



Report to the Legislature

Foster Care Assessment Instrument  
Child Health & Education Track (CHET)

Chapter 232, Laws of 2000, Section 4, RCW 74.14A.050

December 30, 2006

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## EXECUTIVE SUMMARY

Chapter 232, Laws of 2000, requires that the Department of Social and Health Services (DSHS), Children's Administration (CA), evaluate all children entering the foster care system for identification of long-term needs within thirty days of placement. Child Health & Education Tracking (CHET) has been operational statewide since December 31, 2001.<sup>1</sup>

The focus of this report is to provide information on how the use of the selected assessment instrument has affected department policies.

The CHET program was revised in September 2006 to integrate the former Pre-passport and Passport programs. CHET is now a process that begins when the child enters out-of-home care and ends when the child exits out-of-home care.

To support the revised CHET program, policies and training have been developed and implemented, and a Practice Guide to Well-Being provided to all Children's Administration social workers. New policies include:

- Providing copies of the CHET screening report to the child's assigned social worker and caregiver within five days of completion.
- Children identified during the screening process who have complex health needs receive a comprehensive health review by the foster care public health nurse (FCPHN). A set of risk indicators have been developed to identify children who may need the services of the FCPHN. These indicators are based on the child's situation, not the length of time in care.
- Shared Planning Meetings (general case planning meetings that include the CHET results) to identify services to meet the needs of the child identified during the screening process.
- Children over the age of 12, caregivers, and other key people in the child's life are invited and encouraged to participate in the Shared Planning Meetings.
- Adding the Global Assessment of Individual Needs-Short Screen (GAIN-SS) to the CHET screening tools, and using Gain-SS with youth 12 and over beginning in January 2007. Screening for substance abuse, mental health and co-occurring disorders is

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<sup>1</sup> Children's Administration changed the name from Kidscreen to Child Health & Education Track as Kidscreen is a registered name for a children's program in Yakima, Washington.

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legislatively mandated through RCW 71.05.027. Gain-SS is the recommended DSHS tool for this purpose.

## **THE CHILD HEALTH AND EDUCATION TRACKING PROGRAM**

Chapter 232, Laws of 2000, requires that the Department of Social and Health Services (DSHS), Children's Administration (CA), evaluate all children entering the foster care system for identification of long-term needs within thirty days of placement. Child Health & Education Tracking (CHET) has been operational statewide since December 31, 2001.<sup>2</sup>

The purpose of Child Health & Education Tracking is to identify the well-being needs and strengths of children in out-of-home care and to review and monitor the outcomes of the services provided to meet the needs or to support the strengths of the child.

The CHET program was revised in September 2006. CHET is now a process that begins when the child enters out-of-home care and ends when the child exits out-of-home care. CHET has four major components:

- Initial screening to determine strengths and needs
- Shared planning meetings to develop services to meet the child's needs
- Comprehensive health history and report for children with identified health risk indicators
- Regular case reviews

The new CHET program integrates the previous Pre-Passport and Passport programs. To support implementation of the revised CHET model, policy was revised; in June, July and August 2006 training was provided for CHET screeners and social workers on the new process; and a *Practice Guide to Well-Being* was developed and distributed to all CA staff.

## **THE CHET SCREENING TOOLS**

CHET screeners assess the functioning of all eligible children age birth to 18 years within the first 30 days in out-of-home placement. Any child

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expected to remain in out-of-home care 30 days or longer is eligible for a CHET screening. Five life domains are screened:

- Physical/Medical (including dental)
- Developmental
- Connections
- Educational
- Emotional/Behavioral

THE PHYSICAL/MEDICAL DOMAIN is assessed using the Medicaid Well-Child examination (Early Periodic Screening, Diagnosis, and Treatment), also called an EPSDT which is conducted by qualified medical practitioners. Risk indicators have been developed to identify children eligible for a Comprehensive Health Report by the Foster Care Public Health Nurse (FCPHN).

THE DEVELOPMENTAL DOMAIN is assessed using one of two standardized tests for young children. The Denver II Developmental Screen is used with infants from birth through three months of age.

The Ages and Stages Questionnaire is used for children from three months to five years of age. This instrument is comprised of a system of 19 separate questionnaires broken out by age of the child.

Developmental issues related to school-age children are identified and documented through school information and the Achenbach Child Behavior Checklist (CBCL) assessment tool.

THE CONNECTIONS DOMAIN stresses the importance of a child's relationships with family, peers and community. There is no specific tool for this domain. The screener is expected to ask the child, caregivers, parents or other individuals in the child's life about the child's connections. The child is interviewed in person.

THE EDUCATIONAL DOMAIN is assessed using information from school documents. These include report cards, Individual Education Plans (IEPs), and other information about the child's educational history and academic functioning. For older children, developmental testing through the school may also be available.

THE EMOTIONAL/BEHAVIORAL DOMAIN is assessed using the standardized Achenbach Child Behavior Checklist (CBCL). This instrument was selected because it is designed to provide a comprehensive approach to assessing a child's functioning. It records both the child's competencies as well as problems, as reported by parents, teachers, and sometimes by children themselves. It is designed to provide standardized descriptions of behavior rather than diagnostic inferences. Another valuable feature of this instrument is that it can be used with children from 60 months to 18 years of age. CHET screeners can use their best judgment in deciding which of the CBCL tools to complete for a child.

The Global Assessment of Individual Needs- Short Screen (GAIN-SS) will be administered to youth 12 and over beginning in January 2007. The GAIN-SS is legislatively mandated through RCW 71.05.027 which requires all DSHS Administrations to screen for substance abuse, mental health and co-occurring disorders using the same tool.

THE AGES & STAGES QUESTIONNAIRE-SOCIAL/EMOTIONAL (ASQ-SE) was added in July 2006 for children ages 3-60 months. The ASQ-SE provides information about the child's ability to self-regulate, comply, communicate, adapt, establish independence, demonstrate feelings and empathy for others, and respond or initiate social responses with caregivers, adults, peers.

## **THE CHET SCREENERS**

Children's Administration (CA) social workers conduct the CHET screen. Each of the six CA regions has dedicated CHET screeners. The CHET screeners are social workers selected and trained in the utilization of the CHET screening tools. The CHET screeners receive ongoing support and training.

## **THE CHET PROCESS**

There are seven (7) steps in the CHET Process:

1. The social worker gathers information about the child and family at the time of placement using the Child Information Form.

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2. The child is identified for screening and referred to the CHET Screening Specialist.
3. The CHET Screening Specialist completes the screening and prepares a report.
4. Where a health risk indicator is identified, the child is referred to the Foster Care Health Nurse (FCHN) for completion of a Comprehensive Health History and Report.
5. The CHET screening specialist participates in the 30 day Shared Planning Meeting to share information about the child and any identified needs.
6. Shared Planning Meeting participants identify services to meet the needs of the child identified during the screening process.
7. The screening report is included in the child's Individual Safety and Service Plan (ISSP).

The social worker reviews and monitors service delivery during subsequent Shared Planning Meetings and updates subsequent Individual Safety and Service Plans (ISSP). Children over the age of 12, caregivers, and other key people in the child's life are invited and encouraged to participate in the Shared Planning Meetings.

### **CHET POLICIES**

In April 2006, the Children's Administration (CA) management team approved the revised CHET program which integrates Pre-Passport and Passport. The CHET policy has requirements for the screening process and for ongoing monitoring and review.

#### CHET Screening Policies

1. Document well-being information on the Child Information Form (DSHS Form 15-300) within the first 24 to 72 hours after placement.
2. Provide the caregiver with the Child Information Form with the placement agreement.
3. Complete a new Child Information Form at each placement change, if additional information is obtained.
4. Complete a CHET screening for children under the legal authority of CA, who are expected to remain in care for 30 days or more.
5. The CHET screening report is to be completed within 30 days of the child's Original Placement Date (OPD) as required by RCW 74.14A.050.

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6. Provide copies of the screening report to the child's assigned social worker and caregiver within five days of completion.
7. Children identified during the screening process who have complex health needs may receive a comprehensive health review by the foster care public health nurse (FCPHN). A set of risk indicators have been developed to identify children who may need the services of the FCPHN. These indicators are based on the child's situation, not the length of time in care.
8. Children's Administration Case Services Policy Manual (Chapter 5000, Section 4224 (F) requires that when a CHET Specialist identifies a child birth to three years old who may have developmental delays, the specialist will make a referral to a Family Resources Coordinator with the Infant Toddler Early Intervention Program (ITEIP) no more than two days after the concern(s) has been identified. ITEIP is a federally funded program that coordinates a statewide system to provide early intervention services for children. ITEIP is located within the Division of Developmental Disabilities.

#### Ongoing Case Management Policies

The assigned social worker has primary responsibility for:

- a. Providing ongoing case management, which includes identification of needs, coordination of services, referrals based on the identified needs of the child, and tracking any necessary follow-up
- b. Entering and updating the child's health and education information into the child's electronic file, excluding health related information entered by the foster care public health nurse
- c. Updating the child's well-being information at the time of the ISSP update
- d. Providing the caregiver a copy of the child's most recent well-being information when a placement changes
- e. Referring children for a health review by the FCPHN any time a health concern arises

#### Foster Care Public Health Nurses (FCPHN) Policies

The foster care public health nurse:

- Develops a comprehensive health history (formerly known as a "Passport") for identified children with complex health needs

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- Provides the child's caregiver with a copy of the comprehensive health report and any updates within five business days of its completion
- Provides the social worker with the original comprehensive health report and recommendations, along with all obtained medical records for the child within five business days of completion