

Children's Administration

**COMPLIANCE PLANS IN
RESPONSE TO BRAAM OVERSIGHT PANEL
MONITORING REPORT 10**

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INTRODUCTION

This report describes the key improvement strategies that the Department of Social and Health Services (DSHS), Children's Administration (CA) is currently working on and activities planned for implementation. These strategies are designed to strengthen practice, result in improved performance, and ultimately achieve benchmarks not yet met under the Braam Settlement Agreement.¹

Child welfare work requires continuous quality improvement (CQI) to promote and strengthen day-to-day practice. The Children's Administration views the development of this Compliance Plan Report and corresponding implementation activities as a CQI process to improve practice and outcomes for children and youth placed in out-of-home care.

CA made substantial progress on improved performance for the majority of outcomes with 22 of 28 showing improvement or remaining stable for fiscal year 2010. For 17 of the outcomes reported on, CA met or was within 15 percent of the benchmark. Some strategies included in the previous Compliance Plan Report resulted in improved performance, and as a result, are retained in this report. In addition, some strategies were retained as they require additional time to complete and others are ongoing activities CA is committed to continuing to implement.

To help ensure this Compliance Plan Report will strengthen and further improve our performance, CA consulted with and sought input from a broad array of individuals. These individuals included statewide and regional program leads; CA's Statewide Quality Practice Improvement Team, who solicited input from social workers, supervisors, and managers; the CA leadership team; and members of external advisory committees. The advisory committees asked to review and provide input included:

- Children, Youth, and Family Services Advisory Committee
- Indian Policy Advisory Committee
- Washington State Racial Disproportionality Advisory Committee
- Passion to Action, Foster Youth and Youth Alumni Advocates
- Parent Advocacy Committee
- Foster Care Consultation Team (1624 Committee)

CA will continue to work with and involve internal CA staff, as well as external advisory committees and partners in strategy implementation activities.

In addition to the specific improvement strategies identified for each outcome, seven foundational strategies are included in this report beginning on page 59. These strategies represent large scale strategic areas of focus that will affect outcomes under the Braam

¹ These compliance plans are submitted under the current Braam Settlement Agreement which is scheduled to expire July 31, 2011. To the extent that a Revised Braam Settlement Agreement is agreed to between the parties, it may supersede commitments made by the DSHS/CA as part of these compliance plans.

Settlement Agreement, as well as practice areas not covered by the Settlement Agreement. While these strategies are fundamental in nature, they are included at the end of the report to focus on the specific outcomes and practice improvement strategies targeted to each outcome and to avoid replication throughout the report.

Target completion dates identified for each strategy should be considered estimates and are subject to change based on staff and financial resources.² They are included in this report to provide a framework for 2011/2012 improvement activities. Timelines for implementation of strategies and their expected results are both short and long-term, and as a result, CA anticipates that performance will improve in fiscal year 2011, and greater improvement in fiscal year 2012.

² These compliance plans are submitted under the current Braam Settlement Agreement which is scheduled to expire July 31, 2011. To the extent that a Revised Braam Settlement Agreement is agreed to between the parties, it may supersede commitments made by the DSHS/CA as part of these compliance plans.

BACKGROUND

In the Braam Oversight Panel's 10th Monitoring Report, the Panel concluded that CA performance failed to reach the FY10 benchmarks for 24 outcomes set forth in the Implementation Plan. Pursuant to the Settlement Agreement, a compliance plan is required for each of these outcomes. Included in this report are compliance plans for 23 outcomes as CA continues to contend the outcome on Initial Health Screens is not within the scope of the Panel's monitoring authority under the Braam Settlement Agreement.

TABLE OF OUTCOMES, BENCHMARKS, AND PERFORMANCE

Pursuant to the Braam Settlement Agreement and Revised Implementation Plan, the outcomes identified below require a Compliance Plan be submitted, as the fiscal year benchmark was not achieved. The table provides a brief description of each outcome, fiscal year 2010 benchmarks and Children’s Administration performance, and as available, performance data from the most recent informational monthly or quarterly report provided to the Braam Oversight Panel:

Outcome / Action Step	FY2010 Performance
<p>1. Placement Stability - Two or Fewer Placements</p> <p>The percentage of children who experience two or fewer placements during their current out-of-home episode of care.</p>	<p><u>Benchmark</u> 90%</p> <p><u>CA Performance</u> 89.3% (FY2010)</p> <p>88.4% (Apr-2011 Quarterly Report)</p>
<p>2. Caseloads At or Below 18 Cases</p> <p>Children will be served by caseworkers with caseloads at or below Council on Accreditation (COA) standards (18 child cases per caseworker) (outcome measure based on the percentage of children served by caseworkers with caseloads at or below COA standards).</p>	<p><u>Benchmark</u> 90%</p> <p><u>CA Performance</u> 72.2% (FY2010)</p> <p>74.8% (May-2011 Monthly Report)</p>
<p>3. Child Health & Education Tracking (CHET) Screens – Overall Completion</p> <p>Children in out-of-home care 30 days or longer will have completed and documented Child Health and Education Track (CHET) screens within 30 days of entering care.</p>	<p><u>Benchmark</u> 90%</p> <p><u>CA Performance</u> 78% (FY2010)</p> <p>94% (May-2011 Monthly Report)</p>
<p>4. Shared Planning Meeting Focused on CHET Screen within 60 Days</p> <p>A shared planning meeting (SPM) focusing on the CHET screening results will be held within 60 days of each child’s entry into care.</p>	<p><u>Benchmark</u> 90%</p> <p><u>CA Performance</u> 51.9% (FY2010)</p> <p>93.5% (May-2011 Monthly Report)</p>
<p>5. Early Support for Infant and Toddlers (ESIT) Program Referral within Two Workdays</p> <p>Children age 3 and under in out-of-home care will be referred to the Early Support for Infant and Toddlers Program (ESIT) within 2 workdays of identification of concerns about developmental delays from CHET screens.</p>	<p><u>Benchmark</u> 90%</p> <p><u>CA Performance</u> 86% (FY2010)</p> <p>95% (May-2011 Monthly Report)</p>

Outcome / Action Step	FY2010 Performance
<p>6. Initial Child Health and Education Plan Developed in Individual Safety and Supervision Plan (ISSP) within 60 Days</p> <p>Children in out-of-home care will have health and education plans (developed based on the findings from all physical health, developmental, educational, mental health and substance abuse health screenings and assessments) in their ISSP's within 60 days of placement.</p>	<p><u>Benchmark</u> 90%</p> <p><u>CA Performance</u> 71%</p>
<p>7. Child Health and Education Plan Updated in ISSP Every 6 Months</p> <p>Children in out-of-home care will have health and education plans in their ISSPs updated every 6 months.</p>	<p><u>Benchmark</u> 90%</p> <p><u>CA Performance</u> 59% (FY2010) 87.5% (Apr-2011 Quarterly Report)</p>
<p>8. Annual Screening of Mental Health & Substance Abuse Needs</p> <p>Children in out-of-home care will be screened for mental health and substance abuse needs every 12 months.</p>	<p><u>Benchmark</u> 90%</p> <p><u>CA Performance</u> 54.8%</p>
<p>9. Adequate Foster Parent Training</p> <p>Licensed caregivers will report adequate training for their roles and responsibilities (including, but not limited to, management of emotional, behavioral, developmental and medical problems, educational advocacy, strategies for engagement with birth parents, and cultural competency skills).</p>	<p><u>Benchmark</u> 90%</p> <p><u>CA Performance</u> 85.2%</p>
<p>10. Adequate Foster Parent Support</p> <p>Licensed caregivers will report adequate support for their roles and responsibilities (including, but not limited to, crisis support, timely notification about case planning meetings, and cultural competency resources).</p>	<p><u>Benchmark</u> 90%</p> <p><u>CA Performance</u> 76.6%</p>
<p>11. Adequate Foster Parent Information</p> <p>Licensed caregivers will report adequate provision of information about the needs of children placed with them (including, but not limited to, behavioral, medical, developmental and educational needs).</p>	<p><u>Benchmark</u> 90%</p> <p><u>CA Performance</u> 81.8%</p>

Outcome / Action Step	FY2010 Performance
<p>12. Adequate Safeguards for Sexually Aggressive Youth (SAY)</p> <p>Children identified as sexually aggressive (SAY) pursuant to the statutory definition will be placed with caregivers who have received specialized training and have a plan developed to address safety and supervision issues.</p>	<p><u>Benchmark</u> 95%</p> <p><u>CA Performance</u> 70.5%</p>
<p>13. Adequate Safeguards for Physically Assaultive/Aggressive Youth (PAAY)</p> <p>Children identified as physically assaultive or physically aggressive (PAY) pursuant to the statutory definition will be placed with caregivers who have received specialized training and have a plan developed to address safety and supervision issues.</p>	<p><u>Benchmark</u> 95%</p> <p><u>CA Performance</u> 57.5%</p>
<p>14. Adequate Training and Care for Medically Fragile Children</p> <p>Medically fragile children will be connected to ongoing and appropriate medical care and placed with caregivers who receive consultation and ongoing training regarding their caretaking responsibilities for the medical condition.</p>	<p><u>Benchmark</u> 95%</p> <p><u>CA Performance</u> 86.3%</p>
<p>15. Monthly Health & Safety Visits with Children</p> <p>Children will receive a private and individual face-to-face health and safety visit from an assigned caseworker at least once every calendar month, with no visit being more than 40 days after the previous visit.</p>	<p><u>Benchmark</u> 95%</p> <p><u>CA Performance</u> 53.6%</p> <p>96.1% (May-2011 Monthly Report)³</p>
<p>16. Timely and Thorough Division of Licensed Resources (DLR) Child Protective Services (CPS) Investigations</p> <p>All referrals alleging child abuse and neglect of children in out-of-home care will receive thorough investigation by the Division of Licensing Resources (DLR) pursuant to CA policy and timeline and with required documentation.</p>	<p><u>Benchmark</u> 100%</p> <p><u>CA Performance</u> 90.3%</p>

³ Performance for Monthly Health and Safety Visits with Children is reported on a monthly basis through an alternative measure. The measure calculates “Percentage of children that receive a private and individual face-to-face health and safety visit from an assigned caseworker at least once during the calendar month”.

<p>17. Sibling Placement (All Siblings)</p> <p>Children in out-of-home care will be placed with all siblings who are also in out-of-home care whenever possible.</p>	<p><u>Benchmark</u> 75%</p> <p><u>CA Performance</u> 64.5% (FY2010)</p> <p>64.4% (Apr-2011 Quarterly Report)</p>
<p>18. Sibling Placement (All or Some Siblings)</p> <p>Children in out-of-home care will be placed with at least one sibling who is also in out-of-home care whenever possible.</p>	<p><u>Benchmark</u> 90%</p> <p><u>CA Performance</u> 81.2% (FY2010)</p> <p>81% (Apr-2011 Quarterly Report)</p>
<p>19. Sibling Visits/Contacts</p> <p>Percentage of children placed apart from their siblings that have two or more monthly visits or contacts (not including staffing meetings or court events), with at least one of their siblings.</p>	<p><u>Benchmark</u> 90%</p> <p><u>CA Performance</u> 51.6%</p>
<p>20. High School Graduation Rate for 9th Grade Cohort</p> <p>The percentage of youth in out-of-home placement in grade 9 who remained in placement continuously through grade 12 who graduate from high school on time with a regular or adult (IEP) diploma, including students with disabilities who graduated within the number of years designated in their IEP, will increase.</p>	<p><u>Benchmark</u> 70%</p> <p><u>CA Performance</u> 47.7%</p>
<p>21. Youth Transition (Exit) Staffing</p> <p>A multi-disciplinary staffing meeting will be held six months prior to a youth's exit from foster care to address issues related to transition to independence.</p>	<p><u>Benchmark</u> 95%</p> <p><u>CA Performance</u> 27% (FY2010)</p> <p>90% (May-2011 Monthly Report)</p>
<p>22. Frequency of Youth On Runaway Status</p> <p>The percentage of children who run from out-of-home care placements during the fiscal year will decrease as indicated in the benchmark table below.</p>	<p><u>Benchmark</u> 2.0%</p> <p><u>CA Performance</u> 2.7%</p>
<p>23. Median Days Number of Days Youth Are on Runaway Status</p> <p>The median number of days that children are on runaway status will decrease as indicated in the benchmark table below.</p>	<p><u>Benchmark</u> 25 days</p> <p><u>CA Performance</u> 24 days</p>

CHILDREN’S ADMINISTRATION COMPLIANCE STRATEGIES

The Children’s Administration is implementing the following strategies to strengthen and improve performance on the 23 outcomes addressed in this Compliance Plan Report.

PLACEMENT STABILITY

TWO OR FEWER PLACEMENTS

GOAL 1, OUTCOME 2: The percentage of children who experience two or fewer placements during their current out-of-home episode of care will increase as indicated in the benchmark table below. *This outcome measure is based on the percentage of children/youth entering care during the two previous fiscal years with 2 or fewer placements [with time-in-care specifications based on entry year].*

Benchmarks Required for Compliance and CA Performance

Period	FY05	FY06	FY07	FY08	FY09	FY10
Statewide Benchmark ⁴	N/A	Baseline	87%	88%	89%	90%
CA Performance	85.5%	84.7%	85.5%	86.4%	89.0% ⁵	89.3%

Children who experience stable living situations and school settings tend to have better developmental and academic outcomes than children who experience frequent home and school moves. Likewise, children who have the opportunity to maintain continuous relationships with safe, invested adults have a better chance at future developmental, emotional, and social successes than those who have no familial or cultural continuity. Through increased efforts to locate, engage, and provide ongoing support to relatives and other meaningful adults known to a child, the Administration is reducing placement and school moves and strengthening relationship and cultural continuity.

Strategy 1: Strengthen and Enhance CA Licensing and Relative Placement Practices *New*

When children are not able to safely remain at home with their parents, safe placement with fit and willing relatives has many advantages including maintaining and providing family and cultural connections and placement and educational stability. Children’s Administration values relative caregivers and is committed to achieving safe and timely permanency for children in out-of-home care. In that regard, the administration is focusing on a number of activities to strengthen existing relative placement practices and to increase the number of licensed relative caregivers. These key strategies include:

⁴ Compliance with this outcome requires the statewide benchmark to be met. In addition, no region’s performance may be more than 10 percentage points lower than the statewide benchmark.

⁵ FY2009 performance data on this outcome was recalculated with the FY2010 Annual Performance Report to correct data integrity issues resulting from the conversion of data and differences in how information is documented in the CAMIS and FamLink information management systems.

❖ **Implement a Unified Home Study**

The goal of the Unified Home Study is to provide a consistent high quality assessment for all families who want to care for dependent children. The Unified Home Study will reflect the Children's Administration dedication to strengthening out-of-home placements for dependent children by designing and supporting a single assessment tool that addresses relative, non-relative, and pre-adoption placements. We anticipate the following benefits:

- Improve outcomes for children in out-of-home care.
- Improve relationships with out-of-home caregivers.
- More relative caregivers for dependent children will become licensed.
- Reduce duplicate work by Children's Administration staff.
- Save state funds that currently go toward duplicate fingerprint-based background checks.

Using the Unified Home Study will better serve children by:

- Ensuring all caregivers meet safety standards for placement and are both willing and able to care for children.
- Reducing placement disruptions when children become legally free (all placements will meet adoption criteria after they complete the home study).
- Expediting the completion of permanent plans (the home study and background checks are complete before the child is legally free).

Some updates to the home study may be necessary, such as additional questions to better reflect Children's Administration values about reunification and permanency planning, and efforts to support parental engagement and sibling visits. *(Development Ongoing; Implementation by December 2011)*

❖ **Transition Home Studies to Specialized Caseloads and Centralize Home Study Specialists**

Regional home study social work units will be created to strengthen home study practices, including oversight, coordination, and timeliness of completion. All home studies will be transitioned to a specialized group of social workers who will specialize in conducting home studies. Specialized staff will streamline the process and lead to expedited permanency plans. These staff will be under the direction and supervision of the Division of Licensed Resources (DLR). *(December 2011)*

❖ **As Needed, Grant Relatives Waivers for Non-Safety Licensing Requirements**

To increase focus on identifying and using fit and willing relatives who meet licensing requirements, DLR staff consider waiving non-safety related licensing requirements on a case-by-case basis for relatives when there are no child safety concerns. Federal rules have always allowed the flexibility to waive non-safety related licensing requirements if doing so does not pose a safety threat for the specific child(ren) cared for by relatives. Most licensing requirements are safety related and designed for the general population of foster children. DLR began this practice statewide in response to the Fostering Connects Act in October 2008. *(Ongoing)*

❖ **Provide Technical Assistance to Regions on Guardianships and the Relative Guardianship Assistance Program**

Washington fully implemented the new guardianship legislation permitting the dismissal of the dependency on established guardianships. The Relative Guardianship Assistance program was implemented at the same time to support guardianships with relatives. To help

move more children in relative placement toward timely achievement of their permanent plan, including subsidized guardianship, Children's Administration is continuing to provide technical assistance as requested regarding the Fostering Connection Relative Guardianship Assistance Program (R-GAP) and Washington State SHB 2680, which requires dismissal of the underlying dependency action for related guardianships established after June 10, 2010 and provides the option to dismiss the dependency on established guardianships. *(Ongoing)*

❖ **Strengthen Relative Search Practices**

Continue to implement and in partnership with Casey Family Programs, explore the feasibility of expanding the nationally recognized training provided by Kevin Campbell, an internationally known youth permanency expert and founder of the Center for Family Finding and Youth Connectedness. Mr. Campbell is providing Children's Administration staff and community partners three additional trainings in the new Region 1 South (area of former Region 2) in the coming year as part of an ongoing permanency focus. Mr. Campbell developed Family Finding, a set of strategies being used throughout the United States and British Columbia to find lifelong supports for children and young people in foster care. This is in addition to ongoing relative search activities in all regions, including use of the Accurint software, the National Relative Search tool for extended searches to identify a parent or appropriate relative for a child. *(Training Provided in 2010/2011)*

Strategy 2: Provide In-Service Staff Training to CA Placement Coordinators

Placement Coordinators are staff with responsibility for matching children in need of out-of-home placement with a licensed caregiver when a fit and willing relative caregiver is not available. The goal is to strengthen and promote action these social workers can take to improve the quality and consistency of efforts to preserve and promote a child's connections to family, siblings, and their community. The in-service training will be tailored to these specialized staff who perform these specialized functions and will address the following *(Training Begins September 2011)*:

- ❖ Caregiver considerations, including the need to carefully consider their commitment to sibling groups, geographic location, individual and family attributes, strengths and needs of the caregiver and child, family constellation, and ability to meet the child's long term needs.
- ❖ How to use the FamLink Placement Vacancy Report to identify capacity/availability of licensed foster homes.
- ❖ How to use FamLink to identify and match licensed caregiver preferences with the characteristics of children/youth in need of out-of-home placement. This will help identify better matches of the child's needs with foster parents to maximize best fit with the first placement.
- ❖ Encourage staff to review resources, such as the child's completed CHET Screening Results and ISSPs, which are easily accessible when determining placement.

(See Attachment 1: Child Information and Placement Referral Form)

Strategy 3: Develop and Implement Caregiver Support Plans for Caregivers of Sibling Groups and Newly Licensed Caregivers

Children's Administration values the safety and well-being of all children, which includes the unique needs of children in sibling groups. Children's Administration is committed to providing early and ongoing consistent support to all caregivers, with specific attention to those families caring for sibling groups and those who are newly licensed. Children's Administration currently uses support plans for caregivers of medically fragile children as well as SAY/PAY youth and

these plans will serve as the model for improving caregiver support for newly licensed foster parents and those caregivers with siblings placed in their home. The development of caregiver support plans will assist these families in identifying needed supports, resources and training. Support plans for caregivers will be developed utilizing Solution Based Casework strategies and will:

- Assess strengths and needs of the caregiver in finding needed resources to meet the needs of children placed in their home
- Identify individualized support and assistance needed by caregivers
- Provide improved communication with caregivers regarding children placed in their home, and
- Strengthen partnership among licensors, social workers and caregivers when planning for placement

The Caregiver Support Improvement Plan Workgroup will be reconvened in July 2011 to review existing Children's Administration tools and forms related to child placement, safety and supervision, including support plans related to medically fragile children and SAY/PAY youth. The workgroup will develop recommendations to provide individualized support, including a tool to be used by licensors and social workers in creating caregiver support plans. These recommendations will outline the responsibilities for licensors and social workers in partnering to develop the individualized support plans with newly licensed foster homes and families who have sibling groups placed in their homes. Caregiver support plans will be implemented through a phased-in approach:

- ❖ Support plan framework created and approved by Children's Administration management (*September 1, 2011*)
- ❖ Support plan policy and tools released to Children's Administration staff and caregivers (*October 1, 2011*)
- ❖ Social workers begin using a support plan for caregivers of sibling groups (*November 1, 2011*)
- ❖ Licensors begin using a support plan for all newly licensed foster parents (*November 1, 2011*)

Strategy 4: Collaborate with Partners for Our Children (POC) to Complete Updated Placement Mobility Study *New*

The Children's Administration will collaborate with Partners for Our Children (POC) to produce a follow up study on placement mobility of foster children in Washington State. This study will build on the work POC did with the University of Chicago Chapin Hall that compared data from 15 states participating in its State Center for Foster Care and Adoption. A final study report "Measuring and Understanding Placement Mobility: A Cross-State Comparison" was published in October 2010. Important to note, the study results should not be used to inform policy and practice improvement work because a number of system changes have been made since the 2005-2007 study data. The follow up study will focus on placement mobility in Washington State and provide additional analysis to better understand practice and potential policy and practice improvement needs. (*December 2011*)

See foundational strategy for [Family Team Decision Making \(FTDM\) Meetings](#) (*click on link*)

Family Team Decision Making (FTDM) meetings continue to improve the stability of a child/youth's placement by engaging family, caregivers, and community members in a collaborative process when placement decisions are made or a child/youth's placement is at risk

of disruption. Children's Administration continues to expand the use and effectiveness of FTDM meetings.

CASELOADS AT OR BELOW 18 CASES

GOAL 1, OUTCOME 3: Social workers will have caseloads at or below Council on Accreditation (COA) standards (8 child cases per caseworker for children with special needs, 18 child cases per caseworker for all other children) (*outcome measure based on the percentage of caseworkers with caseloads at or below COA standards; for measurement purposes, each child with special needs will be counted as 2.25 children*).⁶

Benchmarks Required for Compliance and CA Performance

Period	FY08	FY09	FY10
Statewide Benchmark ⁷	80%	85%	90%
CA Performance	49.9%	65.0%	72.2%

Children and families who interact frequently with social workers are more likely to remain engaged in a case plan and children stay safer than those who have very infrequent social worker contact. Social workers are better able to make frequent and qualitative contact with children and families when their caseloads remain at or below 18 cases. Through multiple strategies such as supporting social workers to complete documentation and adoptions more quickly, increasing permanency planning partnerships and developing a caseload management report function in FamLink, concerted efforts toward reducing caseload size are advancing.

Strategy 1: Finalize and Implement New FamLink Caseload Management Report *New*

The Children's Administration has developed a new FamLink Caseload Management Report and is in the process of finalizing and implementing the report. The new report serves as an online management tool that is simple, readily accessible, regularly updated, and provides significant detail needed by all levels of the administration to inform program, supervision and management decisions around caseloads. As with any new tool, integrating FamLink reports into standard practice takes time, and is accomplished through training, support, and technical assistance. (*Report finalized, July 2011*)

- ❖ Children's Administration staff will receive a release notification from FamLink. (*July 2011*)
- ❖ Children's Administration staff will be trained regarding the functionality and use of the report. (*August 2011*)

⁶ The Braam Oversight Panel modified this requirement and agreed that Children's Administration does not need to create a definition for children with special needs or use a different case weight for such children in caseload calculations. See Minutes of Braam Oversight Panel meeting, December 8, 2008.

⁷ Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark.

Strategy 2: Continue to Monitor Region, Office, Unit and Social Worker Caseloads and Make Staffing Adjustments as Necessary *New*

Children's Administration managers actively monitor social worker caseloads and follow up as necessary to obtain additional information when concerns are identified and take action to make adjustments when indicated and within allocated resources. Children's Administration continues to seek input from managers and supervisors to identify strategies and tools that will assist them in managing caseloads.

The use of staff protected time is one strategy that has been identified to address caseloads. Children's Administration will continue to work with managers and supervisors to create consistent expectations around the use of staff protective time and implement across all regions. The use of staff protected time will allow social workers to complete documentation and ensure timely closure of cases. (*Ongoing*)

Strategy 3: Increase Safe and Timely Achievement of Permanent Plans

Caseloads are affected by children entering and leaving out-of-home care. The Children's Administration has a strong focus on safely reducing the length of time children and youth spend in out-of-home care. Children's Administration is focused on safely placing children in permanent homes, achieving timely permanency, and making court process improvements, which are helping to reduce caseloads for social workers. Strategies include effective permanency planning partnerships, such as Casey Family Program *Permanency Round Tables* and county-based *Tables of 10 Court Improvement Teams*. Expediting adoptions and implementing new guardianship legislation and unified home study practices safely reduces the length of time children and youth spend in out-of-home care. The projects below are aimed at achieving safe legal permanency for children and reducing social worker caseloads *also see activities under Strategy 1 in Placement Stability*.

❖ **Expedited Adoptions Project *New***

In December 2010, there were 916 legally free children in the Children's Administration's care and custody awaiting adoption. A statewide action plan to expedite adoption of these legally free children is being implemented. The plan includes deploying a team of CA Headquarters staff with adoption expertise to assist regional and local adoption staff to complete adoption home studies, background checks, and adoption support applications for licensed foster parents and relatives. Monthly statewide conference calls are also being held with regional adoption leads to identify and help resolve barriers to safe and timely adoption. (*Beginning December 2010, completed July 2011*)

❖ **Increase Permanency Planning Partnership Projects**

Increase the number of effective partnerships with courts and child welfare partners that focus on facilitating timely completion of permanent plans, in particular the Casey Family Program Permanency Round Tables and the county-based Table of 10 Court Improvement Projects.

- *Casey Family Program Round Tables*: In partnership with Casey Family Programs, reframe and expand the Permanency Round Table project to specifically target children across the state with the greatest length of stay. Permanency Round Tables provide an intensive child-specific permanency planning focus and will be used to help achieve permanency for children/youth and reduce their length of stay in foster care. FamLink reports will be used to inform statewide planning and target geographic areas and

children/youth with the greatest length of stay. *(Plan developed June 2011; Reviews completed October 2011)*

- *County-Based Tables of 10 Court Improvement Teams:* Meet with the statewide Table of 10 Court Improvement Project lead to identify and coordinate statewide implementation planning efforts and shared goal to expand this partnership project as resources and funds permit. *(August 2011)*

Strategy 4: Strengthen Social Worker & Supervisor Training and Professional Development *New*

The Children's Administration is committed to strengthening social worker and supervisory practice by increasing their knowledge and understanding of effective permanency planning, required timelines, and the critical role they play in achievement of safe timely permanent plans for children and youth residing in out-of-home care. The strategies below are part of a broader initiative to improve the infrastructure and quality of training:

- ❖ *Training partnership between Children's Administration, Partners for Our Children, the University of Washington and Eastern Washington University Schools of Social Work:* This collaborative partnership is focused on expanding the infrastructure for training and professional development of CA staff, contracted providers, Tribes and caregivers. The training partnership will provide increased training resources, a greater number of training venues, and enhanced training opportunities in a wide variety of subjects that will strengthen best practice throughout the child welfare system. There will be a separate track for social work supervisors to strengthen clinical supervision practices. This collaborative partnership is similar to models other states have in place to partner with university schools of social work. *(Plan Developed and Action Step Implementation In Process December 2011)*
- ❖ *Permanency Planning & Skill Building Training:* Explore the feasibility of expanding this training offered through a partnership with the Casey Family Programs. The training is currently offered quarterly in one region to Children's Administration staff and stakeholders, juvenile court system partners (court administrators, parent attorneys and CASA/GAL's), Tribes, and foster parents. Several sessions have been held and continue to be offered throughout the year. *(Ongoing; Assess feasibility of expanding by December 2011)*

MENTAL HEALTH

CHILD HEALTH & EDUCATION TRACKING (CHET) SCREENS - OVERALL COMPLETION

GOAL 1, OUTCOME 2: Children in out-of-home care 30 days or longer will have completed and documented⁸ Child Health and Education Track (CHET) screens within 30 days of entering care.

Benchmarks Required for Compliance and CA Performance

Period	FY05	FY06	FY07	FY08	FY09	FY10
Statewide Benchmark ⁹	N/A	N/A	60%	70%	80%	90%
CA Performance	21.8%	29.5%	47.0%	63.3%	64.0%	78.0%

The healthy development of children in out-of-home care is a fundamental priority of the Children's Administration. Good health and emotional well being increase the likelihood of developmental, social, and educational achievement. To help address this need all children who are expected to remain in care longer than 30 days receive a Child Health and Education Tracking (CHET) screen. The CHET screen assesses the child's physical health, development, emotional/behavioral health, education, and family/social connections. The screen provides the social worker and caregiver important information about the child's current health and well-being within 30 days to help develop an effective case plan for the child, as well as, guide appropriate placement decisions. Implementation of the strategies and QA activities below resulted in CA achieving 94 percent performance on the monthly measure for this outcome as reflected in the May 2011 Monthly Informational Performance Report. These strategies will continue to be implemented to improve performance.

Strategy 1: Continue Quality Assurance Review to Identify and Address Reasons CHET Screens Are Not Completed within 30 Days

Continue to use the Statewide CHET Database as a QA tool to publish statewide and regional reports. CHET Coordinators will use the reports to monitor performance, identify barriers, and address reasons screenings are not completed within 30 days for all children who need a CHET Screen. *(Ongoing)*

⁸ For Braam purposes, a completed and documented CHET is one in which age-appropriate screenings have been completed for all domains: Medical (EPSDT completed for all children); Developmental (developmental screening completed for children ages 0-60 months); Emotional-behavioral (screening completed for children ages 3 months to 18 years); Educational (educational records received for school-aged children); and Connections (for all children).

⁹ Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark.

Strategy 2: Communicating the Importance of Timely Documentation of Child Placement Information in FamLink

Continue to use the Statewide CHET Database to publish statewide and regional reports to monitor performance and strengthen day-to-day practice regarding the length of time between a child's entry into care and the social worker's documentation of the child's placement in FamLink. Timely documentation of the child's placement information (*Ongoing*):

- Improves safety by ensuring the child's whereabouts are known.
- Helps address child's medical needs sooner by providing electronic notification to the Medicaid Purchasing Administration so that eligibility for Medicaid is established.
- Generates earliest possible notification to CHET Screeners to begin the CHET Screening process.

Strategy 3: Continue to Facilitate Early Periodic Screening Diagnosis and Treatment (EPSDT) Exams for Children and Youth within 30 Days of Entry into Care

The Children's Administration is committed to improving the overall health of children and youth placed in out-of-home care. The initial EPSDT exam is an important tool to help ensure the safety and health of children and youth in out-of-home care. The following actions have been identified to increase timely provision of EPSDT exams:

- ❖ Assist caregivers, as needed, to identify a medical provider to complete the EPSDT exam within 30 days by Medicaid Purchasing Administration (MPA) Foster Care Medical Team (FCMT) staff continuing to mail caregivers health information based on Medicaid billing and the Department of Health immunization database within three business days of receiving notification of a child under the age of 13 being placed in foster care. This report helps identify a child's health care provider to maintain continuity of the child's health care when possible (*Ongoing*)
- ❖ Provide ongoing communication and information to caregivers and social workers about the importance of establishing timely primary health care for children and obtaining initial and ongoing EPSDT exams. The Medicaid Purchasing Administration (MPA) Foster Care Medical Team (FCMT) staff continue to send EPSDT examination brochures to caregivers of children newly entering out-of-home placement. They are also distributed and made available to social workers and supervisors. In addition, caregivers are provided with information about EPSDT through the *Caregiver Connection* newsletter and the Foster Parent listserv. (*Ongoing*)

SHARED PLANNING MEETING FOCUSED ON CHET SCREEN WITHIN 60 DAYS

GOAL 1, OUTCOME 3: A shared planning meeting (SPM) focusing on the CHET screening results will be held within 60 days of each child's entry into care.

Benchmarks Required for Compliance and CA Performance

Period	FY08	FY09	FY10
Statewide Benchmark ¹⁰	80%	85%	90%
CA Performance	Data not available		51.9%

The Children's Administration recognizes that children need individualized case plans that are developed in a timely and thorough manner. CA's goal is to complete a CHET Screen within 30 days for children who are expected to remain in care for 30 days or more. Shared Planning meetings that include the social worker, youth (as applicable), parents, caregivers, and other case participants are held to help develop case plans utilizing CHET screening results. The following strategies are intended to improve accurate documentation and timeliness of meetings. Implementation of the strategies and QA activities below resulted in CA achieving 93.5 percent performance on the monthly measure for this outcome as reflected in the May 2011 Monthly Informational Performance Report. These strategies will continue to be implemented to improve performance.

Strategy 1: Continue to Use Monthly CHET Shared Planning Meeting FamLink Management Report

Continue to use the monthly CHET Shared Planning FamLink Management Report to analyze state, regional, and office performance to improve day-to-day practice. *(Ongoing)*

Strategy 2: Develop and Implement Online Shared Planning Meeting FamLink Management Report *New*

Design, develop, and implement an online Shared Planning Meeting FamLink Management Report for managers and staff. The report will allow HQ and field staff to identify, monitor, and strengthen CHET Shared Planning meeting practice expectations. As with any new tool, integrating FamLink reports into standard practice takes time, and is accomplished through training, support, and technical assistance. *(September 2011)*

- ❖ Children's Administration staff will receive a release notification from FamLink. *(September 2011)*
- ❖ Regional CHET Coordinators will be trained by the Statewide CHET Program Manager regarding the functionality and use of the report. *(October 2011)*

¹⁰ Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark.

Strategy 3: Continue to Communicate Policy and Practice Expectations

Regional CHET supervisors will continue to have responsibility to track and ensure adherence to policy requirements, including follow up and communication as needed. This will help ensure CHET screening results are part of Shared Planning Meeting discussions within 60 days of the child's entry into care. Managers and supervisors will continue to communicate to staff the importance of taking an active role to ensure CHET screening specialist are invited to the meeting and meetings are accurately documented in FamLink. *(Ongoing)*

EARLY SUPPORT FOR INFANT AND TODDLERS (ESIT)¹¹ REFERRAL WITHIN 2 WORKDAYS

GOAL 1, OUTCOME 4: Children age 3 and under in out-of-home care will be referred to the Infant Early Support for Infants and Toddlers (ESIT) within 2 workdays of identification of concerns about developmental delays from their CHET screens.

Benchmarks Required for Compliance and CA Performance

Period	FY09	FY10
Statewide Benchmark ¹²	85%	90%
CA Performance	72%	86%

The Children's Administration is committed to ensuring children receive services responsive to their needs in a timely manner. When the developmental delays of a child are addressed their opportunity for growth and development are improved. Implementation of the strategies and QA activities below resulted in CA achieving 95 percent performance on the monthly measure for this outcome as reflected in the May 2011 Monthly Informational Performance Report. These strategies will continue to be implemented to ensure performance on this outcome is met.

The Children's Administration continues to provide children age 3 and under in out-of-home care a referral to the Early Support for Infants and Toddlers (ESIT) Program within 2 workdays of identification of concerns about developmental delays from their CHET Screen. Monthly statewide performance exceeds the benchmark, indicating that the benchmark has been met since April 2010. In addition, the requirement for regional performance to be no more than 10 percentage points lower than the benchmark has been met since June 2010.

To continue to ensure high performance on this outcome, the Children's Administration will continue quality assurance activities to review monthly statewide and regional performance reports and as needed complete the following:

- ❖ Continue to use the Statewide CHET database as a QA tool to publish statewide and regional reports. CHET Coordinators will use the reports to monitor performance, identify and address reasons referrals are not made within 2 workdays of identifying concerns about developmental delays from the child's CHET screen. *(Ongoing)*
- ❖ Regional CHET Screening Supervisors to work with CHET Specialists to complete and/or correct ESIT information inaccurately documented in the CHET Statewide Database. *(Ongoing)*
- ❖ Statewide CHET Program Manager will provide reminder of policy requirements to CHET Supervisors and CHET Screening Specialists. *(Ongoing)*

¹¹ During the 2010 Legislative Session, SB 6593 renamed this program to the Early Support for Infant and Toddlers program effective July 1, 2010.

¹² Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark.

INITIAL CHILD HEALTH AND EDUCATION PLANS DEVELOPED IN INDIVIDUAL SAFETY AND SERVICE PLAN (ISSP) WITHIN 60 DAYS AND UPDATED IN ISSP EVERY 6 MONTHS

GOAL 2, OUTCOME 1: Children in out-of-home care will have health and education plans (developed based on the findings from all physical health, developmental, educational, mental health and substance abuse health screenings and assessments) in their ISSPs within 60 days of placement.

GOAL 2, OUTCOME 2: Children in out-of-home care will have health and education plans in their ISSPs updated every 6 months.

Benchmarks Required for Compliance and CA Performance – Outcomes 1 and 2

Period	FY08	FY09	FY10
Statewide Benchmark¹³	70%	80%	90%
CA Performance: Within 60 Days	77%	90%	71%
CA Performance: Updated Every 6 Months	53%	63%	59%

Children are growing and changing on a daily basis and children residing in out-of-home care often experience greater life challenges than their peers. The Children’s Administration’s ability to support healthy outcomes and educational achievement is directly impacted by the depth and quality of information and understanding garnered from the child, family, caregivers, and providers as well as our ability to apply that knowledge through effective case planning and case management. The Children’s Administration values and is committed to thoughtful, well developed child health and education plans for children and youth residing in out-of-home care. CA recognizes timely and ongoing updated health and education plans help support the needs of children being met at the earliest point in time. The following strategies resulted in CA achieving 87.5 percent performance on the quarterly measure for Child Health and Education Plan Updated in ISSP every 6 months as reflected in the April 2011 Quarterly Informational Performance Report. This represents a 28.5 percent increase from the annual report. These strategies will continue to be implemented to improve practice and performance.

Strategy 1: Implement Quality Assurance Review for Supervisory Approval of ISSP

The Children’s Administration is committed to meeting the health and education needs of children placed under CA care and supervision. A fundamental practice expectation is to develop and document a child’s health and education plan in the child’s Individual Safety and Service Plan (ISSP) within 60 days of placement. A child’s ISSP is updated at least every six months in conjunction with periodic judicial reviews and requires supervisory review and approval. To better ensure ISSPs approved by supervisors include an updated health and

¹³ Compliance with this outcome requires the statewide benchmark to be met. In addition, no region’s performance may be more than 10 percentage points lower than the statewide benchmark.

education plan, a quality assurance plan to strengthen the Area Administrators role to provide oversight and accountability will be developed and implemented.

- ❖ The QA plan includes:
 - Area Administrators are randomly reviewing two ISSPs per month that have been completed by social workers and approved by their supervisors. The review looks at overall content, including Health and Education sections. Area Administrators will complete a questionnaire in Survey Monkey that captures key information about completion and overall quality of ISSPs that have been approved by supervisors including whether the ISSP contained health and education plans.
 - Supporting tools such as the updated ISSP Guide with added links to relevant information for quick reference, and a quality sample ISSP.
 - Questionnaire developed in a survey tool (Survey Monkey) capturing data to inform ongoing QA activities.
 - Regional Administrators access to the on-line survey results to monitor quality assurance efforts and address gaps as appropriate (*July 2011*)

Strategy 2: Continue to Provide Child Health Information by Implementing the DSHS Fostering Well-Being Program

Information regarding a child's health is needed to develop and document their health plan. The Aging and Disability Services Administration (ADSA) and the Medicaid Purchasing Administration's (MPA) Fostering Well-Being Program was implemented statewide with the goal to improve the coordination of health care services for children and includes components to provide more ready and timely access to children's health records. The following program activities address provision of foster children's medical records and health information to caregivers and social workers:

- ❖ The Fostering Well-Being Program will continue to mail foster children's immunization history to caregivers within three business days of receiving notification of a child's placement in foster care. This information is also documented in FamLink to provide staff ready access. (*Ongoing*)
- ❖ The Fostering Well-Being Program will continue to mail PRISM Health Reports to caregivers of foster children **under 13 years of age**. PRISM Health Reports compile Medicaid paid claims data into a summary of the child's most recent (within the past two years) health information. (*Ongoing*)
- ❖ *Fostering Well-Being Program will upload PRISM Health Reports of children/youth 13 years and older into FamLink. (July 2011)*
 - *NOTE: Children's Administration, Aging and Disability Services Administration, and our respective Attorney Generals continue to work on resolving program and technical issues related to the exclusion of confidential health information, from the PRISM Health Reports for children/youth 13 years and older. Once these issues are resolved, PRISM Health Reports for this age group will be mailed to caregivers.*
- ❖ Fostering Well-Being staff are obtaining and posting in FamLink the last two years of health records for children placed on or after January 1, 2010, and who are in care greater than 30 days. In addition to posting health records in FamLink, Fostering Well-Being staff are reviewing the records and documenting key information in the child's health pages of

FamLink, including physical conditions, disabilities, emotional/behavioral disorders, vision/hearing disorders, brain disorders, and other medical conditions. *(Ongoing)*

- ❖ Partner with Fostering Well-Being staff to develop health Care Coordination Summaries for children identified as having the greatest healthcare needs. Care Coordination Summaries outline the child's health and mental health related concerns and identify follow-up activities such as referrals needed to address the child's health concerns.

Care Coordination Summaries are scheduled for review and update every 3 – 6 months. The scheduled review and update is documented in the Care Coordination Summary and based on the needs of the child. Caregivers are informed that they may contact the Fostering Well-Being Care Coordination Unit between reviews if they have any questions or the child's needs change.

Care Coordination Summaries are uploaded into FamLink, and are available for social workers to attach to the child's ISSP. Care Coordination Summaries may also be provided as needed to other parties such as the child's caregiver and health care provider. *(Ongoing)*

NOTE: In the absence of a Care Coordination Summary, social workers must either attach the FamLink Health and Education Report or write a descriptive narrative in the child's ISSP. (See Strategy 3 below)

Strategy 3: Strengthen Guidance on Documenting a Child's Health & Education Plan in the ISSP

A guide for writing the ISSP was created in 2004 to assist staff in developing and documenting a child's health and education plan and has been updated several times since then. The guide provides social worker's ideas and recommendations regarding what to document in each section of the ISSP. In April 2011, the ISSP Guide was updated to include hyperlinks to relevant sections and the requirement to complete the Health and Education Plan in FamLink and attach it to the ISSP.

To strengthen information and resources provided to social workers specifically regarding the health and education section of the ISSP, the following improvement activities have been identified:

- ❖ Continue to message to the field the required updates for the Education Plan within FamLink. The Education Plan simplifies what social workers need to include in the plan by providing built-in fields to address key elements. *(Ongoing)*
- ❖ Provide reminders to social workers and supervisors of the value and policy and practice expectations for developing and updating the child's health and education plan in the ISSP. *(April 2011)*
- ❖ Partner with Fostering Well-Being staff to develop a health Care Coordination Summary for children with significant health care needs and include as an attachment to the ISSP. *(Ongoing)*
- ❖ Require that a child who does not have a Care Coordination Summary have an updated FamLink Health and Education Report attached to their ISSP, or a written descriptive narrative of the child's health and education status completed in that section of the ISSP. *(Ongoing)*

Strategy 4: Develop and Implement an Online FamLink Education Management Report *New*

Develop and produce an online Education Performance Report, which will allow regional CA staff to work closely with social workers in the field and address the requirement for education plans to be entered in FamLink. The report also allows staff to track whether the plan is being updated every six months per the federal Fostering Connections requirement. The education plan is a required attachment to the ISSP. As with any new tool, integrating FamLink reports into standard practice takes time, and is accomplished through training, support, and technical assistance. *(July 2011)*

- ❖ Regional Education Leads will receive a release notification from FamLink. *(July 2011)*
- ❖ Regional Education Leads will be trained by the Statewide Education Program Manager regarding the functionality and use of the report. *(August 2011)*
- ❖ Statewide Education Program Manager will provide ongoing technical assistance, as needed. *(August 2011; Ongoing)*

ANNUAL SCREENING OF MENTAL HEALTH AND SUBSTANCE ABUSE NEEDS

GOAL 3, OUTCOME 2: Children in out-of-home care will be screened for mental health and substance abuse needs every 12 months.

Benchmarks Required for Compliance and CA Performance

Period	FY06	FY07	FY08	FY09	FY10
Statewide Benchmark ¹⁴	70%	75%	80%	85%	90%
CA Performance	Data not yet available	46.0%	48.9%	54.8%	Data Pending

Good health and emotional well-being increase the likelihood of developmental, social, and educational achievement. Children in out-of-home care experience greater life challenges than their peers and an annual assessment of their mental health and substance abuse needs helps ensure concerns are identified and addressed on a regular basis. The following strategies will assist in identifying youth who have not had annual assessments and communicating the importance of obtaining Early Periodic Screening Diagnostic and Treatment (EPSDT) examinations to caregivers, social workers and youth.

Strategy 1: Information to Caregivers: Implement Automated ProviderOne Reminders for EPSDT Exams and Related Information

The DSHS Fostering Well-Being (FWB) staff and the Health Care Authority (HCA) formerly the Medicaid Purchasing Administration (MPA) will implement automated reminder letters to caregivers of children in out-of-home care reminding them to schedule EPSDT examinations per the age-appropriate schedule.

ProviderOne will automatically generate and mail EPSDT related information to caregivers. (September 2011)

Strategy 2: Information to Social Workers: Increase Utilization of Resources Available in FamLink *New*

- ❖ Review the function, content, timing, and designated CA staff recipients of the automated FamLink message that reminds social workers when it is time to schedule a child's annual EPSDT examination. (December 2011)
- ❖ Complete validation of the FamLink Management Report for internal use by managers to review performance on this outcome based on FamLink documentation. Managers will use the report to monitor and follow up on practice improvement needs, including identification of children who have not had an EPSDT examination within the last 12 months. The report will help inform future QA activities. As with any new tool, integrating FamLink reports into

¹⁴ Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark.

standard practice takes time, and is accomplished through training, support, and technical assistance. (August 2011)

Strategy 3: Continue to Provide Communication and Information to Caregivers, Social Workers, and Youth about the Importance of Obtaining Initial and Ongoing EPSDT Exams *New*

- ❖ Children's Administration will continue working with Fostering Well-Being and regional staff to determine if there are unaddressed barriers to children receiving annual EPSDT exams. (Ongoing)
- ❖ Provide annual communication to Children's Administration staff and caregivers through Foster Parent listserv or *Caregiver Connection* newsletter regarding the importance of EPSDT examinations for children placed in out-of-home care. (Ongoing)
- ❖ Fostering Well-Being staff mail information about the importance of EPSDT examinations and dental care to caregivers of newly placed children. (Ongoing)
- ❖ Revise Caregiver Placement Agreement to specify requirements for children to receive an annual EPSDT exam. The form currently specifies the requirements to obtain an initial EPSDT within 30 days of placement. (August 2011)
- ❖ Anecdotal information indicates that youth report they only go to the doctor when they are sick. CA will explore with the Passion to Action youth advisory group how to best engage youth in their health care and communicate the importance of annual EPSDT examinations. (July 2011)
- ❖ Information about annual EPSDTs will be added to the "Your Rights, Your Life – A Resource for Youth in Foster Care". This booklet is available to youth age 12 and older. Mockingbird Society provides training to youth and caregivers and CA coordinates with Mockingbird on information contained in the booklet. (December 2011)
- ❖ Information about annual EPSDTs will be added to the www.independence.wa.gov (click on link) website. (July 2011)

Strategy 4: Continue to Work with Aging and Disability Services Administration to Produce Data Regarding Child and Youth Receiving Annual Screenings for Mental Health and Substance Abuse *New*

Implementation of ProviderOne, the new Medicaid billing system, has required large scale data conversion, testing, and development of reports. This process has lasted longer than previously anticipated, and resulted in additional delays in the provision of data. Children's Administration is continuing to work with the Aging and Disability Services Administration to produce the data report.

Children's Administration will take the following steps to provide the FY2010 performance data to the Braam Oversight Panel by September 30, 2011:

- ❖ Receive FY2010 billing and encounter records from DSHS Research and Data Analysis (RDA). Data will include Fee-For-Service paid claims and Managed Care Encounter records. (August 12, 2011)
- ❖ Children's Administration will complete data match between billing and encounter records and FamLink records. (August 31, 2011)
- ❖ Children's Administration will evaluate the report and data for validity and accuracy. (September 2011)

FOSTER PARENT TRAINING AND INFORMATION

ADEQUATE FOSTER PARENT TRAINING

GOAL 1, OUTCOME 1: Licensed caregivers will report adequate training for their roles and responsibilities (including, but not limited to, management of emotional, behavioral, developmental and medical problems, educational advocacy, strategies for engagement with birth parents, and cultural competency skills).

Benchmarks Required for Compliance and CA Performance

Period	CY07	CY08	CY09	FY09	FY10
Statewide Benchmark ¹⁵	Baseline	90%	90%	90%	90%
CA Performance	88.6%	86.4%	85.9%	85.9%	85.2%

Foster parents are critical to the care and success of children in out-of-home placement. Foster parents and unlicensed caregivers who feel educated, informed, engaged, and valued are better able to partner with professionals and family members to improve child safety and well-being. The Children's Administration is committed to providing foster parents and unlicensed caregivers high quality, accessible, and consistent training statewide that prepares them to meet their roles and responsibilities.

Strategy 1: Finalize and Implement Caregiver Training Improvement Plan

The Children's Administration facilitated a statewide workgroup comprised of staff (DLR, Resource Family Training Institute, and headquarters program manager) and caregiver representatives (foster parents and FPAWS) that developed a Caregiver Training Improvement Plan proposal. Beth Canfield discussed the plan during a 1624 Foster Parent Consultation Committee. The workgroup committee proposed improvement plan was reviewed and approved by the Assistant Secretary in April 2011 during a workgroup committee meeting. The plan will be revised, as necessary, based on feedback received. An action plan will be developed and implemented. (*Development Ongoing; Finalized October 2011*)

Highlights of the workgroup committee's proposed recommendations include:

- ❖ Revise timeframe requirements for foster parent training to ensure licensed caregivers receive the training they need in a timely manner with the following specific recommendations:
 - Specific training required during the first licensing period of 1-3 years, rather than the generic 36 hours of training.
 - Decision to continue the expectation of taking the full 27 hours of PRIDE before being licensed, and to include the requirement below for new foster parents to take "So you have had your First Placement."

¹⁵ Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark. Data will be gathered through a survey of foster parents.

- ❖ Increase the current “Parent Plus” 30 hour post-licensing training by six hours, add three new topics and make this a mandatory training to be completed by the end of the foster parents second year of licensing. The three new topics to be added to the curriculum include: Sexually Aggressive Youth (SAY) & Physically Assaultive Youth (PAY), Grief and Loss, and Essential Connections. *(October 2011)*
 - New foster parents are expected to complete the training within the second year of being licensed.
 - Existing foster parents are expected to complete the training within four years after change in policy in October 2011.
- ❖ Implement new mandatory curriculum statewide on the nuts and bolts of foster care placements titled, “So You’ve Had Your First Placement”. *(Began January 2011; Mandatory for newly licensed foster parents October 2011)*
- ❖ Reduce training requirements based on tenure; years of foster care licensure. This includes a mandatory 36 hours in a 3-year period; in second licensing period (year 4-6), the 36 hours is reduced to 30; and, in the third licensing period (year 7-9) and ongoing, the hours are reduced to 24. Also discussed were “roll-over” hours for mandatory training. If a caregiver takes more than their required training within their 3-year licensing period, it is recommended that a maximum of 10 hours each licensing period can be rolled over. *(October 2011)*
- ❖ Implement a new practice to help make it easier for safe, appropriate relatives to become licensed to care for children by having DLR staff consider waiving non-safety related licensing requirements for relatives when necessary and on a case-by-case basis. *(Ongoing)*

Strategy 2: Racial Disproportionality Committees to Connect with American Indian Caregivers to Obtain Input on Training *New*

Regional Disproportionality Committees will connect with American Indian caregivers to identify and obtain information regarding their satisfaction, issues, barriers, and recommendations to improve caregiver training, including both tribal and state licensed foster parents. *(July-September 2011)*

Strategy 3: Continue to Enhance Caregiver’s Training Experience

Continue to implement ongoing strategies that help the Children’s Administration continuously identify and improve caregivers’ training experience, including but not limited to:

❖ **Sustain Increased Use of Foster Parents as Co-Trainers**

The Children’s Administration continues to provide foster parents as co-trainers in the delivery of Pre-Service (as required by PRIDE Pre-Service) and involve foster parents in the delivery of Parenting Plus (30 hour training) and other special topic trainings as budget allocations allow. This strategy is designed to leverage opportunities to model the partnership we want between caregivers and CA staff. *(Ongoing)*

❖ **Continue to Conduct Ongoing Evaluation of the Quality of Caregiver Training**

The Children’s Administration continues to evaluate and make changes to caregiver training as an ongoing quality assurance and continuous quality improvement process through the following activities:

- Review of caregiver participant training evaluations completed at completion of training provided by the Resource Family Training Institute (RFTI). Evaluation scores remain consistently high: 4.7 out of 5 on average, with 5 being the desired outcome. *(Ongoing)*
- Review of the comment section of the RFTI foster parent training evaluations that asks:
 - *What one piece of training will you take back with you to apply to your role as caretaker?*
 - *What could have been done differently to make this training better?*
 - *What additional training would be helpful to you?*
 - *Other comments?*
- Review of the results of the Washington State University (WSU), Social and Economic Services Research Center (SESRC) Survey of Foster Parents and Caregivers in Washington State. *(Ongoing; Quarterly)*
- Consultation with caregivers at gatherings, including regional Hub meetings, 1624 Foster Parent Consultation Committee meetings, regional meetings of caregivers, 7.01 Tribal meetings, Recruitment / Retention Caregiver Committees and other community meetings. *(Ongoing)*
- Review of findings regarding training from the annual Licensed Foster Family Self Assessments. *(Annually, Assessments mailed May 2011; Assessments compiled July 2011)*
- Communication and consultation with Children’s Administration Division of Licensed Resources (DLR) staff, and Statewide Recruitment & Retention Program Manager, including feedback from Regional Foster Parent Touching Base Calls. *(Ongoing)*

❖ **Continue to Develop and Offer New Classes for Caregivers**

The Resource Family Training Institute regularly reviews requests from caregivers, Children’s Administration staff, and other stakeholder groups along with the results of evaluation activities described in strategy above to identify requests and need for new training curricula. Based on a number of factors, including time and financial resources, new trainings are developed and offered to caregivers throughout the year. *(Ongoing)*

❖ **Continue to Create and Publish Foster Parent Training FACT Sheets**

Increase caregiver learning by continuing to create and publish FACT Sheets for core training sessions that can be used by caregivers as a quick reference resource. FACT Sheets highlight key points and provide contact information for questions and/or to request additional information. FACT Sheets are available on the Foster Parenting website at <http://www.dshs.wa.gov/ca/fosterparents/healthsafety.asp> *(click on link)*. *(Ongoing)*

❖ **Continue to Promote and Advertise Caregiver Training Opportunities**

Continue to maintain and provide Training Flyers to caregivers three times a year to provide information on where and how to access classroom, web, the lending library, and video training, as well as contact information if they have questions or concerns about the class and/or registration process. *(Ongoing)*

Links to the Foster Parenting Training website: *(click on links)*

<http://www.dshs.wa.gov/ca/fosterparents/training.asp>

<http://www.dshs.wa.gov/ca/fosterparents/onGoinglendinglibrary.asp>

(See Attachment 2: Children’s Administration Highlights of 2010 Improvements to Caregiver Training)

ADEQUATE FOSTER PARENT SUPPORT

GOAL 1, OUTCOME 2: Licensed caregivers will report adequate support for their roles and responsibilities (including, but not limited to, crisis support, timely notification about case planning meetings, and cultural competency resources).

Benchmarks Required for Compliance and CA Performance

Period	CY07	CY08	CY09	FY09	FY10
Statewide Benchmark ¹⁶	Baseline	80%	85%	90%	90%
CA Performance	76.3%	75.6%	71.5%	71.9%	76.6%

Foster Parents fulfill a vital role and perform a beneficial service by providing safe and loving homes in which children and youth live while their parents gain the skills and supports necessary to safely parent them or, when necessary, until another safe permanent placement is identified. Caregivers who receive adequate support are better able to partner with everyone involved in a child's case and effectively advocate for that child. The Children's Administration is working to continually assess how best to support caregivers in caring for vulnerable children. The Administration also is working to improve the timeliness with which foster parents receive notice of court hearings and offer ample notice and opportunity for foster parents to be heard in court. The matter of foster parents participating in court hearings has many elements. It is difficult to identify specific concerns using the results of the foster parent survey, which may overemphasize some concerns while underemphasizing others. The Administration is working to fulfill its responsibility by asking foster parents and the judiciary to partner with us in providing every opportunity for foster parents to be heard in court.

Strategy 1: Finalize and Implement Caregiver Support Improvement Plan

To continue to strengthen the spirit of partnership and value the Children's Administration places on caregivers as valuable partners in caring for children in foster care a statewide workgroup comprised of staff and caregiver representatives developed a Caregiver Support Improvement Plan proposal. The proposed plan is designed to create significant change and improvement in relationships and support of caregivers. The proposed improvement plan will be finalized and presented for review to the Foster Parent Association of Washington State (FPAWS), 1624 Foster Parent Consultation Committee, Braam Oversight Panel/Plaintiffs Attorneys, and the CA Leadership Team. The Caregiver Support Improvement Plan will be revised as necessary based on feedback received and an action plan, including target completion dates, will be developed for implementation statewide. (*Implementation Plan Developed July 2011*)

¹⁶ Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark. Data will be gathered through a survey of foster parents.

Strategy 2: Consolidate Online Information and Send Communication to Staff and Caregivers *New*

The greatest practice improvement needed on this outcome relates to caregivers receiving notification of their right to be heard in court, and timely notification of court hearings and Shared Planning (Family Team) meetings. To strengthen practice, a communication will be sent to staff and caregivers with information reminding them of the corresponding law, policy and practice expectations, and available forms. The action plan will include the following:

❖ **Communication to Children’s Administration Staff**

Consolidation of forms, policy and procedures, and supporting information in a central location on the Children’s Administration internal website. A written directive issued to staff reminding them of the practice expectations and link to supporting material. *(August 2011)*

❖ **Communication to Caregivers**

Update information regarding caregivers’ right to be heard in court and the Caregiver Report to Court form on the Foster Parenting website, including adding a signature line on the form for the caregiver and space to identify the county with legal jurisdiction. Send a reminder message to caregivers with links to supporting materials using the Children’s Administration Foster Parent listserv and *Caregiver Connection* newsletter. *(September 2011)*

Strategy 3: Encourage Foster Parents to be Proactive and Explore Use of Caregivers Reports to Court for Caregivers Who Cannot Attend in Person *New*

- ❖ To increase caregiver awareness and empower caregiver initiative, mailing information for every county court will be posted on the web and provide caregivers quick and ready access to information online. *(Complete feasibility assessment October 2011)*
- ❖ Post on the foster parent web page the current Caregiver’s Report to the Court, now housed on the CA Intranet and inaccessible to caregivers. Include a short instructional piece explains the need to keep comments concise and to the point as judges only have limited time to read documents. This instructional piece should emphasize the report to the court can be used if caregivers can’t attend the court hearing. *(June 2011)*
- ❖ In researching other states, Children’s Administration found that Illinois uses what they call Foster Parent Support Specialists. These specialists are very similar to our Foster Care Liaisons who work under the Foster Care Recruitment and Retention Contracts. The specialists encourage foster parents to attend the child’s court hearings and be proactive about contacting the social worker, GAL or CASA if they are unsure of the next court date. Children’s Administration will test this strategy in Region 3 North (Pierce and Kitsap counties). When foster parent liaisons are contacted by caregivers (on any issue) they will add to their conversation an encouragement for the foster parent to contact the social worker to ask about the next court date. Each liaison takes approximately 100 resource calls each month from caregivers seeking support. Foster Care Resource Network will report to the program manager each month the number of “reminders” shared with caregivers to inquire about the next court date. *(Starting July 2011)*
- ❖ Notify caregivers through an article in the July 2011 Caregiver Connection about the Caregiver Report to the Court and the instructional piece. *(July 2011)*
- ❖ On an ongoing basis, put a reminder in the Caregiver Connection reminding caregivers to ask about court dates. This could be a standard feature with a figure standing holding a sign serving as a reminder. *(Quarterly beginning September 2011)*

- ❖ Develop tools in FamLink to alert the social worker that there is an upcoming court hearing and notice needs to be sent to caregiver. FamLink will generate the letter to be sent to the caregiver. As with any new tool, integrating FamLink reports into standard practice takes time, and is accomplished through training, support, and technical assistance.
 - Functionality for social workers to document in FamLink the mailing of caregiver notifications using the Certified Mail tracking page (*July 2012; staff training and supports August 2012*)
 - Functionality to generate from FamLink an alert to the social worker of an upcoming court hearing and the need to generate the caregiver notification letter from within FamLink, based on the upcoming court date that is entered in the FamLink Legal module. (*August 2013; staff training and supports September 2013*)

Strategy 4: Implement New Training for Caregivers “So You’ve Had Your First Placement” *New*

A new caregiver training titled “So You’ve Had Your First Placement” is being implemented statewide. The curriculum covers the caregiver’s right to be heard in court and the Caregiver Report to Court form. (*Began January 2011; Ongoing*)

Strategy 5: Update Tips for Caregivers – Monthly Social Worker Visits Card *New*

A cardstock publication on “Tips for Caregivers – Monthly Social Worker Visits” was published and distributed to social workers and caregivers during 2010. A component of the social workers monthly visit is to discuss case planning activities and upcoming court hearings. To help serve as a reminder, when the publication is renewed for printing, space will be added to the back of the card to document the date of the next court hearing. (*June 2011*)The Tips for Caregivers card is available for viewing and printing on the Children’s Administration Publications website at <http://www.dshs.wa.gov/pdf/publications/22-066.pdf> (*click on link*).

Strategy 6: Continue to Identify and Address Caregiver’s Support Needs

The Children’s Administration will continue to implement the following ongoing strategies to strengthen the spirit of partnership between the administration and caregivers and as a mechanism to continue to identify and address caregiver’s support needs:

- ❖ Complete in-service staff training on building and maintaining caregiver relationships by nationally recognized Annie E Casey consultant Denise Goodman. All regions, with the exception of Region 2 South and Region 3 South, have participated in the training. Additional sessions will be offered in Region 2 South and Region 3 South to complete statewide training. (*August 2011*)
- ❖ CA Leadership participation in 1624 Foster Parent Consultation Committees meetings and Hub meetings to partner with caregivers to identify and meet their support needs, share information, and seek caregiver input on new initiatives prior to implementation. (*Ongoing*)
- ❖ Sustain increased use of foster parents as co-trainers. The Children’s Administration continues to provide foster parents as co-trainers in the delivery of Pre-Service (as required by PRIDE Pre-Service), Parenting Plus (30 hour training) and other special topic trainings as budget allocations allow. This strategy is designed to leverage opportunities to model the partnership we want between caregivers and Children’s Administration staff. (*Ongoing*)

- ❖ Conduct ongoing Foster Parent Touching Base Calls, a minimum of 20 random calls per month per region, to foster parents to touch base and ask them how they are doing and if they are getting the services, supports, and information they need. *(Ongoing)*
- ❖ Publication of monthly *Caregiver Connection* newsletter. *(Ongoing)*
- ❖ Performance based foster parent retention contracts and contracted provider retention and support activities to build and maintain a regionally determined number of caregiver support systems (i.e. support groups, “Hub and Spoke” groups with one foster family coordinating monthly training and networking meetings, buddy systems that match veteran foster parents with new foster parents, and mentors who help guide foster parents through licensing and the early stages of their foster parent experience). *(Ongoing)*

(See Attachment 3: Tips for Caregivers – Monthly Social Worker Visits Card)

ADEQUATE FOSTER PARENT INFORMATION

GOAL 1, OUTCOME 3: Licensed caregivers will report adequate provision of information about the needs of children placed with them (including, but not limited to, behavioral, medical, developmental and educational needs).

Benchmarks Required for Compliance and CA Performance – Outcome 3

Period	CY07	CY08	CY09	FY09	FY10
Statewide Benchmark ¹⁷	Baseline	80%	85%	90%	90%
CA Performance	72.8%	72.4%	72.3%	75.4%	81.8%

Foster parents are vital members of the child welfare milieu. To successfully protect and promote the well-being of children in their care, foster parents need information about the history and the medical, educational, emotional and developmental status of children and youth before they are placed in a foster home and throughout the time they continue caring for the child or youth. Through provision of Child Health and Educational Tracking (CHET) reports and implementation of the Fostering Well-Being program, the Children's Administration is demonstrating commitment to providing and sharing known information with caregivers about the children/youth placed in their care at the time of placement and throughout a child's stay.

Strategy 1: Strengthen Provision and Tracking of Child Health and Education Tracking (CHET) Screen Reports Provided to Caregivers *New*

- ❖ Continue to have Regional CHET Supervisors monitor and take steps to strengthen provision of CHET Reports to caregivers by mail within 5 days of completion. (*Ongoing*)
- ❖ Develop and implement a performance report using the Statewide CHET Database to track and monitor the timeframe CHET reports are mailed to caregivers. (*August 2011*)
- ❖ Revise the standardized cover letter mailed to caregivers with the CHET Screening Report to emphasize the areas covered include information about the child/youth's medical, developmental, educational, and behavioral needs as assessed in the Washington State University administered Foster Parent and Caregiver Survey. (*July 2011*)

Strategy 2: Continue to Provide Child Health Information to Caregivers by Implementing the DSHS Fostering Well-Being Program

The Aging and Disability Services Administration (ADSA) and the Medicaid Purchasing Administration's (MPA) Fostering Well-Being Program aim is to improve the coordination of health care services for children and includes components to provide more ready and timely access to children's health records. The following program activities address provision of foster children's medical records and health information to caregivers and social workers:

¹⁷ Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark. Data will be gathered through a survey of foster parents.

- ❖ The Fostering Well-Being Program staff continues to mail caregivers an immunization report within three business days of receiving foster care placement notification for a child or youth. This report is based on Medicaid billing data. *(Ongoing)*
- ❖ The Fostering Well-Being Program will continue to mail PRISM Health Reports to caregivers of foster children under 13 years of age. PRISM Health Reports compile Medicaid paid claims data into a summary of the child's most recent (within the past two years) health information. When program and technical issues are resolved to exclude confidential health information, these health reports will also be mailed to caregivers of youth 13 years and older. *(Ongoing)*
- ❖ Fostering Well-Being staff will develop health Care Coordination Summaries for children and youth identified as having the greatest healthcare needs. Care Coordination Summaries outline the child's health and mental health related concerns and identify follow-up activities such as referrals needed to address the child's health concerns. A copy of the Care Coordination Summary is provided to the caregiver. *(Ongoing)*

Strategy 3: Reinforce Policies to Support Social Workers' Role to Provide Information to Caregivers

Children's Administration will send a memo to remind social workers of the importance of sharing information with caregivers about the children and youth in their care at the time of placement and throughout a child's stay in care. In addition, the importance of these policies will be discussed at the Extended Management Team Meeting to ensure managers know their responsibilities. *(October 2011)*

- The [Shared Planning Policy](#) *(click on link)* was updated October 31, 2010 which requires social workers to share CHET Screening results with caregivers within 60 days of original placement date. Additionally, the Shared Planning Policy requires social workers to invite caregivers to all shared planning meetings and discuss the child health issues and plans to address these issues in the case plan.
- [Caregiver Information Policy](#) *(click on link)* requires social workers to complete and provide the Child Information/Placement Referral form to caregivers no later than 72 hours after initial placement.
- [Placement Policy](#) *(click on link)* requires social workers role in sharing information about the child with the caregiver.
- [Monthly Social Worker Visits with Caregiver](#) *(click on link)* policy, section D, requires social workers to discuss with the caregiver the child's well-being, the caregiver's ability to provide adequate care and maintain placement stability, and to identify any support or training needs to assist with meeting the child's needs and this discussion is required to be documented.
- The Monthly Social Worker Visits with Caregiver Checklist instructs social workers during the required face to face visit within the first week of the initial placement to inform the caregiver that every child must have an EPSDT within 30 days of initial placement in out-of-home care.

ADEQUATE SAFEGUARDS FOR SEXUALLY AGGRESSIVE YOUTH (SAY) AND PHYSICALLY ASSAULTIVE/AGGRESSIVE YOUTH (PAAY)

GOAL 1, OUTCOME 3: Children identified as sexually aggressive (SAY) pursuant to the statutory definition will be placed with caregivers who have received specialized training and have a plan developed to address safety and supervision issues.

GOAL 1, OUTCOME 4: Children identified as physically assaultive or physically aggressive (PAAY) pursuant to the statutory definition will be placed with caregivers who have received specialized training and have a plan developed to address safety and supervision issues.

Benchmarks Required for Compliance and CA Performance – Outcome 3 and 4

Period	CY07	CY08	CY09	FY09	FY10
Statewide Benchmark ¹⁸	95%	95%	95%	95%	95%
CA Performance (SAY)	44.7%	55%	68.5%	70.3%	70.5%
CA Performance (PAAY)	44.7%	44.7%	50%	52.9%	57.5%

Sexually Aggressive and Physically Aggressive / Assaultive Youth come into care with complex care needs. Not only must their safety and well-being be addressed but so must the safety of the children and adults who live with them and all of the adults who work with them. The Children’s Administration recognizes the potential challenges for youth identified as SAY and/or PAAY and makes case planning and placement determinations in consultation with a team of knowledgeable professionals. The Children’s Administration is actively improving placement and planning for SAY/PAAY youth through efforts to responsibly identify and monitoring their placements, supervision, and activities, enhancing training for caregivers who agree to care for these youth, and continually exploring day-to-day practice strategies that will improve outcomes for these youth while improving safety for those with whom they interact.

Strategy 1: Continue to Implement Quality Assurance Plan to Monitor Adherence with Children’s Administration Policy and Procedures *New*

Current policy requires placement of youth identified as a Sexually Aggressive Youth and/or Physically Assaultive / Aggressive Youth with a licensed provider that completed SAY/PAAY training or an unlicensed provider that will complete the training as soon as possible (no later than 30 days from placement or determination of SAY/PAAY status) and a Youth Supervision and Safety Plan being developed in collaboration with the caregiver and licensor (when possible).

To monitor adherence to policy requirements, the following ongoing quality assurance review activities will be implemented:

- ❖ Finalize ad hoc FamLink Management SAY/PAAY Report and provide report at least quarterly to statewide and regional managers to analyze performance and identify and

¹⁸ Compliance with this outcome requires the statewide benchmark to be met. In addition, no region’s performance may be more than 10 percentage points lower than the statewide benchmark. Data will be gathered through a survey of foster parents, at least until the implementation of FamLink.

address improvement needs. The report will include data on identified Sexually Aggressive Youth and Physically Assaultive / Aggressive Youth, the status of caregivers who have youth identified as SAY/PAAY completing required SAY/PAAY training, and the status of Youth Supervision and Safety Plan completed in FamLink. *(July 2011)*

- ❖ On a quarterly basis statewide and regional SAY/PAAY leads will conduct ongoing quality assurance review to monitor adherence to policy and procedures. Quarterly reviews will include reconciling regional quality assurance data with FamLink data reports. Results of the review along with program recommendations will be documented in quarterly reports submitted to the Regional Administrator, statewide program lead, and CA leadership. *(Ongoing; Quarterly)*

Strategy 2: Develop and Implement Online SAY/PAAY FamLink Management Report *New*

Design, develop, and implement an online SAY/PAAY FamLink Management Report for managers and staff to have ready access to youth and caregiver specific information and performance on this outcome based on FamLink documentation this is updated regularly to help identify, monitor, and manage policy and practice expectations. The report will include data on identified Sexually Aggressive Youth and Physically Assaultive / Aggressive Youth, the status of caregivers who have youth identified as SAY/PAAY completing required SAY/PAAY training and status of Youth Supervision and Safety Plan completed in FamLink. As with any new tool, integrating FamLink reports into standard practice takes time, and is accomplished through training, support, and technical assistance. *(December 2011)*

- ❖ Update the CA Statewide SAY/PAAY QA Plan to incorporate the FamLink Management Report. *(January 2012)*
- ❖ In collaboration with FamLink staff, provide training and consultation to Regional SAY/PAAY QA leads regarding FamLink Report. *(January 2012)*
- ❖ Regional SAY/PAAY QA leads provide regional leadership and HQ SAY/PAAY manager quarterly compliance report using FamLink Management Report. *(April 2012 then every quarter thereafter)*

Strategy 3: Enhance Social Worker and Supervisor Training Materials for Youth Supervision & Safety Plans *New*

Update SAY/PAAY training materials to include Sexual Safety House Rules based on the Sexual Safety in Placement curriculum developed by Dr. Wayne Duehn. Provide the updated tips to Children's Administration staff and at Academy for newly hired staff, along with information and reminders of the availability of online training and support materials. *(July 2011)*

Strategy 4: Continue to Review Feedback on SAY/PAAY Caregiver Training and Make Enhancements as Needed

Resource Family Training Institute will continue to collect data regarding the SAY/PAAY caregiver training and review and summarize the information, including *(Ongoing Quarterly Review)*:

- ❖ Number of SAY/PAAY trainings provided and count of participants
- ❖ Overall average participant satisfaction with training
- ❖ Summary of most common feedback

Strategy 5: Continue to Support Caregiver Participation in SAY/PAAY Training

CA continues to improve its efforts to ensure caregivers receive information about caregiver SAY/PAAY training opportunities and complete required training through the following activities:

- ❖ Including the SAY/PAAY training into the Parenting Plus foster parent training curriculum, which is proposed to become a mandatory training.
- ❖ Posting information about SAY/PAAY training opportunities on the Foster Parenting website (<http://www.dshs.wa.gov/ca/fosterparents/onGoingVid.asp>) (*click on link*) including contact information for the regional trainers. (*Website updated monthly*)
- ❖ Providing social workers and caregivers' information about SAY/PAAY training opportunities by highlighting this training in all-staff communication, the Annual Foster Parent Assessment newsletter, *Caregiver Connection* newsletter, and training flyers mailed to caregivers three times a year. (*Ongoing*)
- ❖ Distributing SAY/PAAY Fact Sheet to caregivers, which is posted on the CA Foster Parenting website (<http://www.dshs.wa.gov/ca/fosterparents/healthsafety.asp>) (*click on link*) and is available in English and Spanish. (*Ongoing*)

(See Attachment 4: Youth Supervision and Safety Plan Tips)

(See Attachment 5: Revised Youth Supervision and Safety Plan Form)

ADEQUATE TRAINING AND CARE FOR MEDICALLY FRAGILE CHILDREN

GOAL 1, OUTCOME 5: Medically fragile children will be connected to ongoing and appropriate medical care and placed with caregivers who receive consultation and ongoing training regarding their caretaking responsibilities for the medical condition.

Benchmarks Required for Compliance and CA Performance

Period	CY07	CY08	CY09	FY09	FY10
Statewide Benchmark ¹⁹	Baseline	85%	90%	95%	95%
CA Performance	74.9%	75.1%	87.6%	83.5%	86.3%

Medically fragile children enter the public child welfare system with a wide range of medical and developmental challenges. Caregivers who specialize in the care of medically fragile children are better able to provide quality care when they are given necessary information, training, support, and access to respite caregivers.

The Children's Administration is actively working to secure adequate, timely services and supports which address the needs of all children including the often urgent and specialized needs of medically fragile children. Moreover through care coordination, enhanced training and education, and support in acquiring supportive entitlements, CA is implementing strategies to better meet the needs of caregivers for this especially vulnerable population of children. The new Medically Fragile policy and strategies below will improve child safety by emphasizing practice expectations and assisting social workers in providing appropriate support to caregivers.

Strategy 1: Implement Medically Fragile Policy

The new [Medically Fragile Policy](#) was implemented May 2011. The policy requires social workers to develop a Caregiver Support Plan for caregivers of children identified as medically fragile and to identify necessary supports to meet the day-to-day needs of the child including consultation, training, support, respite and what to do in emergency situations. Policy also provides guidance to staff on:

- ❖ The definition of "medically fragile" and what types of health conditions it includes and excludes. (*Ongoing*)
- ❖ Consultation with medical professionals such as the Regional Medical Consultants to determine that a child/youth is medically fragile. (*Ongoing*)

¹⁹ Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark. Data will be gathered through a survey of foster parents, at least until the implementation of FamLink.

Strategy 2: Implement a Quality Assurance Plan for Medically Fragile Children

Continue to implement and strengthen the Medically Fragile Quality Assurance Plan, to address the following (*August 2011*):

- ❖ Ongoing identification of medically fragile children/youth in QA Tracking Log.
- ❖ Medically fragile child/youth is receiving appropriate medical care and referrals to services and programs such as Supplemental Security Income (SSI) and the Fostering Well-Being Program.
- ❖ Medically fragile child/youth is placed with caregivers that receive consultation, ongoing training, and support regarding their caretaking responsibilities and a plan to address these needs is documented in the Caregiver Support Plan.
- ❖ Caregivers report satisfaction with the support they receive and participation and receipt of a Caregiver Support Plan.
- ❖ Health Care Coordination Summaries and Plan from the Aging and Disability Services Administration (ADSA) Fostering Well-Being (FWB) Program are developed as appropriate and attached to the child/youth's ISSP.

(*See Attachment 6: Medically Fragile Quality Assurance Plan*)

Strategy 2: Develop Care Coordination Summaries by Fostering Well-Being (FWB) Program

The ADSA FWB Care Coordination Unit (CCU) develop Care Coordination Summaries when a child is identified as medically fragile or has complex healthcare needs. The goal of the Care Coordination Summary is to promote effective linkages that promote continuity and stability in the healthcare needs of the child. Medically fragile children are included in the population referred to as Level 1 that receives highest priority for development of a Care Coordination Summary. A Level 1 Care Coordination Summary includes:

- Summary and review of pertinent medical information contained in the Fostering Well-Being referral form, CHET Screening Report, PRISM, FamLink, and available medical records.
- Identification of health concerns and gaps in healthcare services, including substance abuse and mental health concerns.
- EPSDT exam results.
- Identification of child's most recent healthcare provider(s).
- Action steps for the child's social worker and caregiver to address identified gaps in healthcare.

The FWB CCU Nursing Care Advisors contact the child's social worker, caregiver and the Regional Medical Consultant to ensure all parties are aware of the medically fragile child's needs and the plan to address their medical needs. If the system of care for the child needs improvement, the CCU staff work with the child's assigned social worker to convene a conference call with all involved parties. Depending on the needs of each child, their Care Coordination Summary may include a review schedule for parties to regularly touch base regarding the medical care, status, and needs of the medically fragile child.

Once healthcare linkages have been established and the child's health care needs are stable, the child may be moved to a lower level of care coordination. If, at any time, the child's health becomes unstable, they may be escalated back to Level 1 and receive an updated Care Coordination Summary if needed. (*Ongoing*)

MONTHLY HEALTH AND SAFETY VISITS WITH CHILDREN

GOAL 1, OUTCOME 6: Children will receive a private and individual face-to-face health and safety visit from an assigned caseworker at least once every calendar month, with no visit being more than 40 days after the previous visit.

Benchmarks Required for Compliance and CA Performance

Period	FY08	FY09	FY10
Statewide Benchmark ²⁰	95%	95%	95%
CA Performance	10.5%	14.8%	53.6%

Children who experience frequent contact with social workers stay safer than those who have very infrequent social worker contact. Monthly visits with children in their placements provides an opportunity to continually assess children and youth's safety and risk, identify needed services, and engage children and youth in planning for their future whenever it is age and developmentally appropriate to do so. Through enhanced use of FamLink to identify children in need of visits, improved visit documentation of visits, and ongoing monitoring, Children's Administration social workers are seeing more children every month.

Strategy 1: Continue to Implement Quality Assurance Review & Improvement Activities

The following actions will continue to be implemented to strengthen performance:

- ❖ Continue to have supervisors use case supervision to review FamLink documentation of monthly health and safety visits and discuss the quality and outcome of the visit. *(Ongoing)* Regions to regularly provide a list of children/youth identified as not having been seen to Area Administrators for follow up with supervisors and social workers to ensure children are visited and the visits are correctly documented in FamLink. *(Ongoing)*
- ❖ CA leadership to follow up with low performing regions, offices, units, and staff to identify and problem-solve practice improvement issues and needs. *(Ongoing)*
- ❖ Continue to strengthen child and case information impacting performance on this outcome to improve FamLink data integrity. Examples of data integrity issues include: visits coded incorrectly, child's legal status inaccurately documented, and a duplicate child in FamLink. *(Ongoing)*
- ❖ Enhance online Monthly Visit FamLink Management Report to make it more user friendly for staff and managers to follow up on resolving patterns and case specific issues. As with any new tool, integrating FamLink reports into standard practice takes time, and is accomplished

²⁰ Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark.

through training, support, and technical assistance. (*Report finalized, December 2011; Staff Training and Implementation, January 2012*)

- ❖ Statewide Program Evaluation Managers to monitor performance and support practice improvement by following up with regions and providing performance updates to leadership, including patterns and themes for reasons visits do not occur and recommendations to address improvement needs. (*Beginning September 2011*)

THOROUGH AND TIMELY DIVISION OF LICENSED RESOURCES (DLR) CHILD PROTECTIVE SERVICES (CPS) INVESTIGATIONS

GOAL 2, OUTCOME 2: All referrals alleging child abuse and neglect of children in out-of-home care will receive thorough investigation by the Division of Licensing Resources (DLR) pursuant to CA policy and timeline and with required documentation.

Benchmarks Required for Compliance and CA Performance

Period	FY07	FY08	FY09	FY10
Statewide Benchmark ²¹	100%	100%	100%	100%
CA Performance	87%	90.9%	82.9% ²²	90.3%

Children most often are placed into licensed foster care because of abuse or neglect at the hands of their parents or guardians. The Children’s Administration works diligently to protect children and youth residing in out-of-home care from abuse and neglect. The Children’s Administration Division of Licensed Resources (DLR) must quickly and thoroughly investigate reports alleging child abuse or neglect in licensed care. Through the implementation and continued strengthening of a DLR quality assurance plan, the Children’s Administration is working to review practice, examine safety plans, correct documentation errors, and working to reduce abuse and neglect in licensed care.

Strategy 1: Provide Division of Licensed Resources (DLR) Child Protective Services (CPS) Staff In-Service Training *New*

Provide Division of Licensed Resources Child Protective Services staff in-service training to review and address policy and practice expectations for conducting thorough and quality investigations. (*July 2011*)

Strategy 2: Continue to Implement DLR/CPS Quality Assurance Plan

Continue to implement Division of Licensed Resources Child Protective Services quality assurance review activities, including (*Ongoing*):

- ❖ DLR/CPS Supervisors weekly use of management reports to identify practice issues and address documentation errors contributing to non-compliance for performance on timely initial face-to-face (IFF) contacts with alleged victims of child abuse or neglect.
- ❖ Statewide DLR/CPS Program Manager will review and approve all Safety Plans.
- ❖ DLR Administrator will review and approve all Safety Plans that involve the perpetrator leaving the home.
- ❖ DLR/CPS Program Manager will provide each DLR/CPS Supervisor and DLR Area Manager a list of cases open over 60 days for review and follow up to ensure DLR/CPS cases are

²¹ Because the benchmark is 100%, there is no specific rule for regional variation, as long as the statewide benchmark is reached. Data will be gathered through a case review process.

²² Two questions were added to the case review measure in 2010 and led to a decrease in performance from previous fiscal years.

completed within the 90-day timeframe and if law enforcement or the prosecuting attorneys' office is involved in the investigation and requires a case to remain open over 90 days, the supervisor ensures ongoing communication with law enforcement occurs and is documented in FamLink.

Strategy 3: Strengthen DLR CPS Quality Assurance Plan *New*

Strengthen DLR/CPS quality assurance review activities by having:

- ❖ DLR Area Administrators review one completed investigation per DLR/CPS investigator per month with a focus on timely initial face-to-face (IFF) contacts with alleged victims of child abuse and neglect and adequate information was gathered during the process to assess child safety and complete a quality investigation. *(Began March 2011; Ongoing)*
- ❖ DLR Area Administrators conduct weekly quality assurance reviews of all initial face-to-face (IFF) extensions and exceptions approved by DLR/CPS supervisors for six months. After six months, DLR management will assess the need to continue this quality assurance review activity. *(Began March 2011; Ongoing)*

SIBLING SEPARATION

SIBLING PLACEMENT (ALL SIBLINGS) AND SIBLING PLACEMENTS (ALL OR SOME SIBLINGS)

GOAL 1, OUTCOME 1: Children in out-of-home care will be placed with all siblings who are also in out-of-home care whenever possible.

Benchmarks Required for Compliance and CA Performance – Outcome 1

Period	FY07	FY08	FY09	FY10
Statewide Benchmark ²³	60%	65%	70%	75%
CA Performance	58.3%	56.7%	60.9%	64.5%

GOAL 1, OUTCOME 2: Children in out-of-home care will be placed with at least one sibling who is also in out-of-home care whenever possible.

Benchmarks Required for Compliance and CA Performance – Outcome 2

Period	FY07	FY08	FY09	FY10
Statewide Benchmark ²⁴	85%	90%	90%	90%
CA Performance	79.3%	79.0%	80.9%	81.2%

The Children’s Administration is committed to keeping brothers and sisters placed into out-of-home care together whenever possible. Relationships with brothers and sisters are fundamentally important over a lifetime. Brothers and sisters living together supports the likelihood of a strong and positive family bond, a connection for a lifetime, increases the stability of their placement, and helps reduce additional grief and loss. The following strategies provide tools to assist CA in strengthening placement practice and identifying siblings who should be placed together.

Strategy 1: Develop and Implement FamLink Management Report *New*

- ❖ Publish quarterly FamLink ad hoc Management Report with case, child, and sibling group detail for statewide and regional review. FamLink data can be used to help Children’s Administration define which siblings should be placed together. (*Ongoing, Quarterly*)
- ❖ Design, develop, and implement an online FamLink Management Report for staff and managers to identify siblings placed in separate homes and detail needed to increase understanding of plausible reasons for separation and management follow up. As with any new tool, integrating FamLink reports into standard practice takes time, and is accomplished

²³ Compliance with this outcome requires the statewide benchmark to be met. In addition, no region’s performance may be more than 10 percentage points lower than the statewide benchmark.

²⁴ Compliance with this outcome requires the statewide benchmark to be met. In addition, no region’s performance may be more than 10 percentage points lower than the statewide benchmark.

through training, support, and technical assistance. (*Report finalized, January 2012; Staff Training and Implementation, February 2012*)

Strategy 2: Provide In-Service Staff Training to CA Placement Coordinators

Placement Coordinators are staff with responsibility for matching children in need of out-of-home placement with a licensed caregiver when a fit and willing relative caregiver is not available. The goal is to strengthen and promote action these social workers can take to improve the quality and consistency of efforts to preserve and promote a child's connections to family, siblings, and their community. The in-service training will be tailored to these specialized staff who perform these specialized functions and will address the following (*Training Begins September 2011*):

- ❖ Caregiver considerations, including the need to carefully consider their commitment to sibling groups, geographic location, individual and family attributes, strengths and needs of the caregiver and child, family constellation, and ability to meet the child's long term needs.
- ❖ How to use the FamLink Placement Vacancy Report to identify capacity/availability of licensed foster homes.
- ❖ How to use FamLink to identify and match licensed caregiver preferences with the characteristics of children/youth in need of out-of-home placement. This will help identify better matches of the child's needs with foster parents to maximize best fit with the first placement.
- ❖ Encourage staff to review resources, such as the child's completed CHET Screening Results and ISSPs, which are easily accessible when determining placement.

Strategy 3: Strengthen Caregiver Training on Maintaining Sibling Connections *New*

Develop online and/or Hub support group training for caregivers that focuses on the value of maintaining sibling relationships, placement of siblings together and the role of caregivers in helping support and promote brothers and sisters staying connected. The curriculum for Foster Parent Pre-Service Training was updated and strengthened and several special topic classes now include a discussion on sibling relationships. This component will be added to the Parenting Plus Training. These trainings include tools developed and in the process of being developed, including a Sibling Connections Fact Sheet. (*October 2011*)

(http://www.dshs.wa.gov/pdf/ca/FPFACT_Sibling.pdf) (*click on link*)

Strategy 4: Convene Statewide Workgroup to Examine Potential Factors Impacting Racial Disparity *New*

The Children's Administration is convening a statewide workgroup to review data and examine potential factors that may contribute to racial disparity on this outcome. The goal of the workgroup will be to improve understanding of the outcome and potential unique characteristics or factors that might be associated with the racial disparity for this outcome. The workgroup will determine if there are practice improvement strategies, factors within the authority of DSHS to impact, and will, as applicable, make recommendations to Children's Administration leadership for consideration. Workgroup members will include Children's Administration staff, members of the Washington State Racial Disproportionality Committee (WSRDAC), and appropriate stakeholders (including birth parents, licensed foster parents, and relative caregivers per request of the Braam Oversight Panel). (*Initial Statewide Workgroup Meeting May 2011*)

Strategy 5: Consider Recommendations from Consultation with the National Resource Center for Permanency and Family Connections at Hunter College School of Social Work *New*

Children's Administration completed consultation with the National Resource Center (NRC) for Permanency and Family Connections at the Hunter College School of Social Work in March 2011. A summary of findings and recommendations will be presented for Children's Administration leadership review and consideration in July 2011, and an action plan will be developed and implemented to address approved changes. (*Action Plan Developed to Address NRC Recommendations, September 2011*)

Strategy 6: Strengthen Foster Parent Recruitment *New*

Children's Administration is developing and strengthening foster parent recruitment contracts for children who must live in out-of-home care. The contracts will be led by Children's Administrations desire to ensure each child is placed with a quality, caring, loving family who understand the needs of children who have experienced child abuse and neglect. Emphasis will be placed on respect for birth families, including fathers, and a willingness to honor and work with birth parents. Contract requirements will be aligned with performance based outcomes. Outcomes will include production of state and regional data, enhanced numbers of families who will accept siblings groups, infants, adolescents, children with physical, medical and emotional challenges, and children of diverse ethnic and racial backgrounds. (*Began April 2011; Ongoing*)

See foundational strategy for [Family Team Decision Making \(FTDM\) Meetings](#) (*click on link*)

Family Team Decision Making (FTDM) meetings continue to play a critical role in placement decisions, including the placement of brothers and sisters together whenever possible, and developing the visitation plan when siblings are placed apart. FTDM meetings engage family, caregivers, and community members in a collaborative process when placement decisions are made or a child/youth's placement is at risk of disruption. Children's Administration continues to expand the use and effectiveness of FTDM meetings across the state.

SIBLING VISITS/CONTACTS

GOAL 2, OUTCOME 1: Children placed apart from their siblings will have two or more monthly visits or contacts (not including staffing meetings or court events) with some or all of their siblings.

Benchmarks Required for Compliance and CA Performance

Period	CY07	CY08	CY09	FY09	FY10
Statewide Benchmark ²⁵	Baseline	70%	75%	80%	90%
CA Performance	48.4%	52.4%	53.7%	52.8%	51.6%

Relationships with brothers and sisters are fundamentally important over a lifetime. The Children’s Administration is committed to children being placed with their brothers and sisters and when that is not possible supporting their relationships through frequent visits and contacts. It is in the best interest of children to maintain connections with their brothers and sisters when they are separated in out-of-home care. Sibling relationships are the longest life relationships most individuals will have. Brothers and sisters share experiences that no one else understands, they teach each other how to get along and relate with others in the world. The following tools are strategies that will strengthen practice expectations around maintaining sibling connections and assist Children’s Administration in tracking sibling visitation.

Strategy 1: Develop and Implement Sibling Visit/Contacts FamLink Management Report

Develop and implement monthly Sibling Visit/Contacts FamLink Management report showing the percentage of children placed into out-of-home care apart from their siblings who have had twice monthly visits/contacts with their brothers and/or sisters. The report will be provided to statewide, regional, and local office managers for review, analysis, and action planning to identify and address practice improvement needs. As with any new tool, integrating FamLink reports into standard practice takes time, and is accomplished through training, support, and technical assistance. *(Report Finalized December 2011; Staff Training and Implementation January 2012)*

Strategy 2: Implement a “Keeping Brothers and Sisters Connected” Tip & Support Tool for Social Workers and Caregivers *New*

Children’s Administration developed and is in the process of implementing a new Tip and Support Tool for social workers and caregivers, titled “Keeping Brothers and Sisters Connected.” The card has information about the importance of maintaining brother and sister relationships and tips for keeping them connected. On the back of the card is a place to

²⁵ Compliance with this outcome requires the statewide benchmark to be met. In addition, no region’s performance may be more than 10 percentage points lower than the statewide benchmark. Data has been gathered through a survey of foster parents.

document siblings contact information and track visits/contacts that occur throughout the month to review and discuss during monthly social worker visits. The card was developed with input from Children's Administration staff, the statewide Passion to Action Youth Advisory Board and Mockingbird Society, caregivers, social workers and supervisors and the statewide quality improvement team. *(Distribution July 2011)*

Strategy 3: Strengthen Children's Administration Policy and Practice Expectations Around Documenting Sibling Visits/Contacts *New*

Policy already exists that twice monthly visits occur for siblings placed apart, unless safety concerns exist. Policy and practice guides will be updated to strengthen social worker practice expectations around documenting sibling visits/contacts.

- ❖ Update the "Guide for Monthly Social Worker Visits with Children in Out-of-Home Care and the Caregiver" and the "Monthly Health & Safety Visits Child Checklist" to include specific language for the social worker to inquire whether required twice monthly visits/contacts occurred between siblings. *(August 2011)*
- ❖ Provide communication to Children's Administration staff about documentation requirements and practice expectations with the updated policy and guides. *(August 2011)*
- ❖ Statewide Program Evaluation Managers to monitor performance and support practice improvement by following up with regions and providing performance updates to leadership, including patterns and themes for reasons visits do not occur and recommendations to address improvement needs. *(Ongoing)*

Strategy 4: CA Leadership Review & Consider Recommendations from Consultation with the National Resource Center for Permanency and Family Connections at Hunter College School of Social Work *New*

Children's Administration completed consultation with the National Resource Center (NRC) for Permanency and Family Connections at the Hunter College School of Social Work in March 2011.

CA requested Technical Assistance from the National Resource Center (NRC) about placing siblings together and maintaining connections between siblings placed apart. The NRC provided feedback on our existing policies, guides and support tools and provided their recommendations for improvement.

In August 2011, Children's Administration Leadership Team reviewed the NRC recommendations and developed the following strategies:

- ❖ Social workers will complete sibling visit plan within 14 working days (to allow the placements to stabilize) when siblings are placed separately in out of home care. The first visit between siblings will occur as soon as possible after placement and may occur before the visit plan is finalized. *(December 2011)*
- ❖ CA will add language to the parent/child/sibling policy and guide that supports the best practice to provide least restrictive visits between siblings. *(October 2011)*
- ❖ CA social workers and placement desk coordinators will continue efforts to place siblings together whenever it is in the best interest of all the siblings. *(Ongoing)*

- ❖ CA will provide guidance to social workers to provide sibling visits when safety threats exist between siblings and these threats can be managed and controlled by therapeutic support and are determined to be in the best interest of all siblings. *(October 2011)*

Strategy 5: Continue to Provide Caregivers Reimbursement for Mileage & Activities

Children's Administration is committed to partnering with foster parents and relative caregivers as they are instrumental partners in bringing siblings together for visits and promoting and maintaining other forms of contact. To support these efforts, Children's Administration instituted a [Caregiver Transportation and Mileage Reimbursement](#) *(click on link)* policy in April 2010 to reimburse foster parents mileage for approved activities. This has provided consistency in the reimbursement process and ensures all caregivers are reimbursed for transportation they provide to meet the needs of the child in their care, including sibling visits.

- ❖ Children's Administration will publish an ongoing article in the Caregiver Connection newsletter about the availability of reimbursement funds for sibling visits. *(August 2011)*
- ❖ A reminder will be presented at the 1624 Foster Parent Consultation Committee Meeting. *(July 2011)*

See foundational strategy for [Family Team Decision Making \(FTDM\) Meetings](#) *(click on link)*

Family Team Decision Making (FTDM) meetings continue to play a critical role in placement decisions, including the placement of brothers and sisters together whenever possible, and developing the visitation plan when siblings are placed apart. Children's Administration continues to expand the use and effectiveness of FTDM meetings across the state, including quality assurance review activities to help ensure meetings regarding out-of-home placement of children include a discussion regarding the value and plan to place siblings together whenever possible and maintain relationships when brothers and sisters are placed apart.

(See Attachment 7: Keeping Brothers and Sisters Connected Tip and Support Tool)

SERVICES TO ADOLESCENTS

HIGH SCHOOL GRADUATION FOR YOUTH IN 9TH GRADE COHORT

GOAL 2, OUTCOME 2: The percentage of youth in out-of-home placement in grade 9 who remained in placement continuously through grade 12 who graduate from high school on time with a regular or adult (IEP) diploma, including students with disabilities who graduated within the number of years designated in their IEP, will increase as indicated in the benchmark table below.

Benchmarks Required for Compliance and CA Performance

Period	FY08	FY09 ²⁶	FY10 ²⁷
Statewide Benchmark ²⁸	50%	60%	70%
CA Performance	Data not available	48%	47.7%

Educational attainment is a key component of every youth's successful transition to young adulthood. It enhances the youth's well-being, helps make the transition to young adulthood more successful, and increases the likelihood of self-sufficiency. Children and youth placed into foster care often experience greater life challenges than their peers that can impact their development and educational achievement. CA, in collaboration with educational service partners, remains committed to increasing the opportunities and supports for children in foster care to increase their educational attainment. The following strategies target improved education outcomes through QA activities and tools to assist social workers in collaboration with educational service partners.

Strategy 1: Examine High School Graduation Data and Identify and Implement Improvement Strategies

- ❖ The Education workgroup will meet quarterly throughout the year to follow-up and further progress implementation of recommendations to improve education outcomes and increase graduation. They will also review additional data and reports as they become available and respond to additional potential improvement needs that may be identified. The workgroup will also be involved in the implementation of recommendations which have been provided through recent work on an Education Framework for youth in foster care.

Children's Administration is in the process of re-negotiating a contract with the Washington State Institute of Public Policy (WSIPP) which examines education outcomes for youth in care. (*Ongoing Quarterly Meetings*)

²⁶ SY2007-2008

²⁷ SY2008-2009

²⁸ Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark.

- ❖ Strengthen research done by WSIPP to expand and strengthen data collection, analysis and provision of reports regarding factors that contribute to graduation, including our first look at GED completion rates of foster children in Washington. There is a new contract with WSIPP under development. *(June 2011)*

Strategy 2: Continue to Strengthen Educational Partnerships

Continue to partner with Treehouse, local school districts, and the Office of Superintendent for Public Instruction (OSPI) as applicable to:

- ❖ Provide social workers and existing caregivers the package of information the Resource Family Training Institute currently provides to new foster parents. Include in the package the Social Workers Practice Guide to Education and The Educational Advocacy Guide for Caregivers. *(Ongoing)*
- ❖ Increase staff and caregiver awareness of where to access educational resource information for youth, including tutors, by posting information on the CA intranet and Resource Family website and publishing information in the *Caregiver Connections* newsletter and the new e-newsletter for Children's Administration staff. *(Ongoing)*
- ❖ Provide social workers and contracted Independent Living (IL) providers a list of foster children between 14-18 years to help connect youth to high school completion, career, and college prep programs. Increase staff and caregiver awareness of career and college bound programs through on-line and newsletter communication. Programs may include but are not limited to the GEAR UP program administered by the Higher Education Coordinating Board (<http://www.gearup.wa.gov/>) *(click on link)* and the Supplemental Educational Transition Planning (SET UP) program that provides comprehensive information and support regarding postsecondary educational opportunities for youth 14-18 years old in every region.

Per contractual agreement SETuP providers are required to serve a minimum number of foster youth between the ages of 14 and 18. Providers are sent a list of all qualifying youth in their regions biannually. The providers are required to do outreach services to all those on the list. As this is a voluntary program, youth are contacted and there is assessment of their level of interest in participating in the program.

In addition, referrals are made through their assigned Children's Administration social worker, caregiver, or their IL worker. All of the agencies holding SETuP contract also hold the IL contracts. Foster parents are informed of the SETuP program through the Foster Parent newsletter (*Caregiver Connection*), their Children's Administration and/or private agency social worker, and through the Resource Family Training Institute, Ongoing Video Training web site under "Destination Graduation":

<http://www.dshs.wa.gov/ca/fosterparents/videoGear.asp>. Each year the SETuP providers have meet or exceed their required number of youth to be served through their contractual agreement with Children's Administration.

- ❖ Increase use of the Treehouse Education Advocacy Program to focus on education credit retrieval and partnerships with adolescent foster youth to stay on track to graduate by providing social workers additional information and encouragement to make Treehouse referrals for adolescents experiencing challenges as Treehouse has a specialized focus on serving older adolescents. *(Ongoing)*

Strategy 3: Increase Utilization of FamLink *New*

- ❖ Continue to strengthen implementation of National Youth in Transition Database (NYTD) which includes IL providers documenting education and other IL information for youth in FamLink. (*Ongoing*)
- ❖ Develop and implement an online FamLink Education Management Report with a focus on documenting information required to complete and generate FamLink Education Plans. The report includes key elements to help monitor a child's education outcomes and will capture federal fostering connections requirements. As with any new tool, integrating FamLink reports into standard practice takes time, and is accomplished through training, support, and technical assistance. (*July 2011*)

Strategy 4: Follow up on Prioritized Recommendations from the Education Success Strategy for Washington State's Youth in Care & Alumni *New*

A workgroup met over the course of 12 weeks and developed recommendations for system improvement. CA prioritized the following three recommendations for completion in the next 12-15 months:

- ❖ Update the Social Worker Guide for Youth Transitioning from Care to include information for social workers on high school completion requirements, college eligibility requirements and options for post secondary success.
- ❖ Children's Administration will work with the Court Improvement Training Academy to identify and ensure the training needs around education stability for judges are met.
- ❖ Children's Administration will coordinate with regions to provide training on the use of the shelter care order which outlines education, health, and travel responsibilities assigned to the named caregiver, and sent to the school upon placement.

See foundational strategy for [Provide Adult Mentors for Foster Children](#) (*click on link*)

Children's Administration Mentorship Program provides mentor matches and educational support for foster children and youth ages 8 to 21. A main goal of the Mentorship Program is to create a formal or informal relationship with a mentor outside of Children's Administration in order to facilitate a successful completion of secondary and postsecondary education, and successful transition into adulthood.

YOUTH TRANSITION (EXIT) STAFFING

GOAL 2, OUTCOME 3: A multi-disciplinary staffing meeting will be held six months prior to a youth's exit from foster care to address issues related to transition to independence.

Benchmarks Required for Compliance and CA Performance

Period	CY08	CY09	CY10
Statewide Benchmark ²⁹	75%	85%	95%
CA Performance	Data not available		27%

Children's Administration is dedicated to helping youth have a successful transition into adulthood. Whatever path they walk it will be a path full of anticipated and unanticipated challenges. Children who enter adult life from foster care face greater risks than many of their peers. The Children's Administration recognizes the importance of engaging and supporting youth in planning for the transition and their future. Effective transition planning requires collaboration, youth engagement, thoughtful communication, guidance and support to encourage excitement and a foundation for the youth's success in the next stage of their life. Implementation of the strategies identified below have resulted in the Children's Administration achieving 90 percent performance on the monthly measure for this outcome as reflected in the May 2011 Monthly Informational Performance Report. These strategies will continue to be implemented to strengthen practice and maintain improved performance.

Strategy 1: Utilize FamLink Management Report to Monitor and Analyze Performance *New*

Children's Administration managers and staff will continue to use the 17.5 year Youth Transition Staffing FamLink Management Report to monitor and analyze performance and address practice improvement needs. *(Ongoing, Monthly)*

Strategy 2: Continue Implementation of Quality Assurance Review

Statewide and regional program leads will continue to implement ongoing quality assurance tracking and reporting system to help ensure youth turning 17.5 years receive a transition staffing, the staffing is timely and accurately documented in FamLink, and reasons for non-compliance are identified and addressed. Monthly reports identifying statewide and regional results will be provided to Children's Administration leadership. *(Ongoing, Monthly)*

Strategy 3: Develop and Implement FamLink Management Reports *New*

- ❖ Develop and implement two online FamLink Management reports to provide managers and staff ready access to performance data and detail required for analysis and follow up. Another report will provide online access to the list of the youth turning 17 years to 17.5 years old each month for regions to use to update their QA tracking logs. As with any new

²⁹ Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark.

tool, integrating FamLink reports into standard practice takes time, and is accomplished through training, support, and technical assistance. (*August 2011*)

- ❖ Regional Leads will be trained by the Statewide Program Manager regarding the functionality and use of the report. (*September 2011*)

FREQUENCY OF YOUTH ON RUNAWAY STATUS AND MEDIAN NUMBER OF DAYS YOUTH ARE ON RUNAWAY STATUS

GOAL 3, OUTCOME 1: The percentage of children who run from out-of-home care placements during the fiscal year will decrease as indicated in the benchmark table below.

Benchmarks Required for Compliance and CA Performance – Outcome 1

Period	FY05	FY06	FY07	FY08	FY09	FY10
Statewide Benchmark ³⁰	Baseline	4.0%	3.5%	3.0%	2.5%	2.0%
CA Performance	4.0%	4.1%	4.1%	3.6%	3.4%	2.7%

GOAL 3, OUTCOME 2: The median number of days that children are on runaway status will decrease as indicated in the benchmark table below.

Benchmarks Required for Compliance and CA Performance – Outcome 2

Period	FY05	FY06	FY07	FY08	FY09	FY10
Statewide Benchmark ³¹	Baseline	45 days	40 days	35 days	30 days	25 days
CA Performance	43 days	42 days	39 days	33 days	27 days	24 days

The Children’s Administration recognizes the very serious safety threats to youth on the run. CA remains committed to a continued decrease in the number of youth runaways and the number of days youth are on runaway status by continuing to build on successful practice initiatives. The following tools and strategies will provide CA with more knowledge regarding youth runaways, the reasons they run and possible remedies for stabilizing placements and reducing run episodes.

Strategy 1: Continue to Implement Monthly Quality Assurance Review

Continue to implement monthly QA review activities to monitor and ensure adherence to Children’s Administration policy with an emphasis on consistent use of interventions and strategies to respond and prevent a future run, including requirements to debrief with the youth, hold a meeting, and develop plan to address and prevent run behavior. Provide monthly or quarterly QA report to Children’s Administration leadership team for review and discussion. Additional attention will be focused on the area covered by Region 5 to better understand regional differences and challenges and to strengthen policy and quality assurance review requirements. *(Ongoing)*

³⁰ Compliance with this outcome requires the statewide benchmark to be met. In addition, no region’s performance may be more than .5 percentage points higher than the statewide benchmark.

³¹ Compliance with this outcome requires the statewide benchmark to be met. In addition, no region’s performance may be more than 5 days higher than the statewide benchmark.

Strategy 2: Strengthen FamLink Management Report *New*

Complete enhancements to online Missing from Care FamLink Management Report by activating report filters, such as timeline filters and race of youth. The enhancements will also provide additional fields in the detail report including, identifying the assigned supervisor to each case, as well as the youth's gender and race. As with any new tool, integrating FamLink reports into standard practice takes time, and is accomplished through training, support, and technical assistance. *(Report finalized, August 2011; Staff Training and Implementation, September 2011)*

Strategy 3: Continue Collaboration with Regional Leads to Gain Additional Information *New*

Continue to meet with Regional Leads to better understand the reasons for running with a focus on first time runners and frequent runners to identify and replicate potential successful strategies that stabilize youth in placement and keep them safe. *(Ongoing)*

Strategy 4: Convene Statewide Workgroup to Examine Potential Factors Impacting Racial Disparity *New*

Children's Administration is in the process of convening a statewide workgroup to review data and examine potential factors that may contribute to racial disparity on this outcome. The workgroup's goal is to improve understanding of the outcome and potential unique characteristics or factors that might be associated with the racial disparity. The workgroup will determine if there are practice improvement strategies, factors within the authority of DSHS to impact, and will, as applicable, make recommendations to Children's Administration leadership for consideration. Workgroup members will include Children's Administration staff, members of the Washington State Racial Disproportionality Committee (WSRDAC), and appropriate stakeholders (including birth parents, licensed foster parents, and relative caregivers per request of the Braam Oversight Panel). *(Initial statewide workgroup meeting May 2011)*

Strategy 5: Clarify and Strengthen CA Policy and Procedures and Develop and Implement Online Training *New*

In partnership with regional coordinators, develop a PowerPoint presentation to use in training Children's Administration staff on the Missing from Care policy, the steps to take, and required documentation. Initial training and materials were provided to regional coordinators and training will be provided, as needed, to refresh current staff and train new hires. Training includes information to improve understanding of reasons youth run, ways to engage and build strong partnerships with youth, manage difficult behaviors, and do the clinical work that is sometimes needed to address run away behavior either before a youth runs or when they return from being on the run. *(Training Completed April 2011; Ongoing As Needed)*

Strategy 6: Identify Regional Staff to Assist Social Worker in Location of Runaway Youth *New*

Work with regional Missing from Care Coordinators and other regional staff to identify personnel in each region that have access and ability to support ACES and Accurant searches to assist social workers in locating youth on the run. In some regions, these staff are relative search workers and others it is IV-E specialists. *(May 2011)*

FOUNDATIONAL STRATEGIES

In addition to the specific improvement strategies identified for each outcome, seven foundational strategies are included in the following pages of the report. These strategies are foundational in nature and encompass strategic areas of Children's Administration focus with broad impact. While these strategies are fundamental in nature, they are included at the end of the report to bring to the forefront the particular practice improvement strategies that are specific to each outcome and avoid replication under each outcome area they impact.

INTEGRATE THE PRACTICE MODEL SOLUTION-BASED CASEWORK INTO THE WAY WE DO BUSINESS

The Children's Administration Practice Model, which is based on the tenets of Solution-Based Casework (SBC), provides a framework for social workers to focus their day-to-day work with children and families. SBC provides the framework of completing a comprehensive child welfare assessment, case plans, and providing ongoing case work to reduce dangers to child safety. This practice targets specific everyday events in the life that have caused the family difficulty and led to a lack of child safety. SBC combines the best of problem focused relapse prevention approaches with solutions and family systems therapy and casework. Social workers have been taught engagement skills that lead to partnerships for safety, importance for focusing on pragmatic everyday life tasks, relapse prevention skills and development of case plans that center on specific prevention skills tied to the family's tasks.

As of January 2010, DCFS and DLR staff were trained in SBC. Since completing training, staff continue to participate in activities to sustain change and support integration of SBC into the day-to-day practice:

Reinforce Child Safety through Children's Administration's Practice Model

- ❖ Strengthen social worker understanding that Children's Administration's practice model is centered on child safety by developing and providing advanced workshops to supervisors. These workshops will focus on case plan development and will provide an opportunity for professional development and acquisition of advanced skills in SBC. (*Supervisor Training Completed May 2011*)
 - Area Administrators, Family Voluntary Services and Child Family Welfare Services Social Work Supervisors will receive a half-day workshop to train them on how case plans are developed within Solution-Based Casework and tied to child safety. In this workshop, supervisors will gain knowledge and skills on the structure of these plans, how family and individual level objectives are connected to threats/dangers to safety, tasks that are needed in an initial and ongoing plan to reach these objectives, and how to assess the effectiveness of case plans. In addition, supervisors will gain knowledge of how case plans are reflected in court orders. This training will be offered as a train-the-trainer presentation, in that supervisors will be responsible for the transfer of learning to their staff.
- ❖ Strengthen Children's Administration's safety practice by integrating SBC with the rollout of the Safety Model and Wraparound. Practice Model team will assist in the development of the statewide training curriculum and provide classroom education. Practice Model team will provide technical assistance and consultation regarding the development of policies and procedures for assessing and intervening for child safety. These areas will include CPS

investigations, safety assessment, safety plan, family assessment, assessment of progress, and case plans. *(Training Completed August 2011)*

Provide and Integrate Case Consultations into Practice

- ❖ Case consultation has become a standard of practice for each office. Units conduct case consultations twice a month as outlined in their local Quality Assurance Plan. Practice Model Coaches have facilitated and observed these consultations in the units to which they are assigned. *(Ongoing)*
- ❖ Teach and support supervisors on the SBC case consultation model and how to facilitate case consultations. *(Completed statewide May 2011)*
- ❖ Continue use of identified SBC Site Consultants for local offices by providing ongoing skill development through conference calls with Dr. Dana Christensen and regional coaches. Continue to use these staff to facilitate case consultations and be a SBC champion. *(Ongoing)*

Provide Education and Training

- ❖ Revise and strengthen the Academy and Post Academy training curriculum for social workers and supervisors on Children's Administration's Practice Model. *(New Worker Academy curriculum, June 2011; Post Academy and Supervisor Academy, December 2011)*
- ❖ In partnership with the Court Improvement Training Academy (CITA) and Partners for Our Children (POC) develop and implement 4-hour SBC training for judicial staff and court partners. The initial pilot training, which concluded July 2010, was held in ten counties around Washington. These counties included Whatcom, Skagit, Grays Harbor, Jefferson, Chelan/Douglas, Thurston, Clallam, Snohomish, Grant and Pierce/Kitsap. Six additional trainings will be provided in target counties³² including Island, Yakima, Clark, Benton and Spokane/Cowlitz. Court staff partners in adjacent counties will be invited to participate in the additional trainings. *(Training completed May 2011)*
- ❖ Provide Washington State Tribal social service staff training in SBC. To-date, the Quinault Nation and the Spokane Tribe have received SBC training. *(Upon Request)*

Integrate SBC Practice Model

The Practice Model coaching team is working throughout the administration to identify and leverage opportunities to integrate SBC and strengthen their role as practice consultants. Examples of some of the integration activities include but are not limited to:

- ❖ Use lessons learned from internal and external reviews in case consultation. *(Ongoing)*
- ❖ Children's Administration's Information System, FamLink, has had tools and documents redesigned to better integrate the practice model in the day-to-day activities of staff. Specific documents that were revised include the Safety Assessment, Family Assessment and Case Plan and Assessment of Progress. *(Tools available November 2011)*
- ❖ Provide consultation and technical assistance to the Safety Model redesign team in partnership with the National Resource Center for Child Protection Services. This collaboration has resulted in the redesign of the safety assessment and safety practice. *(Training package developed; statewide training begins August 2011)*

³² Tim Jaasko-Fisher with the Court Improvement Training Academy selected the six counties using data that showed that 90% of dependency cases reside in these counties. Island County is not within the 90%, however their court staff specifically requested to receive the training.

- ❖ Partner with Children's Administration headquarters staff to develop a standard of procedures to replace current practice guides. *(April 2012)*

INCREASE FREQUENCY & EFFECTIVENESS OF FAMILY TEAM DECISION MAKING (FTDM) MEETINGS

The goal of Family Team Decision Making (FTDM) meetings is to involve birth families and community members along with resource families, service providers and agency staff, in all placement decisions to ensure a network of support for children and the adults who care for them. Participants include formal and informal supports.

The purpose of a FTDM is to determine the safest, least restrictive and least intrusive placement decision for a child using all available and relevant information and perspectives. Innovative solutions and resources are often suggested by participants that have not been previously considered and may provide for less intrusive alternatives to manage and control safety threats.

FTDM practice strives to:

- Maximize the child's safety and stability
- Prevent unnecessary placements and placement moves
- Reach consensus regarding a decision that provides the safest and least-restrictive placement in the best interest of the child.
- Create a network of support for the child and family.

The number one priority for a social worker is to create a plan that will keep children safe. The FTDM process helps in this task by bringing together a team of individuals focused on that same goal.

A FTDM may occur at several points in the life of a case. The plan developed at a FTDM may allow a child to safely remain with his or her parents; or it may mean developing a plan to place the child with a fit and willing relative or other licensed foster home, moving a child from one relative or foster home to another, or creating a plan to reunify the child with his or her parents.

The values of Family Team Decision Making reflect the beliefs that:

- Every child deserves a family
- Every family needs the support of the community
- Public child welfare agencies need community partners
- A group can be more effective in decision making than an individual
- Families are the experts on themselves
- When families are respectfully included in the decision making process they are capable of identifying and participating in addressing their needs
- Members of the family's own community add value to the process by serving as natural allies to the family and experts on the community's resources.

The following actions have been identified to:

- Engage families and community members, along with resource families, service providers and agency staff, in developing safety plans, making placement decisions, and preserving placements when it is safe for the child; and
- Increase the effective use of Family Team Decision Making as a vehicle to safe permanency and well-being for children.
- Review and assess statewide practices for FTDM meetings and determine training and support needs and policy requirements to improve quality of practices and how they can be used to better impact timely and safe permanency. (*December 2011; Ongoing*)

- The FTDM review process began in November 2010 in conjunction with commitments made to the Stuart Foundation and technical assistance from the Annie E Casey Foundation. The FTDM practice improvement process will be ongoing via quarterly meetings of the Family Engagement Implementation Team.
- ❖ Update FTDM policy to support increased consistency and quality of practice. *(Ongoing)*
 - The FTDM policy was updated and made effective November 1, 2010 and mandates that all placement decisions for children; entry, placement changes and exits, be made through the FTDM meeting practice.
 - The FTDM Practice Guide was approved and is now being used in trainings with all Children's Administration staff.
- ❖ Provide consistent and uniform infrastructure to support, supervise and provide technical assistance to FTDM facilitators. *(December 2011)*
 - Recommendations for one consistent supervisory structure throughout each region for FTDM facilitators were adopted by Children's Administration leadership on March 11, 2011. All FTDM facilitators will be supervised by a regional program and practice consultant in each of the three new regions.
 - The FTDM facilitator supervisors will complete the full FTDM facilitator training if they have not already done so.
- ❖ Increase quality of the FTDM meetings by ongoing facilitator observation and feedback using a consistent statewide observation tool. *(December 2011; Ongoing)*
 - A consistent and uniform FTDM observation tool was adopted on March 11, 2011 and will be used to evaluate FTDM facilitator practice.
 - New FTDM facilitators will be observed during the first year of practice to provide quality assurance and developmental feedback on a quarterly basis. These observations can be conducted by both the facilitator's direct supervisor and veteran FTDM facilitator peers.
 - After the first year of practice FTDM facilitators will be observed at least twice annually. Peer-to-peer observations shall occur at least once annually, in which each facilitator will observe at least one other facilitator once a year. In addition, facilitators may be observed periodically or as needed, if requested by regional or local office management.
- ❖ Increase consistency of FTDM meetings by identifying and training back up facilitators in each office. *(July 2011)*
 - Each office or area, as FTDM meeting needs dictate, will designate one or more back-up facilitator. Backup facilitators must facilitate at least one meeting monthly in order to maintain practice fidelity. If the back-up facilitator is consistently unable to facilitate at least one meeting a month for 3 or more months, a discussion between the supervisor, Area Administrator, and FTDM facilitator supervisor will occur to determine the continued suitability of that person as a back-up facilitator.
 - Back-up facilitators will be observed quarterly.
- ❖ Increase consistency in placement decision-making in partnership with families through mandatory FTDM training for all staff and ongoing facilitator training. *(June 2011; Ongoing)*
 - A training plan for all Children's Administration staff and FTDM facilitators was approved March 11, 2011. The training plan calls for the FTDM general all staff training to be complete in every region by the end of May 2011.

- Quarterly advanced trainings/roundtables for FTDM facilitators will be held beginning in April 2011. Both full-time and back-up facilitators from around the state are expected to participate. Facilitators who are unable to participate will review training/roundtable content and materials at their regular regional meetings with peers who did attend.
- Trainings/roundtables will address information and practice issues including, but not limited to, domestic violence, Solution Based Casework (SBC), safety planning, and family engagement. Through these training/roundtables, Children's Administration will achieve:
 - Improved and consistent safety placement planning
 - Assurance that the SBC practice model is utilized during a FTDM, and
 - An increased consistency in FTDM practice in Washington
- ❖ Development and utilization of a management report to ensure FTDM meetings are scheduled and convened for families according to Children's Administration requirements and timelines. *(September 2011)*
 - FamLink reports are being designed and developed to allow for the tracking and reporting out on the percentage of placements subject to an FTDM as required by policy. It is projected that CA will have a production report for use by regional and local management by September 2011. Once a regular production report is available, utilization rates will track regional, office, and unit level performance to monitor that the FTDM policy is being followed.
 - For quality assurance purposes Children's Administration must have the capacity to monitor the utilization of and the level of family/community engagement in, FTDM meetings. Emergent and imminent placement meetings, moves between placements and exits from care must be tracked to determine if an FTDM occurred as per policy.

(See Attachment 8: Family Team Decision Making Meeting (FTDM) Practice Guide)

RACIAL DISPROPORTIONALITY – INTEGRATING THIS WORK INTO ALL THAT WE DO

Across the country, children of color enter and remain in the child welfare system at rates greater than their proportions in the population. The 2007 Legislature passed SHB 1472 and created the Washington State Racial Disproportionality Advisory Committee (WSRDAC) to study racial disproportion in Washington's child welfare system. The results of the study conducted by the Washington State Institute on Public Policy (WSIPP) found that disproportionality exists for Black, American Indian, and in some areas, Hispanic children in Washington State's child welfare system. In response to these findings WSRDAC submitted its recommendations for remediation to the Department of Social and Health Services (DSHS) Secretary who accepted them and forwarded them to the Washington Legislature in January of 2009. WSRDAC and Children's Administration then began work on implementing the remediation activities.

Although remediation activities began and progress has been achieved since January 2010, significant reduction in disproportionality has not yet occurred throughout the child welfare system. New initiatives will take several years to produce full results and it will take time for system changes to appear in the data.

Evaluation of strategies and activities to reduce disproportionality will continue, and WSRDAC will continue to monitor progress in reducing disproportionality across the child welfare system. An administration-wide effort is underway to integrate disproportionality in everything we do, and in all of our initiatives. The following areas of focus highlight past and future activities related to reducing disproportionality in the child welfare system.

- ❖ Workgroups are currently convened that are focusing on the two areas where disparity existed related to race. See *compliance plans* for [Sibling Placement](#) (click on link) and [Frequency of Youth on Runaway Status and Median Number of Days Youth Are on Runaway Status](#) (click on link). (Beginning April 2010)
- ❖ The Program Improvement Plan created in response to the federal Child and Family Services on-site review conducted in September 2010, will emphasize reducing racial disproportionality. A primary strategy will be to report all child and family outcomes by race and ethnicity. Some system-wide strategies such as safely shortening the time children spend under a dependency order will include a focus on children of color. (Plan submitted July 2011; Implementation completed December 2013)
- ❖ Children's Administration headquarters and field staff completed the National Association of Public Child Welfare Administrator's (NAPCWA) Disproportionality Diagnostic Tool. The survey had over 2,000 responses, which included comments. A request has been submitted for a student intern from the University of Washington to help compile and analyze the results. In addition, Children's Administration has preliminarily identified major themes, strengths and weaknesses from the results of previous surveys of Children's Administration leadership teams and advisory committees (approximately 200 people). The additional analysis will identify gaps in our system and action plans will be developed to address these gaps to help reduce racial disproportionality. (June 2011)
- ❖ Six "Undoing Racism" trainings were held for staff and partners in 2010. Three additional sessions of "Undoing Racism" training will be offered in late 2011. (December 2011)
- ❖ 50 staff and partners attended a Train-the-Trainer session for the "Building Bridges" training. Each region has developed a plan to roll out this training to staff and partners, and the "Building Bridges" training is now being offered statewide. (December 2011)

- ❖ The first major decision point in which disproportionality is evident in the child welfare continuum is when a child is referred for concerns of abuse or neglect. In Washington State approximately 60 percent of referrals to Child Protective Services are made by mandated reporters. Disproportionality at such an early decision point indicates that mandated reporters are referring children of color at rates that are disproportionate to white children and families. Mandated reporter training materials have been revised and supplemented to ensure that the issue of racial disproportionality is addressed. (*Distribution of training and materials began April 2011*)
- ❖ The intent of the Indian Child Welfare (ICW) Case Review is to provide an on-going quality assurance practice that monitors compliance with the Indian Child Welfare Act and state ICW policy. The expected outcomes are to have consistent ICW practice throughout the state towards ICW compliance. Reviews are conducted in the fall of even years of the biennium. Regional and statewide remediation plans are developed to address areas identified for improvement. (*Review scheduled Fall 2012*)
- ❖ Each region reports monthly on their efforts to reduce disproportionality and we expect these targeted regional efforts to continue. Examples include:
 - The Spokane office focused on foster care recruitment, and their efforts resulted in increasing Native American foster homes from 19 to 26, African American homes from 19 to 24, and our Hispanic, Spanish speaking homes from 8 to 15.
 - The Yakima office used Permanency Round tables to review 106 cases. This resulted in 32 dependencies being dismissed, 20 of which were of children of color.
 - The Martin Luther King (MLK) office focused on an apartment complex with a high Somali population that had a high disproportionate number of CPS referrals. By focusing efforts on training residents and service providers, and through ongoing community and provider partnerships, CPS referrals were reduced from nine per month to no or one referral per month within five months.
- ❖ Training will be provided to Children's Administration Leadership, policy developers, disproportionality staff and policy reviewers on Annie E Casey's Racial Equity tool, which assesses the racial disproportionality impact of policies, practices and procedures. (*June 2011*)
- ❖ Children's Administration recognizes that by reducing racial disproportionality and outcome disparity for children of color, the system improves for all children. To assist Children's Administration in reaching this goal, a growing amount of performance data is aggregated by race/ethnicity and the goal is for most outcomes to include this information. (*Ongoing*)

The Administration is approaching a racial disproportionality and outcome disparity, not as a stand-alone or afterthought, but as a critical component of daily practice integrated into all service delivery activities and quality assurance strategies.

INSTITUTE A LEARNING ENVIRONMENT WITHIN THE CHILDREN'S ADMINISTRATION

A learning organization is one that values continuing learning and implements practices that promote, invite, support, and require ongoing professional growth and development of staff. Learning that is both self and group initiated. A learning environment is recognized by having staff that embrace learning, are open with others, understand and are committed to our work, and seek out in partnership with others achievement of our mission.

The Department of Social and Health Services has committed to One DSHS Vision, Mission and a Core Set of Values. The actions identified by DSHS to support high-performing programs in an integrated organization, includes becoming a learning organization through continuous learning and professional growth. Children's Administration is committed to taking the necessary steps to integrate the value of continual learning throughout the workplace.

Child welfare work is intense and fast paced and must be responsive to many and varied partners. The work environment is one in which change is an expected condition. The needs of children and families are always changing as is the system in which the work is done. A learning organization increases the probability that an organization has a competent, creative, and adaptable workforce.

The following areas of focus are identified to help build a learning environment within Children's Administration:

- ❖ *Assessment and Revisions to Academy and Post-Academy Training Plan and Curriculum:* Review and modify with consultation from the University of Washington, School of Social Work training curricula to ensure opportunities to integrate and promote learning activities are included. (*Curriculum review December 2011; Training Revision 2012*)
 - Children's Administration is a partner in a Child Welfare Training Collaborative with the University of Washington, Eastern Washington University and Partners for Our Children. The goal of the project is to support best practice for every child and family served by Children's Administration by developing a collaborative training system for DSHS staff, contracted providers and caregivers. This training partnership will further improve caregiver training beyond the recommendations contained in this proposal by resulting in more training resources, enhanced training on a wide variety of subjects, a greater number of training venues across the state, and strengthen best practice throughout the child welfare system in Washington
- ❖ *Quality Assurance and Continuous Quality Improvement Activities:* Provide meaningful and real time data regarding our compliance with policy and procedures, the quality of our work, and lessons learned from internal and external reviews to enhance knowledge and skills, and organizational problem solving capacity. See *foundational strategy for [Quality Assurance \(QA\) and Continuous Quality Improvement \(CQI\)](#)* (*click on link*)
- ❖ *Strengthen Clinical Supervision:* The activities to strengthen clinical supervision are in direct concert with a learning environment. While clinical supervision is focused primarily on the social work supervisor, the ideas and strategies will be expanded to social workers and managers to help build and promote an environment of open and active learning. Children's Administration is committed to strengthening the skills and competencies of Social Work Supervisors to provide clinical supervision through the following activities:
 - With on-site technical assistance from the National Resource Center for Child Protection provide training for all supervisors and managers on child safety

assessments, developing and monitoring comprehensive safety plans, and conducting case staffings. (*Curriculum development April 2011; training completed July 2011*)

- In partnership with the University of Washington, School of Social Work strengthen existing supervisor training curriculum and develop and provide additional training for social work supervisors on clinical supervision. (*Curriculum completed by December 2011; Training Revision 2012*)
 - Increase professional training opportunities for social work supervisors and managers, including greater accessibility to existing trainings. For example, the collaborative project with the University of Washington Endowed Professor Lecture Series that brings the lecture series to Children’s Administration staff by recording and presenting it with facilitation in regional offices. Some of the upcoming topics of the Lectures include “Engaging Parents in Child Welfare Services” and “Reuniting Families in Washington State.” (*Ongoing*)
- ❖ *Integration of Solution Based Casework:* Solution Based Casework (SBC) provides the framework for which social workers focus their day-to-day work with children and families. Training, case consultation, and SBC QA/CQI activities teach and promote values, skills and practices of a learning environment. See foundational strategy for [Integrate the Practice Model Solution-Based Casework Into The Way We Do Business](#). (*click on link*)
- ❖ *Develop and Implement Assessment Instruments:* To assess and respond to findings regarding appreciative and evaluative inquiry, workplace learning climate, and efforts to sustain organizational learning. (*Ongoing*)

ENHANCE AND INCREASE CAPACITY FOR QUALITY ASSURANCE AND CONTINUOUS QUALITY IMPROVEMENT

The Children's Administration is committed to providing quality services and improving outcomes for the children and families we serve. Quality assurance (QA) and continuous quality improvement (CQI) systems are essential mechanisms to achieve our goals.

QA and CQI improve the quality, efficiency and effectiveness of the way we do business in accordance with our core values by emphasizing:

- ❖ *Data Driven Decisions:* Benchmarks are established in the areas of child safety, permanency, and child and family well-being and performance is measured on a regular basis. Findings from research and promising practices inform decision-making.
- ❖ *Quality Management:* The success of Children's Administration managers, staff, and work units is regularly measured against improvements in quality results. A system of accountability is used wherein staff at all levels of the organization have a role in assuring that services are provided to the children and families Children's Administration serves in compliance with policy and statute.
- ❖ *Customer Defined Services:* Within legislative and budget parameters, child and family needs determine services arranged or provided. Recipients of Children's Administration services are regularly surveyed to measure the accessibility and usefulness of services and the responsiveness and effectiveness of agency staff.

The Department of Social and Health Services, Research and Data Analysis Unit (RDA) conducts a department-wide client survey to gather this information every two years, which includes clients of the Children's Administration. The 2011 survey has been completed and RDA staff is currently analyzing the data. Findings from the 2009 survey are available at: <http://publications.rda.dshs.wa.gov/1390/> (click on link).

- ❖ *Staff, Partner, Tribe, and Provider Involvement:* Children's Administration engages in an open, inclusive, information-based decision-making process where individuals involved in the child welfare system are afforded the opportunity to contribute to decision in areas of expertise.

Children's Administration is continuing the process of strengthening and building capacity of our QA and CQI systems, in a number of areas, including but not limited to:

- Processes to support continuous quality improvement
- Increased accountability, including clearer and stronger expectations and evaluation
- Use of case consultation as a standard of practice
- Development and use of Program Evaluation Manager positions to provide evaluation and monitoring of program areas to determine compliance with Children's Administration policy and procedures and quality of practice
- Identification and utilization of lessons learned to inform and improve practice

Highlights of some ongoing QA and CQI priority activities:

- ❖ Establish a statewide team of standing internal staff and rotating external participants to review and identify recommendations for high profile critical incidents. (*Ongoing*)
- ❖ Continue development and use of FamLink on-line management reports and ad-hoc reports to inform managers of performance and staff's use of FamLink in key practice areas. Work includes validation and refinement of reports to achieve confidence in accuracy of data. To

date 17 on-line reports have been developed and implemented. As with any new tool, integrating FamLink reports into standard practice takes time, and is accomplished through training, support, and technical assistance. *(Ongoing)*

- ❖ Establish and implement new full-time Program Evaluation Manager (PEM) positions, through reassignment, to provide third party program evaluation functions including monitoring and analysis of program areas and outcomes to determine compliance with Children's Administration policy and procedures and quality of practice. Twenty three positions are anticipated, 18 Program (*FVS, CFWS, CPS, Adolescent Services, Adoption, Intake, CHET, and Critical Incidents*), 6 Fiscal, and 6 Contract. Upcoming activities include:
 - PDF approved by Human Resources *(June 2011)*
 - Positions filled through reassignment *(July/August 2011)*
 - In-service Training *(September 2011)*
- ❖ Increase responsibility for statewide program managers to perform quality assurance functions. Program managers are using data more than ever and some have set up QA tracking systems at the state and regional level to monitor practice and performance (e.g. Medically Fragile, SAY/PAAY, and Staffing for youth age 17.5) *(Ongoing)*
- ❖ Strengthen and formalize practice of providing managers, supervisors, and social workers findings from reviews and recommendations on which to build and strengthen social work practice; along with review and follow up of actions to ensure recommendations are being implemented. *(Ongoing)*
- ❖ Develop and facilitate Statewide Quality Assurance & Improvement Team to provide input and assistance with CQI activities, including development and implementation of Braam Settlement Agreement compliance plans and recommendations for Children's Administration Leadership consideration regarding findings from internal and external reviews. *(Ongoing)*
- ❖ Develop and implement topic-specific quality assurance plans to target oversight and management of critical practice areas. QA Plans implemented to date include: Sexually Aggressive Youth (SAY) and Physically Assaultive and Aggressive Youth (PAAY), Medically Fragile children/youth, and Transitional Staffings for Youth Age 17.5. *(Ongoing)*

PROVIDE ADULT MENTORS FOR FOSTER CHILDREN

DSHS is dedicated to looking at new and innovative ways of accomplishing our mission of improving the safety and health of individuals, families and communities by providing leadership and establishing and participating in partnerships. We believe one way of accomplishing this is through a Mentorship Program.

Mentoring programs provide children and youth an additional supportive adult relationship. These adults provide care and concern, support and guidance for children and youth who face significant challenges in their lives. Research conducted by Big Brothers Big Sisters demonstrates children with mentors are less likely to use drugs and alcohol, more likely to attend school and have improved relationships with family and peers. The following ongoing or new strategies are identified to build mentoring capacity for children and youth in out-of-home care:

- ❖ As currently designed, Children's Administration Mentorship Program provides mentor matches and educational support for foster children and youth ages 8 to 21. A main goal of the Mentorship Program is to create a formal or informal relationship with a mentor outside of CA in order to facilitate a successful completion of secondary and postsecondary education, and successful transition into adulthood. *(Ongoing within available resources)*
- ❖ Develop and implement Mentorship Programs in early implementation sites in each region. DSHS is working with Washington State Mentors, who has secured federal dollars to provide mentoring services for high risk children served by DSHS. Currently there are pilot sites in Snohomish, King, and Kitsap counties with the capacity of serving 150 children, in which matches between the mentee and mentor are already being made. Steps to expand the pilot Mentorship Program in Eastern Washington are in place. There are other existing Mentorship Programs established in pockets around the state. In addition a number of contracted providers are currently using mentors to help support the Supplemental Educational Transition Planning contract goals with CA. *(Ongoing)*
- ❖ The Mentor Agencies involved in this pilot are required to make every effort to provide appropriate, accessible, and culturally relevant services to clients and their families. Mentors are required to be responsive to each mentee's cultural beliefs and values, ethnic norms, language needs, and individual differences. *(Ongoing)*
- ❖ Develop training curriculum and implementation materials for staff and caregivers that address the value of providing foster children with mentors, resources, and practice expectation for Children's Administration staff to make referrals to Mentorship programs. *(Ongoing)*
 - Previously created CA guidebooks regarding mentoring: "A Guide to Help You Support Your Mentee", and "Your Guide for Navigating Through High School and Into Post-Secondary", was contracted out to Big Brothers Big Sisters of Greater Seattle to update, expand upon and edit. *(December 2011)*
 - Mentorship Program Guidelines and a Referral Form have been developed for our pilot sites. Procedures were also developed consistent with state statute that requires all mentor volunteers to have a criminal background check conducted by Children's Administration. In addition the Mentorship agencies will be required to have training on mandated reporting. *(Ongoing)*
- ❖ Children's Administration will continue to collaborate and receive technical assistance from the Washington State Mentors Program to implement and integrate the Mentorship program into social work practice across the state through a committee process co-chaired by the Director of the State Mentoring Program and Children's Administration Program Manager. *(Ongoing)*

Attachment 1



CHILDREN'S ADMINISTRATION

CHILD INFORMATION/ PLACEMENT REFERRAL

<input type="checkbox"/> Respite Request
<input type="checkbox"/> Initial Placement
<input type="checkbox"/> Placement Change
DATE

SECTION I				
CHILD'S NAME	CHILD'S SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	LEGAL STATUS	DATE OF BIRTH	CAMIS PERSON ID
CHILD'S RACE/ETHNICITY	PRIMARY LANGUAGE		NATIVE AMERICAN TRIBAL AFFILIATION	
CHILD'S RELIGIOUS/SPIRITUAL AFFILIATION				
CHILD'S SCHOOL	SCHOOL LOCATION	GRADE	TEACHER(S)	
Individual Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF LAST IEP	Has a Child Health and Education Tracking (CHET) Screening been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date:		
For children 0-3, is child involved in Early Intervention Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, DATE OF INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)		
CHILD CARE PROVIDER NAME, CITY			TELEPHONE NUMBER	
NAMES OF SIBLINGS (under 18)	SEX (M/F)	AGE	LOCATION (HOME, FOSTER CARE, ETC.)	
CONTACT PERSON FOR CAREGIVER (SOCIAL WORKER, PRIVATE AGENCY WORKER)			E-MAIL ADDRESS	
AGENCY		TELEPHONE NUMBER	FAX NUMBER	
ADDRESS		CITY	STATE	ZIP CODE
SECTION II				
1. REASON FOR INITIAL PLACEMENT INTO FOSTER CARE <input type="checkbox"/> Suspected physical abuse <input type="checkbox"/> Suspected sexual abuse <input type="checkbox"/> Suspected neglect <input type="checkbox"/> Mother incarcerated <input type="checkbox"/> Father incarcerated <input type="checkbox"/> Other:		If not initial placement, reason for placement change.		
2. WHAT TYPE OF PLACEMENT IS REQUESTED? <input type="checkbox"/> Short-term <input type="checkbox"/> Interim <input type="checkbox"/> Long-term <input type="checkbox"/> Permanency Planning Foster Family				
3. Has the family been referred to Family Team Decision Making? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE OF REFERRAL		
What were the recommendations?				
4. ARE THERE SAFETY CONCERNS FOR THE CHILD, CAREGIVER OR SOCIAL WORKER WITH THE PARENT/GUARDIAN/OTHER SIGNIFICANT ADULT(S)? <input type="checkbox"/> Child <input type="checkbox"/> Caregiver <input type="checkbox"/> Social Worker PLEASE DESCRIBE CONCERNS:				
5. HAS A VISIT PLAN BEEN ESTABLISHED? <input type="checkbox"/> Yes (attach DSHS 15-209C) <input type="checkbox"/> No				
6. HAS A RELATIVE SEARCH BEEN STARTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, STATUS		IF NO, PROJECT DATE WHEN SEARCH WILL BEGIN

Attachment 1

SECTION III

1. Does the child have health insurance coverage or Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Plan: Was the health insurance card or Medical Identification card given to the caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No						
2. HEALTH CARE PROVIDER NAME:		TYPE		TELEPHONE NUMBER		
3. Does the child have any Medical appointments scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE	PROVIDER NAME			
4. Has the child received any immunizations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		WHERE WERE IMMUNIZATIONS RECEIVED?				
IF YES, DESCRIBE:						
5. CHILD'S STRENGTHS AND INTERESTS						
6. Does the child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
IF YES, DESCRIBE:						
7. Has parental consent been obtained for medications? (Per CA Practices and Procedures Manual, Chapter 4000, Section 4541). <input type="checkbox"/> Yes <input type="checkbox"/> No						
MEDICATIONS	REASON FOR TAKING MEDICATION	WHO PRESCRIBED	DOSAGE	LENGTH OF TIME ON MEDS	GIVEN TO CAREGIVER	
					YES <input type="checkbox"/>	NO <input type="checkbox"/>
					YES <input type="checkbox"/>	NO <input type="checkbox"/>
					YES <input type="checkbox"/>	NO <input type="checkbox"/>
					YES <input type="checkbox"/>	NO <input type="checkbox"/>
					YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Does the child exhibit any health concerns or limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
IF YES, DESCRIBE:(INCLUDE ANY MEDICAL NEEDS THAT REQUIRE IMMEDIATE ATTENTION)						
9. Does the child exhibit any emotional or behavioral concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe.						
Given the nature of out-of-home placement, there may be physical, emotional, medical, sexual, or other behavioral issues or strengths this social worker is unaware of at this time. It is difficult to predict the behavior and/or emotional issues of abused and/or neglected children, therefore close supervision of the child is expected and required . If a supervision or safety plan is necessary, document below . If you have any questions about the care or supervision of this child, contact the social worker. If an urgent mental health need is identified, the child should be referred immediately for Regional Support Network (RSN) services.						

Attachment 1

10. Is there anything that the caregiver should know to make the transition to foster care or to a new foster home easier?

This information is confidential under state and federal law. It is shared with the child's caregiver for the benefit of the child and the caregiver's family. The caregiver is prohibited by law from sharing this information with others unless the information is provided to a person who is responsible for the treatment or care of the child. This form includes information known at the time of placement. As additional information is known, the social worker will share it with the caregiver, provide copies of the CHET screening and copies of the ISSP

SECTION IV

NAME OF CAREGIVER FAMILY

CAREGIVER FAMILY SIGNATURE

DATE

- Original – Child's File
- Copy – Caregiver via:
 - Personally delivering a copy to the caregiver, (date)
 - E-mailing a copy to the caregiver at the following e-mail address:
 - Other (specify):

SIGNATURE OF SOCIAL WORKER/SUPERVISOR

DATE

Attachment 1

Instructions to Complete Child Information/Placement Referral

This form is to be provided to the child's out-of-home caregiver prior to or within 24 to 72 hours of placement or when placement changes. The information contained on this form is provided to out-of-home caregivers with specific need-to-know information in making informed decisions about whether or not to accept a child in their home and to assist the caregiver in providing a safe environment for the child, the caregiver and their family. The form may be completed either by hand or on the computer. If more space is needed when completing the form by hand, additional pages may be added and stapled to the form. If completing the form on the computer, the form fields are designed to expand with the amount of information being typed into them.

The caregiver must be informed that this information is confidential and cannot be shared with persons who are not involved with the case.

SECTION I

Each child being placed needs to have their own form. Complete all information known about the child as the boxes indicate. For school information, be sure to include the city where the school is located because there are many schools in Washington that have the same name – i.e. Pioneer Elementary or Washington High School is not sufficient to determine where the child is enrolled. If the child has more than four siblings, they can be listed with their information in the space for question 10.

SECTION II

1. Mark the appropriate box or indicate "other" with an explanation of why the child was placed in out-of-home care.
2. Mark the appropriate box.
3. Mark the appropriate box. If the FTDM has occurred, briefly describe recommendations.
4. If any of the boxes are checked, please describe the safety concerns for the child, caregiver, or social worker.
5. Mark the appropriate box. If yes, attach the Visit Plan (DSHS 15-209C).
6. Mark the appropriate box and describe the status. If a relative search has not been started, indicate when it is likely to be started.

SECTION III

1. If the child has private insurance coverage through their parent or guardian, be sure to find out what insurance company and ask if the insurance card is available. If the child is a Medicaid client, ask for the current month's Medical Identification Card.
2. If the child has more than two health care providers, they can be listed in Section III, #10 with an explanation of why the child sees them. Make sure to list any licensed or certified professional who has seen the child: MD, Therapist, ENT, Psychologist, Psychiatrist, Dentist, Counselor, etc. If the provider's telephone number is unknown, gather as much information about the provider (physical location) so that the telephone number can be determined at a later time.
3. Ask the parent/guardian if the child has any upcoming medical, dental or mental health appointments already scheduled and the date of the appointment(s).
4. It is very important to ask if the child has been given any immunizations and where the immunizations were done (doctor's office, county, public health office, etc.) Many children are OVER and UNDER immunized because we do not have this information.
5. Describe the child's strengths and interests such as:
 - Academic achievement
 - Athletic

Attachment 1

- Creative
- Hobbies
- Special interests (art, music, etc.)

6. List child’s allergies such as: bees, food, latex, mold, etc. Describe effects that the allergy has upon the child: stuffy nose, asthma attack, hives, unconsciousness, etc. Include information regarding any medications prescribed for treating the allergy; epi-pen, prescription allergy medication (Allegra, Nasonex, etc.), inhaler, etc.
7. Be sure to check with parents regarding all medications. If child is prescribed psychotropic medications, make sure to obtain parental consent per CA Practice and Procedures Manual, Chapter 4000, Section 4541. If more room is needed to list medications, attach an additional sheet to the Child Information form.
8. “Does the child exhibit any health concerns/limitations?”

- Include any medical needs that require immediate attention.
- List and describe any health concerns or conditions the child has such as: lack of dental care, developmental concerns, asthma, diabetes, vision and/or hearing issues, prone to ear infections, renal failure, toileting issues etc.
- List and describe any equipment that should accompany or be obtained for the child such as: eye glasses, hearing aids, nebulizer, special diapers, special car seat or stroller, etc.
- List and describe the special needs of the child such as: special equipment, colostomy, feeding tube, lack of dental care, renal failure, etc.

Be sure to indicate to a physician seeing the child for the first time if the child was removed from a substance abusing environment – especially methamphetamine manufacturing environs.

- Upon any placement, DSHS shall inform each out-of-home care provider if the child to be placed in that provider’s care is infected with a blood-borne pathogen (HIV/AIDS, Hepatitis, Etc.), if known by the department. (See Children’s Administration Case Services Policy Manual, Chapter 4000, Section 4120, Paragraph A).

9. **Does the child exhibit emotional and/or behavioral concerns? Please describe as completely as possible.** Remember to include (if known) triggers for behaviors, description of issues, anything that will assist the caregiver in making an informed decision about placement and in providing a safe environment for the child and others living in the home. When completing this section, consideration should be given to the observed, reported, and/or documented history of the following but not limited to behaviors and issues.

<ul style="list-style-type: none"> • Sexual Behavior Problems, means a child who exhibits sexualized behavior(s) that is developmentally inappropriate (not ordinary) for their age or that are harmful to the child or others. This may be, but is not limited to one of the following: • Exhibits high-risk behaviors – observed or reported and documented history of one or more of the following: <ol style="list-style-type: none"> 1. Sexualized themes during conversations 2. Persistent and or public masturbation 3. Persistent or excessive attempts to view others while dressing, bathing, toileting 	<ul style="list-style-type: none"> • Encopretic • Enuretic • Smoking • Medically diagnosed with fetal alcohol syndrome or fetal alcohol effect • Diagnosed by a qualified mental health professional as having a mental health disorder • A witness to a death or substantial physical violence in the past or recent past • A victim of sexual or severe physical abuse in the recent past • Physically Assaultive or Aggressive (PAA)
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Attachment 1

<ol style="list-style-type: none"> 4. Excessive interest or preoccupation with sexual matters 5. Sexualized themes during play 6. Persistent or excessive exposure of own genitalia to others 7. Touching of others body parts 8. Persistent or excessive pornographic interest 9. Attempts to engage others in sexual activity 10. Simulates sexual acts with objects, animals, and or others <ul style="list-style-type: none"> • Exhibits High-Risk Behaviors means observed or reported and documented history of one or more of the following: <ol style="list-style-type: none"> 1. Suicide attempts or suicidal behavior or ideation 2. Self mutilation or similar self destructive behavior 3. Fire setting or developmentally inappropriate fascination with fire 4. Animal torture 5. Property destruction 6. Substance or alcohol abuse • Argumentative/defiant • Criminal behaviors • Depression • Developmental delays • Eating disorders (anorexia, hoarding food) • Special dietary needs (such as feeding tube, special formula, extra time needed for feeding, food allergies such as peanuts – anything that interferes with normal eating for a child at any age). 	<p>means a child who exhibits one or more of the following behaviors that are developmentally inappropriate and harmful to a child or others*</p> <ol style="list-style-type: none"> 1. Observed assaultive behavior 2. Reported and documented history of the child willfully assaulting or inflicting bodily harm 3. Attempting to assault or inflict bodily harm on other children or adults where the child has the apparent ability or capacity to carry out the attempt 4. Deliberately inflicting physical pain 5. Threatening with a weapon <ul style="list-style-type: none"> • *Sexually Aggressive Youth A current or historical record exists identifying this child as SAY by a prosecutor, law enforcement, or a SAY treatment provider.* • *Adjudicated Sexual Offender A current or historical record exists identifying this individual as an adjudicated sexual offender by Law Enforcement, Courts, Juvenile Rehabilitation Administration, Department of Corrections, County Probation.
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***Children who are considered SAY Adjudicated sexual offender or PAA MUST be placed with caregivers who have received specialized SAY/PAA training PRIOR TO THE PLACEMENT OCCURRING and require a Supervision Plan.**

10. List items that will bring comfort to the child such as: blankets, pacifiers, pictures, music, routines, relationships with organizations or people, cultural connections in the community, etc.

SECTION IV

Be sure to keep proof that a copy of the completed form was given to the caregiver. If the form is provided to the caregiver in person, an additional signed copy should be obtained to keep in the child's care record – Well-being Binder.

Children's Administration Highlights of 2010 Improvements to Caregiver Training

January 2011

The Children's Administration (CA) is committed to providing foster parents and unlicensed caregivers high quality, accessible, and consistent training statewide that prepares them to meet their roles and responsibilities. This commitment requires ongoing evaluation of participant feedback, assessment of training needs, review of training requirements, and development of new training curricula, management of resources, and collaboration with caregiver representatives.

The Resource Family Training Institute (RFTI) has implemented a significant amount of improvement strategies to improve foster parent satisfaction with training that extends beyond what is included in the training proposal. Some of the improvement strategies implemented were one-time actions (e.g. develop on-line video or special topics training) and many are ongoing actions that help CA continuously identify and address caregiver's training needs as we are able. A summary of improvement activities completed during year 2010 are outlined below:

1. Produced Video for Caregivers About the New Fostering Well-Being Program.

An informative video entitled "Fostering Well Being" was produced and posted on the Foster Parenting: Parenting Resources website for caregivers:

<http://www.dshs.wa.gov/ca/fosterparents/healthsafety.asp>

2. Strengthened Caregivers Knowledge about Educational Advocacy & Education Resources for Foster Youth.

- Developed a fact sheet on Educational Advocacy Resources that includes resources and guidance for caregivers that is distributed at RFTI trainings and posted on the website: <http://www.dshs.wa.gov/ca/fosterparents/healthsafety.asp>
- Collaborated with Educational Program Manager to support and provide information on educational resources to caregivers that attend RFTI trainings.
- Began scheduling in-class presentations on educational issues in collaboration with the Educational Program Manager and with PAVE (Parents are Vital in Education).

3. Posted Children's Administration Staff Names and Contact Information on Foster Parent Website.

Based on a request from the 1624 Foster Parent Consultation Workgroup, CA developed and implemented a process to post staff names and their contact information on the Foster Parenting: Home website for caregivers. This information is updated on a regular basis.

<http://www.dshs.wa.gov/ca/fosterparents/index.asp>

4. Specialized Trainings Developed and Offered for Relative Caregivers.

- Kinship Care Pre-Service training.
- Parenting the Second Time Around (for grandparents).

Attachment 2

- Trainings available on a variety of topics offered regionally by contacted & RFTI trainers.
- Washington State Resource Family Lending Library topics are also available:
<http://www.dshs.wa.gov/ca/fosterparents/onGoinglendinglibrary.asp>
- Video Trainings are available on the Foster Parenting: Training website:
<http://www.dshs.wa.gov/ca/fosterparents/training.asp>

5. Developed Training & Information for Caregivers on Grief and Loss.

Based on a recurring request from caregivers they would like more information and training on Grief & Loss, training is now offered as special topic in-classroom training and participants leave the training with a helpful Grief and Loss Fact Sheet. Training was also made available through the on-line Lending Library.

- The Washington State Resource Family Lending Library website link is found on the Foster Parenting: Training website:
<http://www.dshs.wa.gov/ca/fosterparents/training.asp>
<http://www.dshs.wa.gov/ca/fosterparents/onGoinglendinglibrary.asp>
- Grief and Loss Fact Sheet is posted on the Foster Parenting: Parenting Resources and Foster Parenting: Relatives Caring for Kids websites.
<http://www.dshs.wa.gov/ca/fosterparents/healthsafety.asp>

6. Promoting and Advertising RFTI Training.

- RFTI continues to maintain and provide a Training Flyer for caregivers 3 x a year via mail to provide training information/resources.
- Frequent regional mailings by regional RFTI trainers are sent to notify caregivers of all upcoming training sessions available.
- RFTI continues to update and maintain the RFTI on-line training website.
- Continue to promote the Lending Library by providing staff & caregivers information on how to access this service
- Refrigerator Magnets with Resource Lending Library access information were distributed to the Division of Licensed Resources Licensors and RFTI trainers for distribution to caregivers.
- Information on the Lending Library is located on the Foster Parenting: Training website.
<http://www.dshs.wa.gov/ca/fosterparents/training.asp>
<http://www.dshs.wa.gov/ca/fosterparents/onGoinglendinglibrary.asp>.

7. Enhance Current Caregiver Training Experience with Fact Sheets to Increase Foster Parent Learning.

- The Fact Sheets are posted on the CA Foster Parent, Parenting Resources website.
<http://www.dshs.wa.gov/ca/fosterparents/healthsafety.asp>. Topics include the following:
 - Grief and loss strategies for Foster parents
 - Importance of Sibling connections
 - Educational Advocacy Resources
 - SAY/PAY information
 - Information and Resources for Relative /Kinship Caregivers

Attachment 2

- Located also on the Parenting Resources: Relatives Caring for kids website.
http://www.dshs.wa.gov/ca/fosterparents/be_KinshipIntro.asp
- DLR regional recruitment fact sheet: How to be Licensed
- RFTI Training Flyer advertising RFTI training resources
- DLR/CPS Investigation Process

8. Increased Use of Foster Parents as Co-Trainers.

- The co-training model was strengthened by continuing to provide and increasing foster parent co-trainers in the delivery of Pre-Service (as required by PRIDE Pre-Service). Foster parent co-trainers are also involved in the delivery of Parenting Plus (30 hours) & other special topics trainings as budget allows.
- For future discussion with CA Field Operations Division is how to strengthen foster parent training by introducing social workers to the co-training team to Orientation for foster parenting.

9. Strengthened Publicity of Caregiver SAY/ PAY Training Opportunities.

- In partnership with the SAY/PAY Program Manager, SAY/PAY training has been assessed for adequacy by reviewing feedback from the participants and a review of the training by the Program Manager.
- SAY/PAY is being incorporated into the Parenting Plus curriculum which is proposed to become a mandatory training.
- Sexually Aggressive Youth (SAY) & Physically Assaultive Youth (PAY) classroom training opportunities are regularly listed on the RFTI website with trainer contact names and advertized in the RFTI training flyer.
- In partnership with the SAY/PAY Program Manager, social workers have been provided with a packet of information to share with caregivers providing care for youth identified as SAY/PAY. The packet included a DVD and a Question/Answer sheet.
- SAY/PAY video training continues to be available on the Training Website.
<http://www.dshs.wa.gov/ca/fosterparents/onGoingVid.asp>
- SAY/PAY Fact Sheets are posted on the CA Foster Parent, Parenting Resources website. The Fact Sheet is also available in Spanish.
<http://www.dshs.wa.gov/ca/fosterparents/healthsafety.asp>

10. Information and Training to Strengthen Understanding and Promote Value for Maintaining Sibling Connections.

- Importance of Sibling connections Fact Sheets are distributed at RFTI trainings. Detailed discussion is part of the Pre-Service Training Curriculum with additional discussion in special topic classes. This component is being added to the Parenting Plus Training.
- Sibling Connections Fact Sheet is posted on the Foster Parenting: Parenting Resources website. <http://www.dshs.wa.gov/ca/fosterparents/healthsafety.asp>

11. Identified Strategies to Assist in Achieving Timely Permanency for Children Residing with Relatives.

Attachment 2

FPAWS, DLR and Children's Administration partnered in the development of a Proposed Training Improvement Plan that includes discussions of the following:

- Revising time frame requirements for foster parent training to ensure licensed caregivers receive the training they need in a timely manner.
- DLR in process of developing guidelines for Non-Safety Waivers for Relative Caregivers that may provide flexibility to reduce the amount of training they are required.
- The Training Improvement Plan will allow flexibility in meeting training requirements over a period of time.

12. New Classes Added in Response to Topic Requests.

- "Parenting Plus Foundations for Behavior Management Training" curriculum added to the array of trainings offered (currently 30 hour post pre-service training). Note: In the Proposed Training Improvement Plan, the recommendation is to add six additional hours to include Grief and Loss, SAY/PAY and Essential Connections (increased to 36 hours). This training is recommended to become a mandatory training within first two years of licensing
- "So You Have Your First Placement" training added to the array of trainings. This training provides information on the "nuts and bolts" of how to be a foster parent that includes forms and practical applications.
- Early Childhood Development and Education classes now being taught statewide.

13. Assessing and Evaluating Quality of Training, Caregiver's Needs and Requests for Specific Trainings.

- Collaborated with FPAWS to enhance our understanding of specific training needs and desires of foster parents. FPAWS, DLR and the Office of Training and Development partnered in the development of a Proposed Caregiver Training Improvement Plan.
- Continue consultation with regional caregivers at gatherings to obtain feedback. RFTI supervisors continue attending regional Hub meetings, 1624 meetings, regional meetings of caregivers, 701 Tribal meetings, Recruitment / Retention Caregiver Committees and other community meetings.
- Continue communication and consultation that occurs with the Division of Licensed Resources and feedback received on training needs for caregivers assessed.
- Continual review and monitoring of the RFTI training evaluations and comments on the evaluation forms to assure participant satisfaction occurs regularly.
- Continual review and use of the comment section of the RFTI foster parent training evaluations for foster parent satisfaction:
 - *What one piece of training will you take back with you to apply to your role as caretaker?*
 - *What could have been done differently to make this training better?*
 - *What additional training would be helpful to you?*
 - *Other comments?*
- Continual review of training feedback from the annual Licensed Foster Family Self Assessments to identify themes in training needs.
- Continual collaboration with Recruitment & Retention Program Manager on the results of Foster Parent Touching Base Calls for feedback on foster parent training.

Attachment 2

- Solicited information from Foster Parent/Caregiver ListServe email regarding:
 - *Has training been helpful to your roles & responsibilities? Why or why not?*
 - *What training would you recommend for your roles and responsibly?*
 - *What three training topics would you be interested in attending?*
 - *What could the training unit do to encourage your attendance in more classroom training?*
- Continual review of the results of the Washington State University (WSU), Survey of Foster Parents and Caregivers in Washington State.

Tips for Caregivers

*Monthly Social Workers Visits with
Children in Out-of-Home Placement*

Social Workers will ask you questions about how a child is doing in your home.

Some of those questions may include:

General questions about the home and family structure such as:

Who currently lives in the home?

How does the caregiver respond to discipline problems?

Are there any significant events in the caregiver's residence that might impact the care of this child? (death, marital separation, medical issues).

What is the best time or method to contact you?

Questions about a child's adjustment, well-being, and progress toward permanency goals:

Do family members feel safe with this child?

How is the child adjusting to your home?

What makes the child happy or upset?

What are the child's interests?

What is the child's daily routine?

How is the child progressing in school?

What do you see as the child's strengths?

What is the child doing to meet his or her cultural identity, social heritage and maintaining connections?

When did the child have his or her last medical, mental health and dental appointments?

Does the child visit with parents and siblings? If yes, how does the child respond? If no, why not?

Does the child have problems with the law or other institutions?

Does the child engage in activities that pose a risk of self harm?

Does the child need any services or supports?

This is a chance for you to ask any questions you might have for the child's social worker; some commonly asked questions include:

What is the permanency plan for the child?

Are there any plans to move the child before the next visit?

How can I access these services?

- Medical
- Dental
- Mental Health
- Educational
- Social
- Recreational
- Cultural
- Other

Are there any behaviors, conditions, concerns about this child I should know about that haven't been provided?

What support groups, or hubs are available in my area?

Where can I access training?

Who should I call if I have issues related to payment?

Are there any upcoming meetings, appointments or court hearings that I should be aware of?

When is the best time and method to contact you?

If I can't get in touch with you, who else may I call?

Contact / Appointment Information

Child: _____

Social Worker: _____

Social Worker Phone: _____

Social Worker E-Mail: _____

Supervisor: _____

Supervisor Phone: _____

Supervisor E-Mail: _____

After Hours Help Phone: _____

Initial for each monthly visit: (SW- social worker) (FP- foster parent)

January SW _____ FP _____ Next Visit _____

February SW _____ FP _____ Next Visit _____

March SW _____ FP _____ Next Visit _____

April SW _____ FP _____ Next Visit _____

May SW _____ FP _____ Next Visit _____

June SW _____ FP _____ Next Visit _____

July SW _____ FP _____ Next Visit _____

August SW _____ FP _____ Next Visit _____

September SW _____ FP _____ Next Visit _____

October SW _____ FP _____ Next Visit _____

November SW _____ FP _____ Next Visit _____

December SW _____ FP _____ Next Visit _____

Youth Supervision and Safety Plan TIPS

[Youth Supervision and Safety Plan DSH 15-352 \(FamLink form\)](#) must be developed with caregivers and DLR licensor (if available) to address safety issues for the youth and other children that may be in the home. The Youth Supervision and Safety Plan must include specific steps to promote safety within the household. This plan should help enable the caregiver to safely supervise the youth in their home.

If a Supervision and Safety Plan has been developed by a contracted professional (such as a SAY or BRS treatment provider) this plan can be reviewed with the caregiver and DLR licensor (if available), to determine its current relevance to the placement setting. Incorporate the relevant changes needed or develop a new Youth Supervision and Safety Plan in FamLink. If the already developed plan is mutually agreed upon to be appropriate, reference the plan in the Action Step section of the FamLink Youth Supervision and Safety Plan and attach it to the printed hard copy of the Youth Supervision and Safety Plan.

The Supervision Plan must be realistic and achievable by the caregiver. Plans that require the caregiver to keep the youth in line of sight at all times are not realistic or achievable. Below are some tips and examples to help develop a Supervision Plan.

Social Workers are encouraged to complete the SAY and PAAY on line trainings prior to developing the Supervision and Safety plan with the caregivers.

Youth Restricted Activities

These are activities not allowed by the youth unless supervised or not all if applicable. Examples include:

- Youth will not use the Internet unsupervised
- Youth will not be alone with children more than 2 years younger
- Youth will not wrestle or physically roughhouse with other children in the home
- Youth will not play any violent video games

Youth Monitoring Requirements

Caregiver supervision requirements of the youth may include the following:

- Youth must be visually supervised by the caregiver or a qualified, trained, informed adult when interacting with other children more than 2 years younger or a more vulnerable youth or child.
- Youth will be visually supervised by the caregiver or a qualified, trained, informed adult when visiting public areas where there are other younger and more vulnerable children around. This may include public parks, beaches, zoos, sporting events.

Attachment 4

Other Special Requirements

Youth monitoring may be mandated by probation, parole, or a treatment provider. If applicable, discuss safety requirements and share information with caregivers. Attach requirements to the Youth Supervision and Safety Plan.

Examples include:

- Youth requires door and window alarms
- Youth will not share a bedroom with another child/youth

Home Safety Rules

When developing a youth supervision and safety plan (DSHS 15-352) with the caregiver of a sexually aggressive youth there are some basic house rules which can help increase the safety within the home. These are suggestions and recommendations to help you and the caregiver focus on overall safety within the home.

Privacy:

- Everyone has a right to privacy. Everyone should knock and get permission before entering.
- When visiting in another person's bedroom the door must remain open.
- Only one person at a time in the bathroom. When using the bathroom doors are to be closed.
- Dressing is to occur in the bedroom or bathroom with the door closed.
- All children should sleep in their own bed.

Touching:

- No one touches another person without permission.
- No wrestling, tickling or rough play these activities can take on sexual overtones and sexual touch may occur.
- Personal space (arms length) should be recognized and provided to everyone when possible.
- No sexual touching or sexual play.

Training and Support Needs of the Caregivers

- Complete online or classroom SAY/PAAY training
- Consultation with youth treatment provider
- Case aid support

Attachment 5



Youth Supervision and Safety Plan

NAME OF YOUTH	PERSON ID	DATE OF BIRTH	DATE PLAN CREATED	CASE NUMBER
NAME OF CAREGIVER	PERSON ID (PRIMARY)	PROVIDER NAME		PROVIDER ID
NAME OF CAREGIVER	PERSON ID (SECONDARY)	PROVIDER NAME		PROVIDER ID

A YOUTH SUPERVISION AND SAFETY PLAN IS NEEDED

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Adjudicated Sex Offender | <input type="checkbox"/> Identified High Risk Behaviors |
| <input type="checkbox"/> Sexually Aggressive | <input type="checkbox"/> Identified Sexual Behavior Problems |
| <input type="checkbox"/> Physically Assaultive/Aggressive | <input type="checkbox"/> Other Identified Behaviors |

(Describe):

ACTION STEPS (Do not use language such as, "line of sight, 24/7, or at all times")

The Youth Supervision and Safety Plan needs to be realistic and achievable by the care provider

Restricted Activities: (Please list)

Monitoring Needs: (Please list)

Other Special Requirements: (Please list)

PRIMARY CAREGIVER TRAINING AND SUPPORT NEEDS

- | | |
|--|--|
| <input type="checkbox"/> Completed Required SAY Training
Completion Date: | <input type="checkbox"/> Completed Required PAAY Training
Completed By: |
| <input type="checkbox"/> Not Completed Required SAY Training
Completion Date: | <input type="checkbox"/> Not Completed Required PAAY Training
Completed By: |

DISTRIBUTION: Original – Youth Case File Copies: Caregivers Youth DLR Licensor

Attachment 5

SECONDARY CAREGIVER TRAINING AND SUPPORT NEEDS		
<input type="checkbox"/> Completed Required SAY Training Completion Date:	<input type="checkbox"/> Completed Required PAAY Training Completed By:	
<input type="checkbox"/> Not Completed Required SAY Training Completion Date:	<input type="checkbox"/> Not Completed Required PAAY Training Completed By:	
COMMENTS REGARDING TRAINING		
Note: Per policy, training must be completed prior to placement of an identified SAY/PAAY youth with a licensed caregiver. If placed with an unlicensed caregiver or youth is already in placement and later identified as SAY/PAAY, the caregiver must complete the training as soon as possible, but not later than 30 days after placement or identification.		
LIST OF OTHER SUPPORTS NEEDS:		
This plan must be developed, reviewed and agreed upon with the youth's caregiver. By signing this form, the caregiver is agreeing with the plan that has been developed and to follow the plan to the best of their ability. A signed copy shall be given to the caregiver and the original placed in the youth's case file.		
SOCIAL WORKER	SIGNATURE	DATE
CAREGIVER (PRIMARY)	SIGNATURE	DATE
CAREGIVER (SECONDARY)	SIGNATURE	DATE
DLR LICENSOR	SIGNATURE	DATE

Medically Fragile Quality Assurance Plan

Medically Fragile Policy

1. Identify children in out-of-home placement who meet the definition of Medically Fragile. CA staff will:

- Identify Medically Fragile children on their caseloads using the following criteria:
 - Child has medical conditions that require the availability of 24-hour skilled care from a health care professional or specially trained family or foster family member.
 - These conditions may be present all the time or frequently occurring.
 - If the technology, support, and services provided to a medically fragile child are interrupted or denied, the child may, without immediate health care intervention, experience death.
- Document children identified as Medically Fragile in FamLink.
- Refer Medically Fragile children to the Fostering Well-Being Program.
- Develop Caregiver Support Plans for caregivers of children who are identified as Medically Fragile.

2. The Fostering Well-Being Program will:

- Document information regarding the Medically Fragile child in FamLink and provide care coordination services as needed. Services may involve but are not limited to:
 - Development of a Care Coordination Summary
 - Referrals to programs such as the Medically Intensive Children's Program and Medicaid Personal Care that will assist the caregiver in meeting the needs of the child

3. Regions will have identified leads who will work with HQ Health Program Manager to:

- Develop an electronic log for regions and HQ to track important information such as:
 - Children identified as Medically Fragile
 - Caregiver support plans completed
 - HQ sampling of Caregiver Support Plans to ensure that the plans are individualized for the caregiver around training, supports, and respite.
- Address on-going issues to ensure that Medically Fragile children in out-of-home placement are identified and have access to needed supports and services.

Keeping Brothers and Sisters Connected

Supporting Planning and Documenting Brother and Sister Connections

For the best interest of children, caregivers and social workers need to partner together to maintain connections between brothers and sisters separated in out-of-home care. Help us ensure these relationships remain strong by keeping them connected as much as possible.

Here are some reasons brother and sister connections are so important:

- Sibling Relationships are the longest life relationships most of us will have.
- Brothers and sisters share experiences of all kinds that no one else understands.
- Siblings teach each other how to get along and relate with others in the world.
- No one can replace a brother or sister. They are the most like you.
- Strengthening family ties provides a foundation for a child or youth to establish his/her identity.

FACT: More adults who were in foster care as children are searching – not for their parents, but actually for the brothers and sisters they were separated from.

National Resource Center for Foster Care and Permanency, Hunter College School of Social Work, New York City, NY

“ **If I had the choice to spend a year in Hawaii or 45 seconds with my brother, I would choose my brother.** ”

10 year old boy attending Camp To Belong Washington – 2009

Looking for ways to keep brothers and sisters connected? Here are some tips:

- Ensure at least twice-monthly visits/contacts occur.
- Encourage communication – phone calls, e-mail, letters, birthday and holiday cards.
- Get ideas from the kids themselves on how they can keep connected.
- Stay connected with the caregivers of their brothers and sisters.
- Keep contact information handy and encourage them to stay in touch.
- Include brothers and sisters in events that are important in their sibling’s lives.
- Take pictures of the brothers and sisters when they are together and share them.
- Talk to the siblings’ social workers for help if there are barriers to keeping the brothers and sisters connected.
- Arrange for them to attend Camp To Belong Washington (www.camptobelongwa.org).
- Have them join a club together or sign up for lessons or activities like swim lessons or Little League.
- Plan events siblings might like to do together, going to the movies, the park, going out to eat, getting a haircut, plan a brothers or sisters day out.
- When possible, keep the youth connected to extended family members who can support him/her.

Make it a priority to work together to remove barriers to promote sibling connections.

Attachment 7

Please use the chart below to track visits and contacts between brothers and sisters which should be happening at least twice monthly.

Brother/Sister Name
and Contact Information: _____

Date of Visit or Contact: _____

Type of Visit or Contact: _____

Who Attended? _____

Next Visit: _____

Date of Visit or Contact: _____

Type of Visit or Contact: _____

Who Attended? _____

Next Visit: _____

Date of Visit or Contact: _____

Type of Visit or Contact: _____

Who Attended? _____

Next Visit: _____

Date of Visit or Contact: _____

Type of Visit or Contact: _____

Who Attended? _____

Next Visit: _____

Child/Youth Comments:

**WASHINGTON STATE
FAMILY TEAM DECISION-MAKING MEETING
PRACTICE GUIDE**

Purpose	A Family Team Decision-Making meeting is a facilitated team process which can include birth/adoptive parents, guardians, extended family members, youth (as appropriate), community members, service providers, child welfare staff and/or caregivers. These meetings have only one purpose: to make critical decisions regarding the removal of child(ren) from their home, changes in out-of-home placement, and reunification or placement into a permanent home. Permanency planning starts the moment children are placed out of their homes and is discussed during a Family Team Decision-Making meeting. A Family Team Decision-Making meeting will take place in all placement decisions to achieve the least restrictive, safest placement, in the best interest of the child. By utilizing this inclusive process, a network of support for the child(ren) and adults who care for them is assured.
Definition of an FTDM meeting	A meeting that brings families together with the people involved in their lives to make a decision about the placement of the child.
Goal	Consensus regarding a decision that provides the safest and least-restrictive placement in the best interest of the child. The priorities are to protect children, preserve or reunify families and/or prevent placement disruption.
Decision-Making	A consensus driven decision-making process does not necessarily imply unanimity. Consensus allows individuals' ideas and suggestions to be heard and considered during the FTDM meeting. However, by law, Children's Administration is ultimately responsible to make the decision that provides safety for the child(ren). The social worker and/or the supervisor will make the placement decision <u>in the absence of consensus</u> .
Types of FTDM Meetings	
Imminent Risk of Removal <i>The child has not been legally placed (i.e. there is not a placement episode in Famlink).</i> <i>The child however, may have been placed</i> <ul style="list-style-type: none"> • <i>informally by police</i> • <i>there may be a hospital hold</i> • <i>the child may be informally placed by the parent with a relative/neighbor, etc.</i> 	Meetings are held when children reside with their parents/legal guardians and are at imminent risk of placement. The purpose is to determine if an adequate plan of support can be developed to allow the child(ren) to safely remain in the parent's care. If it is determined that a child must be temporarily removed in order to ensure safety, the group will work to identify the best placement option for the child. If children cannot be safe with their families, the priority will be to place siblings safely together in the homes of relatives.

<p>Emergency Placement <i>The child is</i></p> <ul style="list-style-type: none"> • <i>in protective custody</i> • <i>there has been a pick-up order or</i> • <i>A VPA has been signed.</i> 	<p>Meetings are required to occur within 72 hours of placement and always prior to the Shelter-care hearing when a child has been placed on an emergency basis. The primary goal of an emergency placement meeting is to seek a plan of support to allow the child to safely return home. If safety concerns cannot be adequately reduced, the child must continue to reside outside of the parent's home. At that point, the team assesses the placement options and determines the safest and least-restrictive place for the child to live.</p>
<p>Placement Move: <i>When</i></p> <ul style="list-style-type: none"> • <i>a child is in a legal placement and the placement is potentially disrupting or</i> • <i>a move is imminent.</i> 	<p>Meetings are held when a child's placement may be changing. The primary purpose of the meeting is to create a plan that will maintain the child in the current placement. In cases where the placement cannot be preserved, it is still important to hold a FTDM to assess the cause of the placement disruption, determine the appropriateness of the new placement, and assist future placement stability. This is a forum for a mutual exchange of information between birth parents, their identified supports, social work staff, community providers, current caregivers and proposed caregivers.</p>
<p>Exit from Care: <i>Whenever reunification with the birth parent is being considered</i></p>	<p>The primary purpose of an Exit from Care FTDM meeting is to determine if a child can safely return to his/her family and the parents have made sufficient progress in reducing the risk and safety issues that resulted in the child's out-of-home placement.</p>
<p>Roles Of Participants</p>	
<p>Roles of Participants</p>	<p>Each FTDM meeting will involve a family-specific team, the composition will be determined by the family and agency personnel. If the parent(s) object to the attendance of any of the potential participants other than agency staff, the social worker, facilitator and parents should discuss the advantage of the participant's inclusion in the process. If the parent(s) continue to object and/or refuse to participate, the parents' wishes will be honored.</p>
<p>Social Worker</p> <ul style="list-style-type: none"> • <i>Social worker is the content expert</i> • <i>The assigned or referring social worker is required to attend the FTDM meeting. If unable to attend, the social worker's supervisor will attend in place of the assigned worker.</i> 	<p>Before the Meeting</p> <ul style="list-style-type: none"> • <i>The social worker and supervisor discuss the family level and individual level risk and safety issues in order for the social worker to have a conversation with the family and support networks around a placement decision.</i> • <i>The social worker explains the process of the FTDM meeting to the family and other participants involved with the child. The family is strongly encouraged to attend and to bring additional relatives and/or support persons to the meeting. The social worker also explains the benefits of a Community Representative at the FTDM meeting and encourages the family to allow their attendance if possible.</i> • <i>The social worker completes the FTDM referral form and sends it to the appropriate designee.</i>

	<ul style="list-style-type: none"> The assigned social worker notifies the FTDM facilitator when serious safety/Domestic Violence concerns are indicated. <p>During the Meeting</p> <ul style="list-style-type: none"> The social worker is on time to the meeting and makes necessary plans to stay for the length of the meeting without interruption. The social worker assists the team in developing a decision that maintains the child in the safest, least-restrictive environment. If consensus is not reached, the social worker will be asked to consider all of the information and make a final recommendation regarding the child’s placement. <p>After the Meeting</p> <p>The social worker completes all safety/action plan tasks assigned to the social worker within the timeframes specified, and monitors the follow through in open cases.</p>
<p>Supervisor</p> <p><i>Supervisors are strongly encouraged to attend FTDM meetings. When a supervisor is not present during a FTDM meeting the social worker will have the final decision-making capabilities if the consensus decision differs from the recommendation previously agreed upon by supervisor and social worker during the pre-FTDM consult. A supervisor’s presence is <u>required</u> when the social worker has NOT been empowered with decision-making authority if consensus during the meeting cannot be reached around the placement decision.</i></p>	<p>Before the Meeting</p> <ul style="list-style-type: none"> The supervisor consults with the social worker about the appropriateness of scheduling a FTDM meeting. If the meeting is appropriate, the supervisor consults with the social worker and assists in identifying the family level and individual level risks, family strengths, and other issues concerning placement. <p>During the Meeting</p> <ul style="list-style-type: none"> The supervisor is prepared to help set a tone of respect, open-mindedness, and creative problem solving. The supervisor is on time to the meeting and makes necessary plans to stay for the length of the meeting without interruption. The supervisor assists the team in developing a decision that maintains the child in the safest, least restrictive environment. <p>After the Meeting</p> <ul style="list-style-type: none"> The supervisor communicates with staff to ensure that the placement decision and safety/action plan are followed.
<p>Facilitator</p> <p><i>The facilitator is a trained process expert who works with the social worker to lead the group through the decision making process. The facilitator is a full team member who, like other agency personnel, is responsible for high quality decisions.</i></p>	<p>Before the Meeting</p> <ul style="list-style-type: none"> The facilitator confirms the date and time of the FTDM meeting with the social worker and the supervisor. The facilitator arranges for any security needs, language access, and disability access for the meeting. The facilitator maintains necessary supplies for the meetings. The facilitator arrives early to set up for the meeting. The facilitator reviews the participants invited to the FTDM prior to the meeting in order to ensure a network

<p><i>The FTDM facilitator is expected to seek review of the social worker's decision in situations where:</i></p> <ul style="list-style-type: none"> • <i>Consensus is not reached,</i> • <i>He/she is unable to support the decision because of the belief that it puts child at risk of serious harm or violates law or policy.</i> <p><i>The facilitator provides a summary report to participants outlining the decision and action steps.</i></p>	<p>of support for the child(ren) and family are present at the FTDM.</p> <p>During the Meeting</p> <ul style="list-style-type: none"> • The facilitator begins all FTDM meetings by emphasizing child safety and the need to develop a placement plan that will meet the child's safety needs in the least restrictive, least intrusive manner. • The facilitator reviews the purpose of the FTDM meeting and explains the ground rules. • The facilitator explains the necessity of privacy as well as the exceptions to confidentiality. • The facilitator remains focused and diligent regarding the safety concerns for the child. • The facilitator ensures that all participants have an opportunity to share their input and ask questions. • The facilitator utilizes group process skills to guide the meeting toward a consensus agreement on a plan to ensure the safety of the child(ren) in the least restrictive placement. • The facilitator utilizes charting methods in order to have a visual aid for the participants to follow the stages during the meeting. • The facilitator documents the Safety/Action Plan and makes copies for all participants. <p>After the Meeting</p> <ul style="list-style-type: none"> • The facilitator enters the FTDM meeting results into Famlink within 5 working days. • The facilitator enters the FTDM making results into the database within 10 working days.
<p>Facilitator's Supervisor</p>	<ul style="list-style-type: none"> • The Facilitator's Supervisor will provide clinical supervision to the FTDM facilitator based on direct quarterly observations of FTDM meetings or by observations from a designated lead worker who has been trained to the FTDM approach by attending the five-day FTDM training.
<p>Area Administrator</p>	<ul style="list-style-type: none"> • In the event consensus about the placement cannot be reached between staff the area administrator is available for a FTDM meeting review. The area administrator, or designee (if AA is unavailable), will be brought directly into the FTDM meeting either in person or by phone for the review process. The area administrator will make the placement decision after hearing the information presented at the FTDM. <u>That decision will be final.</u> • The area administrator provides guidance for compliance with the FTDM Policy and Practice Guide. • When an area administrator is directly supervising the FTDM facilitator, the AA will demonstrate comprehensive

	knowledge of the FTDM Policy and Practice guide.
Regional Administrator	<ul style="list-style-type: none"> • The regional administrator provides guidance to area administrators to assist with FTDM Policy and Practice Guide compliance. • The regional administrator reviews the FTDM data with the area administrators to consider utilization, compliance and outcomes.
Parents/Legal Guardians	The parents or legal guardians are recognized as the experts on the family's needs and strengths. Their presence and involvement is integral to the meeting. However, if they are not in attendance the meeting must still take place. The parents are strongly encouraged to attend and to bring additional relatives and/or support persons to the meeting.
Child/Youth	Children/youth age twelve and over or as developmentally appropriate, should be invited and supported to participate and attend the meeting. Children younger than age twelve should be considered for participation on a case-by-case basis. If child/youth cannot attend, or is not age-appropriate, and there are no other designated representative for the child at the table, the social worker should obtain the views of the child prior to the FTDM meeting and voice them at the table unless it poses a safety risk to the child.
Extended Family and Non-Relative Supports	Extended family members and non-relative supports can be invited by parents or Children's Administration to provide support, assistance or resources to the child and/or the parent(s). They also participate fully in developing ideas and reaching a placement decision during the FTDM meeting.
Current caregivers, kin providers, foster family members	Current caregivers, kin providers, foster family members assist in providing information regarding child(ren)'s adjustment, progress, needs; and in developing ideas and reaching decisions. Typically these participants would be invited for FTDM placement preservation or placement move meetings.
Community Representative	Community Representatives are defined as members of the family's community, whether based on neighborhood, ethnicity, religion or other natural connections. They are invited by the agency, based on an existing partnership, to provide support, resource expertise, cultural understanding, and an external perspective to decision making. Community Representatives should be invited to all FTDM meetings with the permission of the parents, but especially to those that involve a potential removal of a youth from his/her birth family. (e.g. a Veteran Parent located in a family's neighborhood)
Service Provider	Service Providers, currently or previously involved with the family, may include, but are not limited to, chemical dependency professionals, domestic violence experts, mental health clinicians, public health nurses, educational providers, CASA/Guardian Ad Litem volunteers, and private agency staff.

Tribal Representatives	Tribal representatives are invited when the family is eligible to be, or is a member of a tribe or band, or identifies with a specific tribe or band. If the family identifies as Indian, but is not a member or eligible for membership in a tribe, the social worker will make efforts to identify and invite a LICWAC member to be present at the FTDM meeting.
Attorney	Attorneys may be present in a support role. These meetings are not legal proceedings and are not court actions.
Confidentiality	The confidentiality of information shared at the FTDM meeting cannot be guaranteed. Privacy and respect are emphasized, but parents must be informed that information from the meeting may be used for case planning, in subsequent court proceedings if necessary, and in the investigation of a new allegation of abuse or neglect should such information arise. All participants will be asked to sign a Confidentiality Statement form at the beginning of each meeting. This form should be filed in the case file.
Excluding Participants	<p>Certain circumstances may require that an individual be excluded from participation in the FTDM meeting. Those circumstances include:</p> <ul style="list-style-type: none"> • When there is an on-going police investigation and the facilitator is advised that inclusion may jeopardize the investigation • When domestic violence is indicated, the alleged perpetrator should not be present with the alleged victim • Participation would result in violation of a no-contact order • It has been determined that participation could create an unsafe situation for other participants <p>If exclusion of a participant may be necessary, those with concerns should consult with the FTDM facilitator.</p>
The Review Process	<p>A review of the FTDM meeting placement decision can only be initiated by an agency staff person and only:</p> <ul style="list-style-type: none"> • Because of a concern with the safety plan proposed that is not aligned with current policy or law. • A Children's Administration staff member feels that a lesser restrictive, less intrusive placement option is adequate to keep the child safe. • The request for review is scheduled immediately, before the meeting concludes. • In the event that no consensus has been reached by the end of the meeting. In this situation, the area administrator, or designee (if the AA is unavailable), will be brought directly into the meeting either in person or by phone and will arbitrate the review process and make the placement decision. <u>That decision will be final.</u>