY's children.

# Collaborative Principles-Implementation





# Children's Assessment & Transitional Service Center

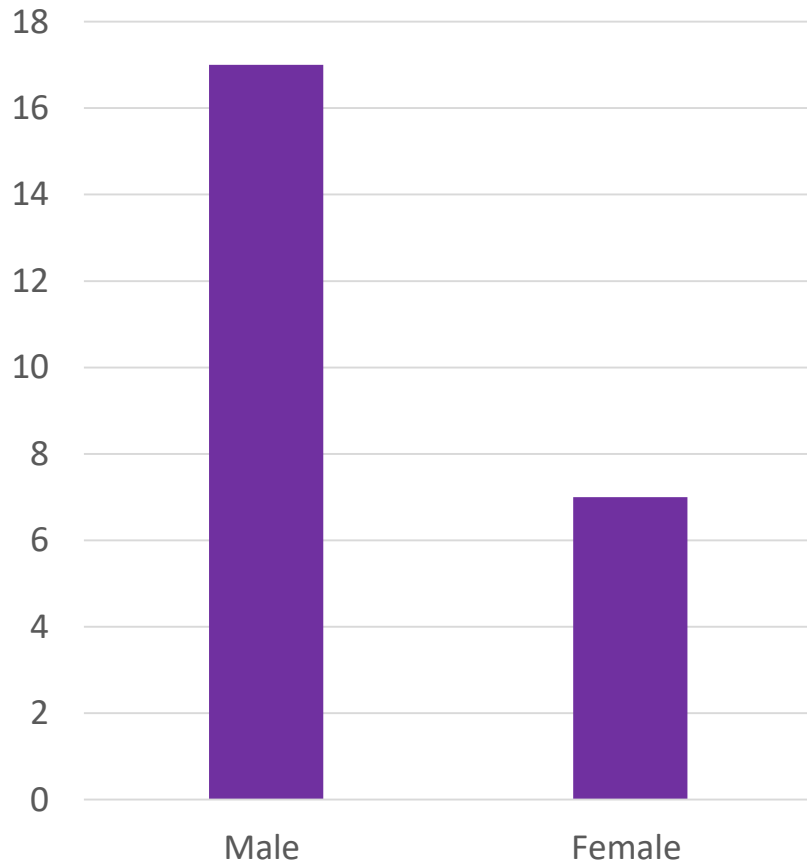
- Our vision is to provide child centric, medically necessary and integrated services to children in out of home care.
- The goal of this program is to provide mental and medical health interventions and intensive assessments to help prepare children to transition to the appropriate placement in the least restrictive setting.

# Program Efficacy

- The center operates on a child-centric system, rather than system centric. Outcomes of the center include the following:
  - Reduce the number of placements;
  - Prompt and proficient placement;
  - Following placement best practices;
    - Diversion
    - Placement with relative, kinship provider or fictive kin provider
    - Best placement with appropriate caregiver
    - Emergency placement
    - Placement in foster care home with a professional parent
    - Placement in a residential treatment facility
  - Limiting further trauma;
  - Increase the efficacy of caregiver training for the special needs children/youth being placed in their care;

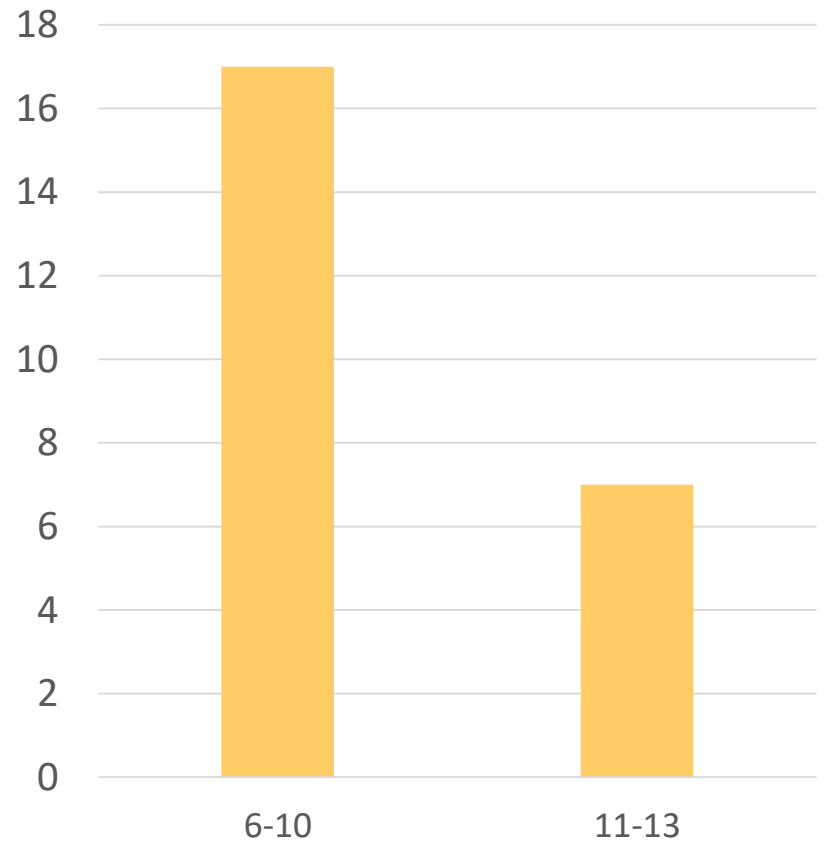
# Demographic Data

## Gender



■ Gender

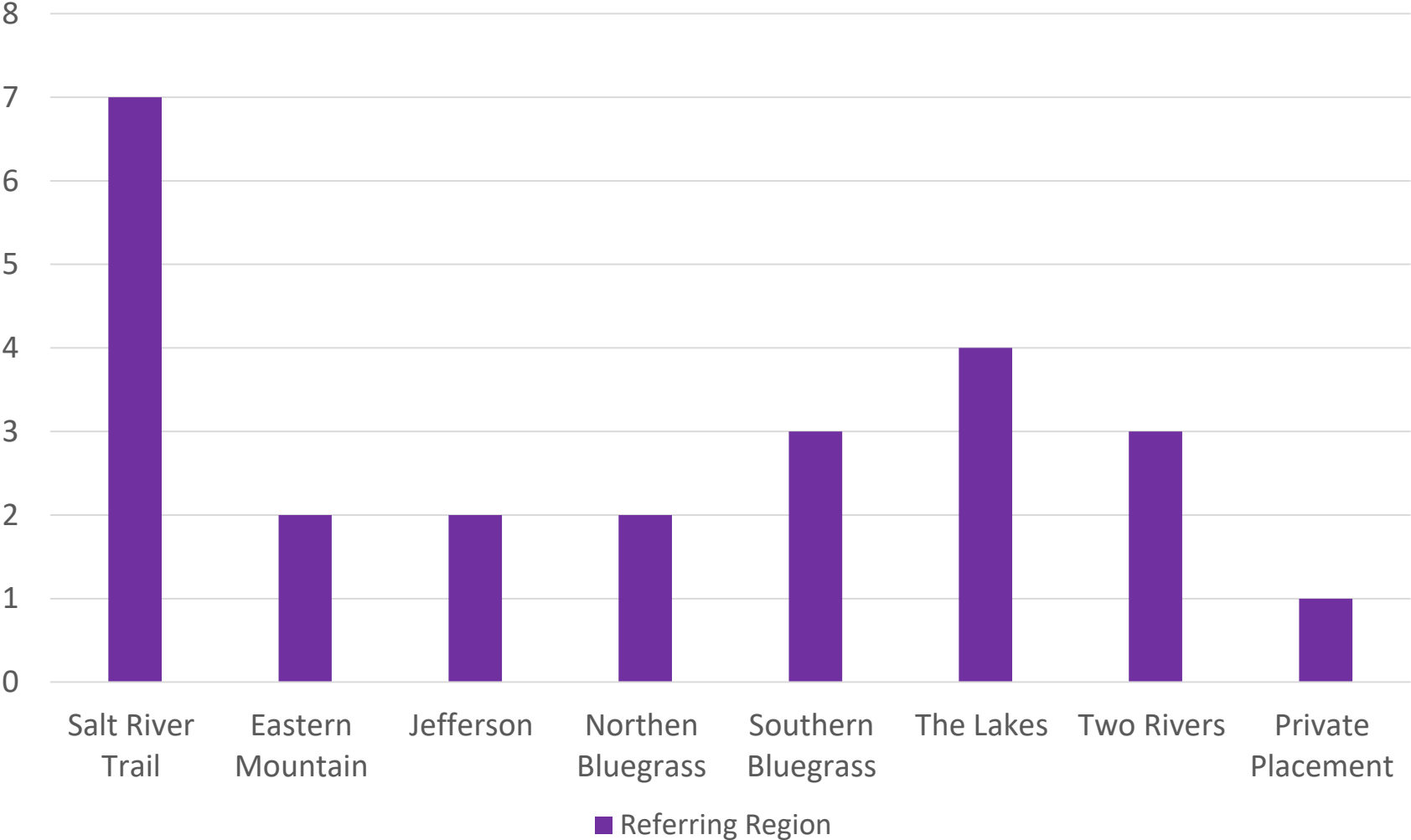
## Age Range



■ Age Range

# Referral Data

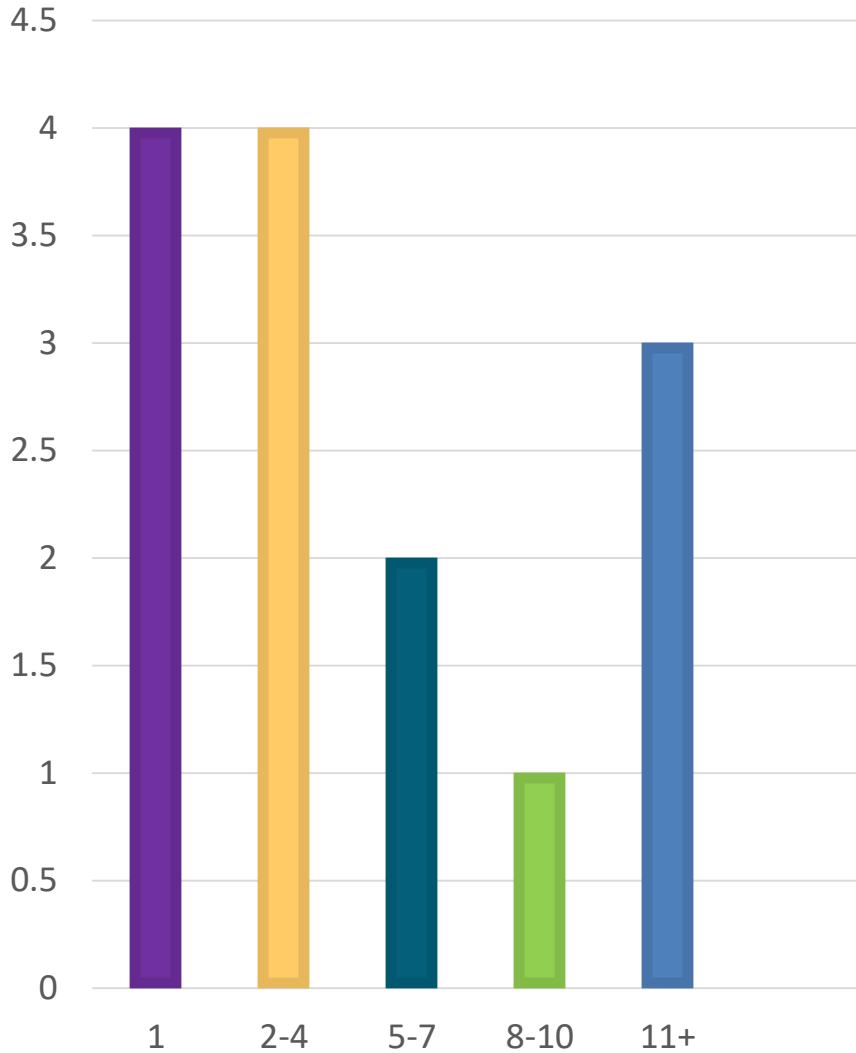
Referring Region





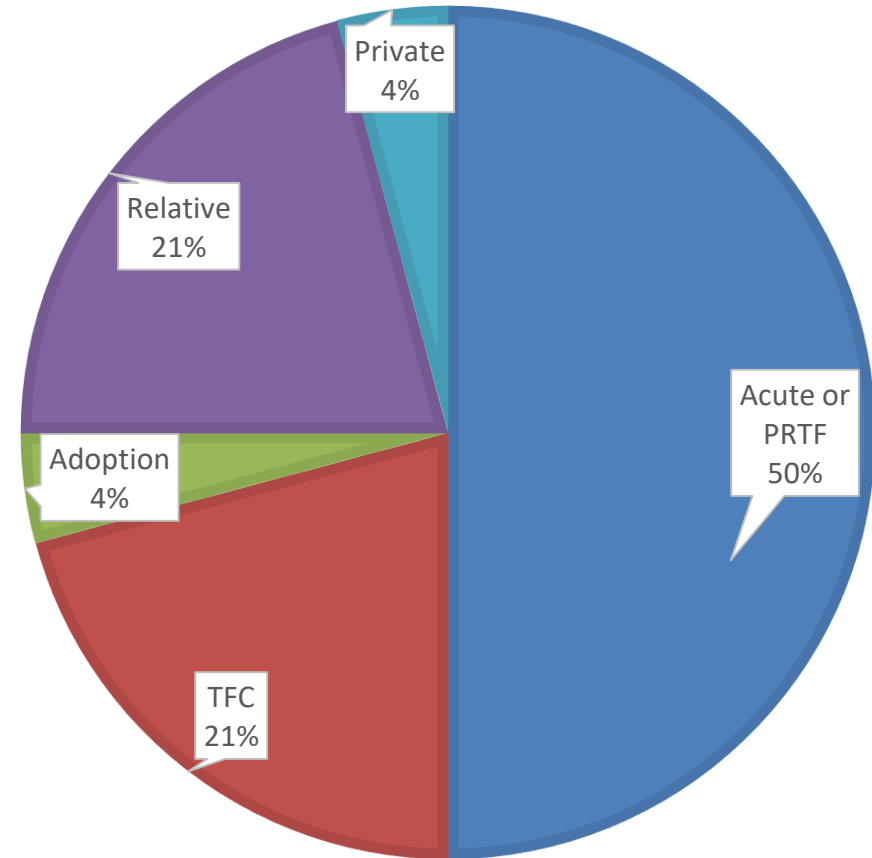
# Placement Data

## NUMBER OF PLACEMENTS



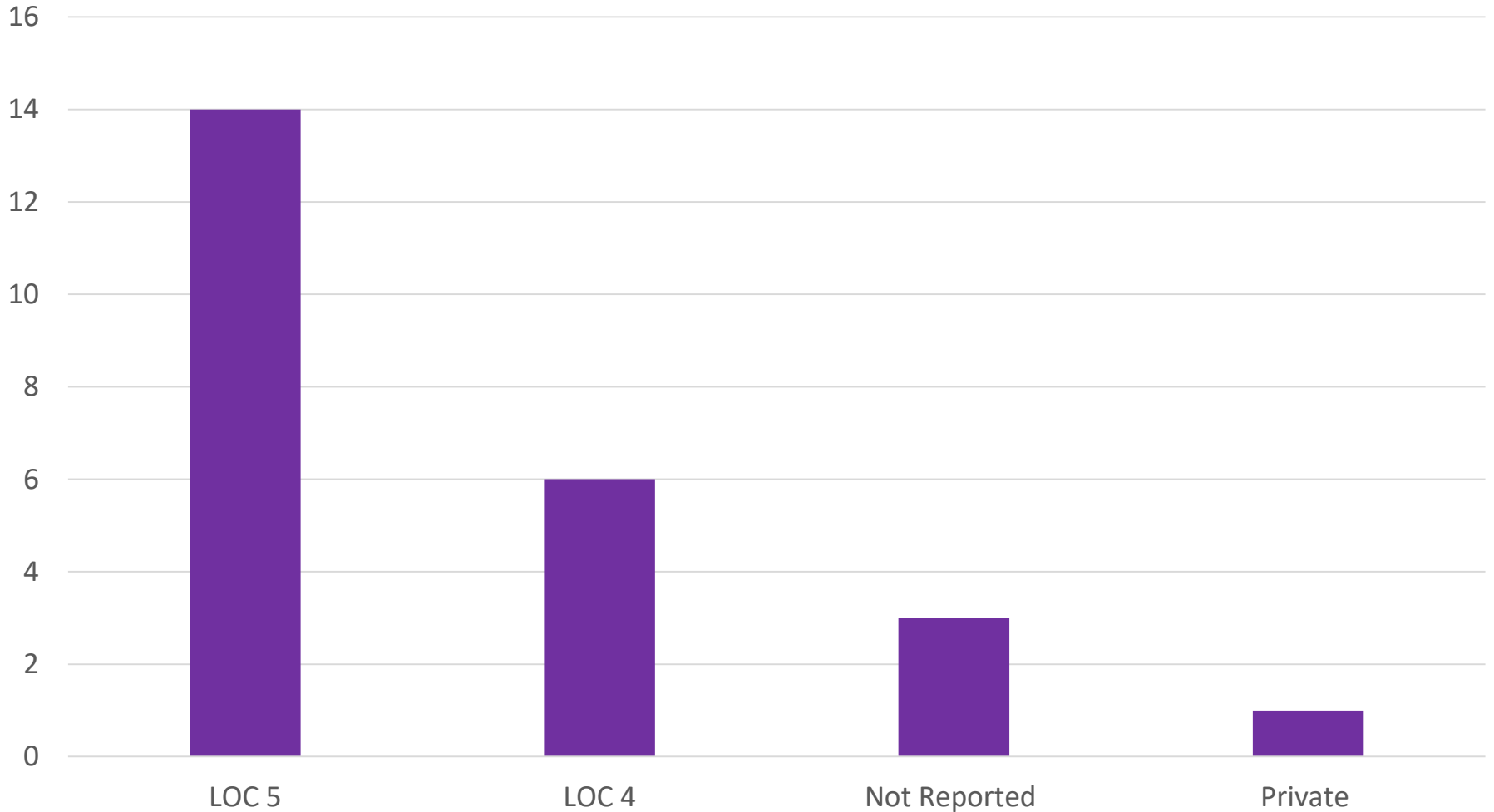
## PLACEMENT LOCATION

■ Acute or PRTF ■ TFC ■ Adoption ■ Relative ■ Private



# Placement Data

## Level of Care Prior to Admission



# Length of Stay Statistics

## Quarter One

- Total unique clients: 11
- Average length of stay (SC): 63.27

## Quarter Two

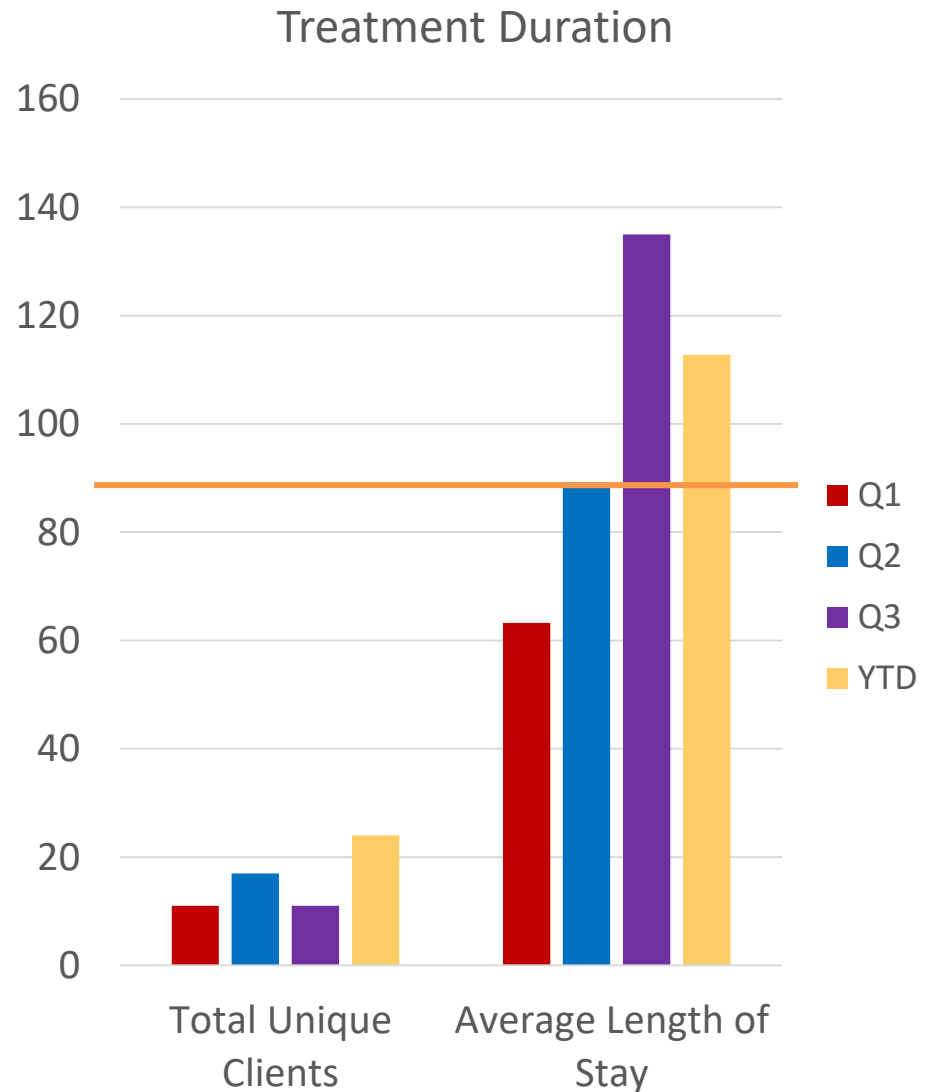
- Total unique clients: 17
- Average length of stay (SC): 89.18

## Quarter Three

- Total unique clients: 11
- Average length of stay (SC): 135.00

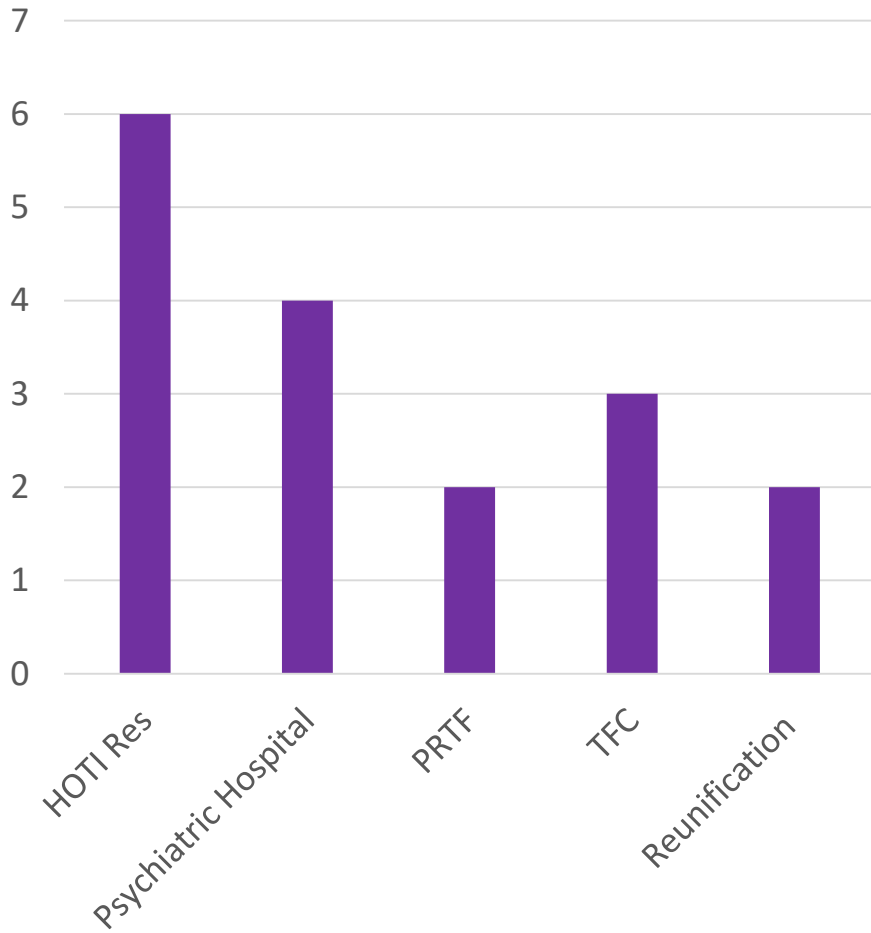
## Year to Date

- Total unique clients: 24
- Average length of stay (SC): 112.75

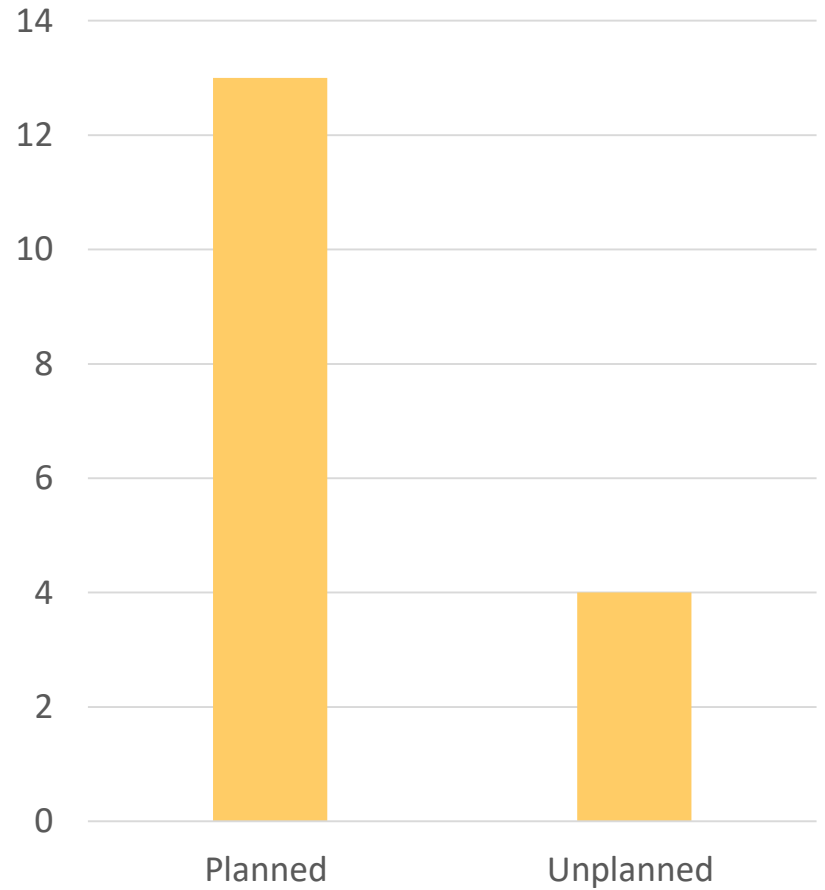


# Discharge Data

## Discharge Location



## Planned Discharges



# Recommendations

- Establish a Child Welfare Partner Committee (CWPC) to focus on a full range of child welfare contracted services in developing knowledge about improving outcomes for children and families in the child welfare system. A CWPC has the ability to unite individuals from KY DCBS (public) and Contractor (private) agencies to create better outcomes for Kentucky's children and families.