

Children's Administration

**REVISED COMPLIANCE PLANS IN  
RESPONSE TO BRAAM OVERSIGHT PANEL  
MONITORING REPORT #7**

February 17, 2010

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# TABLE OF CONTENTS

<u>INTRODUCTION</u> .....	3
<u>BACKGROUND</u> .....	4-7
<b>COMPLIANCE PLANS</b> .....	8-31
<b>FOSTER PARENT TRAINING AND INFORMATION</b>	
<u>FOSTER PARENT TRAINING</u> .....	8
<u>FOSTER PARENT SUPPORT</u> .....	11
<u>ADEQUATE INFORMATION TO FOSTER PARENTS ABOUT CHILDREN</u> .....	15
<b>UNSAFE &amp; INAPPROPRIATE PLACEMENTS</b>	
<u>SEXUALLY AGGRESSIVE YOUTH &amp; PHYSICALLY ASSAULTIVE/AGGRESSIVE YOUTH</u> .....	18
<b>SIBLING SEPARATION</b>	
<u>SIBLING VISITS/CONTACTS</u> .....	22
<b>SERVICES TO ADOLESCENTS</b>	
<u>ATTENDANCE, TRUANCIES, SUSPENSIONS &amp; EXPULSIONS</u> .....	25
<u>FOUNDATIONAL STRATEGIES</u> .....	26
<b>APPENDIX: ATTACHMENTS</b> .....	32
ATTACHMENT 1:	LENDING LIBRARY MEDIA RELEASE
ATTACHMENT 2:	JANUARY 2010 CAREGIVER CONNECTIONS NEWSLETTER
ATTACHMENT 3:	STATEWIDE SAY/PAAY QUALITY ASSURANCE PLAN
ATTACHMENT 4:	SAY AND PAAY POLICY REVISED APRIL 2010
ATTACHMENT 5:	SUPERVISION AND SAFETY PLAN TIP SHEET
ATTACHMENT 6:	SAY DETERMINATION REFERRAL
ATTACHMENT 7:	PAAY DETERMINATION REFERRAL
ATTACHMENT 8:	SBC BROCHURE
ATTACHMENT 9:	TIPS FOR CAREGIVERS CARD, MONTHLY SOCIAL WORKER VISITS
ATTACHMENT 10:	FAMLINK DOCUMENTATION WEB SITE ILLUSTRATION

ATTACHMENT 11: STATEWIDE ACTION PLAN TO ACCELERATE FAMILINK UTILIZATION AND ACCEPTANCE

ATTACHMENT 12: FAMILINK MAPPING GUIDE FOR NEW EDUCATION PLAN

## **INTRODUCTION**

The purpose of this document is to describe the corrective actions that DSHS Children's Administration (CA) will implement to strengthen and improve practice through compliance with the Braam Settlement Agreement. CA takes its responsibility to achieve these goals for each child we serve very seriously.

This report reflects the beginning of a new approach to achieve the goals of the agreement. The Children's Administration is integrating the Settlement Agreement into our ongoing implementation, quality assurance and practice improvement activities. This will result in a more comprehensive planning process that involves social workers and supervisors in the development and implementation of potential practice strategies. Their involvement will increase inclusiveness, creative contributions, and a shared sense of responsibility. We want to emphasize that we are all on the same team.

Our new approach to improve the quality and consistency of practice is applied to previously approved strategies in compliance plans. At the same time, we are pursuing these and other practice changes; we are also developing the necessary accountability systems. These systems will improve our ability to generate information about performance and support analysis and modification for quality and consistency.

The strategies presented in this compliance plan reflect the change in thinking and approach described above. You will find an increased level of specificity and structures will be put in place to increase accountability in the implementation and tracking of strategies to achieve the goals and improve practice.

Plans have been integrated into one report to improve readability of the strategies to address outcomes and action steps. Strategies that are foundational and common to multiple items are detailed in a separate section rather than repeated for each outcome.

## **BACKGROUND**

In the Braam Oversight Panel's 7<sup>th</sup> Monitoring Report, the Children's Administration was found out of compliance on a number of items for not reaching CY08 benchmarks. As a result, CA was required to develop a number of compliance plans and these were submitted on December 4, 2009.

On December 18, 2009, the Plaintiffs issued a letter indicating the need for clarification and additional strategies. The panel provided CA with an extension to January 8, 2010 to resubmit compliance plans that address the Plaintiffs concerns. CA resubmitted the compliance plan with revisions on January 8, 2010. In the Braam Oversight Panel's January 20, 2010 decision, the revised compliance plans were not approved and CA was requested to make revisions and resubmit the plans.

DSHS Children's Administrated was found out of compliance with the following outcome areas. The matrix also reflects the applicable benchmarks and current performance.

Outcome / Action Step	Performance	Panel Comments Regarding Compliance
<p><b>1. Foster Parent Training</b></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 CY08</u> 90%</p> <p><u>CA Performance</u> 85.9%</p> <p><i>Regional performance ranged from 83.9-89.9%</i></p> <p>CY07=86.4%</p>	<p><i>Compliance Plan Not Approved</i></p> <p>Panel is concerned by the declining trend in performance on this outcome. Performance declined from 2006 to 2007 and again from 2007 to 2008.</p> <p>Panel encourages Department to make additional efforts to understand why foster parents may not feel adequately trained and prepared, and to incorporate strategies addressing these issues.</p>
<p><b>2. Foster Parent Support</b></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 CY08</u> 85%</p> <p><u>CA Performance</u> 71.5%</p> <p><i>Foster Parent Survey, Licensed Caregivers</i></p> <p><i>Regional performance ranged from 66.2-74.2%</i></p> <p>CY07=75.6%</p>	<p><i>Compliance Plan Not Approved</i></p> <p>Panel is concerned by the declining trend in performance on this outcome. Performance declined from 2006 to 2007 and again from 2007 to 2008.</p> <p>Strategies included in plan are quite general. Panel encourages Department to more closely examine foster parent survey data for the questions that are used in calculating compliance with this outcome to identify the specific items on which performance is most problematic, and to incorporate strategies addressing these issues.</p>
<p><b>3. Adequate Information to Foster Parents About Children</b></p> <p>Licensed caregivers will report adequate provision of information about the needs of children placed with them (including, but not limited to, behavioral,</p>	<p><u>Benchmark CY08</u> 85%</p> <p><u>CA Performance</u> 72.3%</p> <p><i>Foster Parent Survey, Licensed Caregivers</i></p> <p><i>Regional performance</i></p>	<p><i>Compliance Plan Not Approved</i></p> <p>Panel is concerned by the declining trend in performance on this outcome. Performance declined from 2006 to 2007 and again from 2007 to 2008.</p> <p>Strategies included in plan are quite general. Panel encourages Department to more closely examine foster parent survey data for</p>

Outcome / Action Step	Performance	Panel Comments Regarding Compliance
<p>medical, developmental and educational needs).</p>	<p>ranged from 67.2-79.6%</p> <p>CY07=72.4%</p>	<p>the questions that are used in calculating compliance with this outcome to identify the specific items on which performance is most problematic, and to incorporate strategies addressing these issues.</p>
<p><b>4. Sexually Aggressive Youth and Physically Assaultive/Aggressive Youth (SAY / PAAY)</b></p> <p>Children identified as sexually aggressive (SAY) or 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.</p>	<p><b>SAY</b></p> <p><u>Benchmark CY08</u> 95%</p> <p><u>Performance</u> 68.5 %</p> <p><i>Foster Parent Survey, Licensed Caregivers</i></p> <p><i>Regional performance ranged from 47.4 - 81.8%</i></p> <p>CY07=55%</p> <p><b>PAAY</b></p> <p><u>Benchmark CY08</u> 95%</p> <p><u>Performance</u> 50%</p> <p><i>Foster Parent Survey, Licensed Caregivers</i></p> <p><i>Regional performance ranged from 37.5- 61.1%</i></p> <p>CY07=44.7%</p>	<p><i>Compliance Plan Not Approved</i></p> <p>Panel is concerned by the significant gap between performance and the benchmark. Given the relatively small number of children involved, the Department should be able to better analyze where there are problems and closely manage these cases.</p> <p>Strategy #2 in the proposed plan discusses Quality Assurance Plans, which seem to address the key requirements of the outcome. However, the plan provides almost no information on what is included in these plans, how they are being implemented, and how they will result in improved performance.</p> <p>Panel has ongoing concerns regarding placement of SAY/ PAAY children with caregivers who have not been trained to care for children with these behaviors. Under these circumstances, is there a specific deadline by which the caregiver must receive training?</p> <p>Panel also has continued concerns regarding procedures for children for whom SAY/ PAAY behaviors are not identified until after they enter placement. Are there staffing meetings, training requirements, and procedures for these youth?</p>
<p><b>5. Sibling Visits and Contacts</b></p> <p>Children placed apart from their siblings will have two or more monthly visits or contacts (not including</p>	<p><u>Benchmark CY08</u> 75%</p> <p><u>CA Performance</u> 53.7%</p>	<p><i>Compliance Plan Not Approved</i></p> <p>The gap between performance and the benchmark is quite significant, and the Panel is not convinced that the strategies in the proposed plan are sufficient to bring about the magnitude of improvement required.</p>

Outcome / Action Step	Performance	Panel Comments Regarding Compliance
<p>staffing meetings or court events) with some or all of their siblings.</p>	<p><i>Regional performance ranged from 42.9-56.8%</i></p> <p><i>CY07=52.4%</i></p>	<p>Strategies are very similar to previous versions of this compliance plan, despite the fact that performance has not shown meaningful improvement. In addition, the proposed plan seems to focus on shifting from the foster parent survey to FamLink as a source of data for this outcome, rather than addressing actual performance change or practice improvement.</p>
<p><b>6. Attendance, Truancies, Suspensions and Expulsions</b></p> <p>(Action Step)</p> <p>The Department will collect information on school attendance, truancies, suspensions, and expulsions about youth in foster care in Washington, and will use this information to design and implement practice and system improvements in DCFS and to advocate for system improvements related to this goal.</p>	<p><i>Note: Action Steps are not tied to Braam Outcome performance measures. Any data provided is informational and used for analyzing the need for program improvements.</i></p>	<p><i>Compliance Plan Not Approved</i></p> <p>Plan should reflect that action step requires not only collection of data, but also analysis of this data and planning for system improvements where necessary. Plan should be amended to include provision of initial data and analysis and discussion of next steps at the June Braam public meeting.</p>

## CHILDREN’S ADMINISTRATION COMPLIANCE STRATEGIES

The Children’s Administration is implementing the following strategies to continue to improve practice and achieve goals in the six outcome areas addressed in these compliance plans.

### FOSTER PARENT TRAINING AND INFORMATION

#### 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

	CY06	CY07	CY08	CY09	CY10
Monitoring Report Date	10/4/07	9/15/08	9/15/09	9/15/10	7/31/11
Statewide Benchmarks	Baseline	90%	90%	90%	90%
<b>CA Performance</b>	<b>88.6%</b>	<b>86.4%</b>	<b>85.9%</b>	<b>8/1/10</b>	<b>6/1/11</b>

#### Strategy 1: Develop and Implement Caregiver Training Improvement Plan

CA will utilize current data and collect additional information to inform, develop, and implement a Caregiver Training Improvement Plan. The following actions will be taken:

- ❖ Consult with caregivers at regularly scheduled gatherings (e.g. Kinship caregiver meetings, HUB meetings and statewide and regional 1624 meetings). This process was used in November-December 2009 where caregivers were asked “*What are the three things that CA could do to help support you in caring for your child?*” This exercise resulted in useful information. The same process will be used to obtain information regarding training. *(Requested for April 2010 Meeting)*
- ❖ Collaborate with the Foster Parent Association of Washington State (FPAWS) to strengthen the use of FPAWS expertise to help CA deepen its understanding of the specific training needs and desires of foster parents. *(CA will schedule first meeting in March 2010)*
- ❖ Collect, aggregate, and review a sample of completed Licensed Foster Family Self-Assessments to identify and address themes regarding training needs. *(Beginning in Summer 2010)*
- ❖ Review and use foster parent training evaluations from training provided by the Resource Family Training Institute (RFTI) as part of an ongoing quality assurance measure to ensure

foster parents satisfaction with the training. (*FP Evaluation Results: Ongoing, Feedback Summarized: 2xYear Beginning July 2010*)

- ❖ Review and use feedback regions obtain from caregivers about training during ongoing monthly *Foster Parent Touching Base Calls*. Each Region is conducting a minimum of 20 random calls to foster parents each month to touch-base and ask them how they are doing and if they are getting the services, supports, and information they need. (*Beginning January 2010*)
- ❖ Consult with the Braam Oversight Panel, Plaintiffs and Washington State University on the ability to add open-ended questions to the Caregiver Survey to obtain more specific training information. The current survey provides important info about training, however it is limited in that it does not provide specific information about the provision of adequate training. (*CA will work to schedule a meeting with the above participants by May 2010*)
- ❖ Develop an Improvement Plan based on information gathered from the above actions, and present for review to FPAWS, 1624 Meeting, Braam Oversight Panel/Plaintiffs, and CA Leadership. The plan will be revised as necessary based on feedback received. Implementation dates will be finalized at that time. (*Draft Plan Developed by September 2010*)

## **Strategy 2: Enhance Current Caregiver Training Experience**

CA will engage in the following actions to enhance the quality of the training and learning experience:

- ❖ *Develop Foster Parent Training FACT Sheets*  
Increase foster parent learning by providing a one-page FACT Sheet for core training sessions they can use as a quick reference resource. The FACT Sheets will highlight key points and provide contact information if they have questions. FACT Sheets will be available for a selection of on-line training courses. (*By July 2010*)
- ❖ *Strengthen Co-Training Model for Foster Parent Licensing*  
In collaboration with the Foster Parent Association of Washington State (FPAWS), strengthen how foster parent training is delivered by increasing the use of foster parents as co-trainers and *introducing* social workers to the co-training team. This strategy is designed to leverage opportunities to model the partnership we want between caregivers and CA staff. The identification of social worker co-trainers and the additional training topics for foster parent to co-train will be done in collaboration with FPAWS. (*By September 2010*)

## **Strategy 3: Strengthen Marketing and Utilization of the New Resource Family Lending Library**

CA will promote increased awareness of the availability of the new Lending Library by providing staff additional information on this new resource, encouraging they use it as another tool to support caregiver information and training needs. (*March 2010*)

Foster parents and kinship caregivers have a new option to help meet their training needs, the DSHS Resource Family Lending Library. CA created the resource library in collaboration with counterparts in Alaska and Oregon and a non-profit organization, Northwest Resource Associates.

The Family Lending Library distributes books, DVDs, tapes and all its resource materials free to caregivers via a free mail-order service, similar to the type used by popular movies-by-mail companies. Caregivers may request materials from the Family Lending Library by calling a toll free number or ordering online at the DSHS foster parent Web site. A comprehensive 168-page catalog featuring more than 1,000 titles covering a range of childcare and caregiver issues is available in PDF format at the Web site and at selected DSHS offices. The catalog includes a Spanish language section and books written and media produced for children and teens adopted or residing in foster or kinship care.

Foster Parents and Kinship Caregivers were notified about and will receive ongoing information on the Lending Library through a number of avenues.

Many of the materials found at the Lending Library may be used toward meeting training requirements of state-licensed foster parents. In the first two months (October/November 2009) of the implementation of the Lending Library there were 158 users enrolled.

*(See Attachment 1, Lending Library Media Release)*

### **Ongoing Strategies**

CA will continue to use the following ongoing strategies to help meet the training needs of caregivers:

❖ *Caregiver Training Flyer*

Continue to maintain and provide a Training Flyer for caregivers three times a year to provide information on where and how to access classroom, web, video training, and contact information if they have questions or concerns.

❖ *Foster Parent On-Line Training Website*

Continue to update and maintain the Foster Parent Training Web site features videos, workbooks, training and other materials available for free down-load to the public and serves more than 1,000 caregivers each month.

❖ *Foster Parent Critical Support and Retention Program*

Review utilization and increase staff and caregiver awareness of this service created by House Bill 3115 by sharing information via all-staff email, staff meetings, foster parent hubs, support groups, and advertisement in the monthly *Caregiver Connections* newsletter. Services are provided on a short-term basis (three to six months) and includes in-home case management, hands-on training, information and support services, and 24/7 support for licensed caregivers with children who are sexually reactive, physically assaultive or have other high-risk behaviors. *(By July 2010)*

## 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

	CY06	CY07	CY08	CY09	CY10
Monitoring Report Date	10/4/07	9/15/08	9/15/09	9/15/10	7/31/11
Statewide Benchmarks	Baseline	80%	85%	90%	90%
<b>CA Performance</b>	<b>8/1/07</b>	<b>75.6%</b>	<b>71.5%</b>	<b>8/1/10</b>	<b>6/1/11</b>

#### Strategy 1: Strengthen Working Relationship with Caregivers and Spirit of Partnership between CA Staff and Caregivers

Strengthen the partnership in recognition of the importance of caregivers as valuable partners in caring for children in foster care. This strategy is designed to create significant change and improvement in DSHS CA relationships and support of caregivers through the following actions:

- ❖ *Strengthen Emphasis by Regional Leadership*  
Regional leadership will hold ongoing in-service discussions with staff about the value of caregivers, the critical role caregiver's play, what a true partnership entails, staff's role and responsibilities, and policy and practice expectations. Managers and supervisors will reinforce CA's priority of engaging caregivers as partners through leadership presence and participation in discussions and local foster parents meetings. *(Statewide by August 2010)*
- ❖ *Provide Staff Training on Building and Maintaining Caregiver Relationships*  
CA's national Annie E Casey recruitment and retention consultant will provide training in all regions on the day-to-day work of building and maintaining relationships with foster parents. *(By December 31, 2010)*
- ❖ *Strengthen Co-Training Model for Foster Parent Licensing*  
In collaboration with the Foster Parent Association of Washington State (FPAWS), strengthen how foster parent training is delivered by increasing the use of foster parents as co-trainers and *introducing* social workers to the co-training team. This strategy is designed to leverage opportunities to model the partnership we want between caregivers and CA staff. The identification of social worker co-trainers and the additional training topics for foster parent to co-train will be done in collaboration with FPAWS. *(By September 2010)*
- ❖ *Provide CA Staff Contact Information on the Web*  
In response to caregiver input, CA is developing a link on the Foster Parent Website that provides contact information for CA staff. Communication about the newly posted contact

information will be highlighted in the *Caregiver Connections* Newsletter and at the 1624 Committees. *(Posted on the Web March 2010, Communicated April-June 2010)*

- ❖ *Increase Partnership Between CA and Caregivers*  
CA staff will take a more active role with foster parents during 1624 and Hub meetings to partner with foster parents to identify and meet their needs, share more information, and seek their input on new initiatives CA is considering prior to implementation.
- ❖ *Provide Caregivers Reimbursement for Mileage & Activities*  
CA is instituting a statewide policy for reimbursing foster parents' mileage for approved activities. This will provide consistency in the reimbursement process and ensure caregivers are reimbursed for transportation they provide to meet the needs of the child in their care. This change also allows caregivers who did not receive reimbursement to receive retroactive payment back to July 1, 2009. CA will communicate the implementation of the new mileage reimbursement policy and payment process through a mass mailing in March 2010. The information will also be posted on the foster parent website and highlighted in the monthly *Caregiver Connections* newsletter. *(By April 30, 2010)*
- ❖ *Require Caregiver Notification of New Social Worker Assignment*  
In response to foster parent request and consistent with good practice, social workers will be required to contact the child's caregiver and each parent (including alleged parents) within first week of being assigned to a case to introduce themselves and provide phone and e-mail contact information. This can be done by phone, e-mail, or letter and will be documented in a case note. Periodic checks will be implemented to monitor compliance and follow up actions will be taken as needed. *(By April 30, 2010)*

## **Strategy 2:                    Develop and Implement Caregiver Support Improvement Plan**

CA will utilize current data and collect additional information to inform, develop, and implement a Caregiver Support Improvement Plan. The following actions will be taken:

- ❖ Review and use information from the foster parent survey and recent information collected by the foster parent hubs and 1624 committee meetings where foster parents were asked *"What are the three things that CA could do to help support you in caring for your child?"*
- ❖ Review and use the federal Child and Family Service Review Statewide Assessment findings regarding Caregiver Support. *(By June 2010)*
- ❖ Collect, aggregate, and review a sample of completed DLR Licensed Foster Parent Self-Assessments to identify support needs. *(Beginning Summer 2010)*
- ❖ *Seek Technical Assistance from National Child Welfare Resource Center*  
Request technical assistance from the National Resources Center for Recruitment and Retention for Foster and Adoptive Parents on effective strategies tools, resources and recommendations based on what is working well in other states for growing a spirit of

partnership between child welfare staff and caregivers and strategies to better support caregivers. Information from the technical assistance will be synthesized and presented with recommendations for CA management consideration and approval with proposed action plan identified in Strategy 2 above. *(By September 2010)*

- ❖ Develop an Improvement Plan based on information gathered from the above actions, and present for review to FPAWS, 1624 Meeting, Braam Oversight Panel/Plaintiffs, and CA Leadership. The plan will be revised as necessary based on feedback received. Implementation dates will be finalized at that time. *(Draft Plan Developed by September 2010)*

### **Strategy 3: Broaden Use of Annual Self-Assessment Results to Identify Systemic Support Needs**

Within CA institute a new process to identify regional and statewide foster parent self-assessment support needs. Information from these assessments will be provided to managers for review and follow up. *(Beginning Spring/Summer 2010)*

### **Strategy 4: Strengthen Foster Parent / Caregiver Communication and Support Activities and Services**

CA will strengthen caregiver communication and support through the following activities:

- ❖ *Foster Parent Touching Base Calls*  
Conduct a minimum of 20 random calls per month to foster parents in each region to touch-base and ask them how they are doing and if they are getting the services, supports, and information they need. Based on analysis of information received follow up action will be taken in collaboration with the Foster Parent Association of Washington and integrated with findings from Strategy 2 for this outcome. *(Beginning January 2010. Summarized Twice Yearly Beginning July 2010)*
- ❖ *Grief and Loss Information*  
Collaborate with FPAWS, statewide 1624 Committee, Child Placing Agencies, and select community agencies to develop and implement information and resource materials for caregivers regarding grief and loss. *(By September 2010)*
- ❖ *Increase Partnership between CA and Caregivers - see detail for [Foster Parent Support, Strategy 1, Bullet 5.](#)*

## Ongoing Strategies

CA will continue to use the following ongoing strategies to help meet the support needs of caregivers:

- ❖ *Foster Parent Newsletter*  
Provide information, make enhancements, and strategically target information and articles in the Caregiver Connection newsletter based on feedback from caregivers, FPAWS, managers, and staff.  
  
(See Attachment 2, January 2010 Caregiver Connections Newsletter)
- ❖ *Foster Parent Retention, Intervention and Support Team (FIRST)*  
Offer services through the FIRST program. This program provides neutral third-party advice to foster parents undergoing investigation for allegations of abuse and/or neglect and licensing violations. This service is provided by a private contractor and appears to be well-received by foster parents.
- ❖ *Recruitment and Retention Contracted Services*  
Advance regional recruitment and retention efforts through contracted service partners building a regionally determined number of support systems. These support systems include:
  - 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
  - Mentors who help guide foster parents through licensing and the early stages of their foster parent experience
- ❖ *Caregiver Support Line*  
Provide services through the Caregiver Support Line and evaluate utilization and information collected to strengthen its effectiveness. The purpose is to identify and strengthen information collected, use, and response to caregiver feedback, including utilization rate, identification of themes of incoming calls, etc. Concern expressed caregivers are requesting information and support external contractor is unable to provide. (May 2010)
- ❖ *Foster Parent Critical Support and Retention Program* – [See details on page 9.](#)
- ❖ *Caregiver Activity Reimbursement*  
Use a portion of funding provided by the Legislature to pay an activity reimbursement fee to caregivers. This activity reimbursement fee, along with mileage reimbursement helps offset some of the costs caregivers incur (e.g. gas, food, field trips, activities, etc).

**ADEQUATE INFORMATION TO FOSTER PARENTS ABOUT CHILDREN**

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**

	<b>CY06</b>	<b>CY07</b>	<b>CY08</b>	<b>CY09</b>	<b>CY10</b>
Monitoring Report Date:	10/4/07	9/15/08	9/15/09	9/15/10	7/31/11
Statewide Benchmarks	Baseline	80%	85%	90%	90%
<b>CA Performance</b>	<b>8/1/07</b>	<b>72.4%</b>	<b>72.3%</b>	<b>8/1/10</b>	<b>6/1/11</b>

**Strategy 1: Implement the Fostering Well-Being Program**

In May 2009, CA and HRSA began developing a new program under HRSA called Fostering Well-Being. The Fostering Well-Being Program is designed to improve the coordination of health care services for children between caregivers, social workers and medical providers.

The Fostering Well-Being Program is currently focusing their services on children placed in foster care on or after January 1, 2010. However, a focus on annual EPSDTs will apply to all children regardless of when they entered foster care.

One of three main components of the Fostering Well-Being Program is to increase the provision of foster children’s medical records and health information to caregivers and social workers:

- ❖ The Fostering Well-Being Program staff began mailing immunization history information to caregivers within three business days of receiving notification of a child’s placement in foster care. *(January 2010)*
- ❖ CA and HRSA are also working out details to provide caregivers with health reports based on Medicaid billing which will accompany the immunization information. Issues with confidentiality regarding mental health and substance abuse treatment, and reproductive health information are being address with the AG Office. The goal is for this information to be mailed to caregivers within three business days of receiving notification of a child’s placement in foster care. *(March 2010)*
- ❖ Children placed on or after January 1, 2010, and who are in care greater than 30 days will have their known medical records requested and uploaded into FamLink. *(January 1, 2010)*

## **Strategy 2: Strengthen Practice of Involving Caregivers in Case Planning Activities**

CA is committed to engaging and partnering with caregivers in reviewing and discussing case plans for children in their care. The following activities have been identified to strengthen our practice of involving caregivers in case planning:

- ❖ Provide reminder to social workers and caregivers of the importance of involving caregivers in the development of the case plan and needs, services, and progress being made. Communicate policy and practice expectation, value, goal, and accountability plan. Include reminder of this practice expectation in staff communication regarding the new card “Tips for Caregivers – Monthly Social Worker Visits with Caregivers of Children in Out-of-Home Care.” *(March 2010)*
- ❖ Provide reminder to social workers and caregivers of the importance for having caregivers participate in Shared Planning meetings. Communicate policy and practice expectation, value, goal, and accountability plan (e.g. newly developed monitoring report, Monthly Supervisor Reviews, etc) *(Staff: By April 30, 2010, Caregiver: By September 30, 2010)*
- ❖ Strengthen practice of supervisors inquiring during Monthly Supervisor Case Reviews about social workers providing, reviewing, and discussing children/youth’s case plan with caregivers and inviting caregivers to Shared Planning Meetings. *(Beginning March 2010)*
- ❖ Develop and generate a management report to monitor performance regarding invitation caregivers to Shared Planning meetings. *(By December 31, 2010)*

## **Strategy 3: Strengthen Practice of Providing Caregivers Child Information and Placement Referral Forms**

CA is committed to providing caregivers with as much information about children placed in their care. The following activities have been identified to strengthen our practice in the area of information sharing:

- ❖ Provide reminder to social workers of the importance of caregivers receiving information regarding the children/youth placed in their care, including CA’s practice expectation, goal, and accountability plan. This will also be reinforced during supervisory and all-staff meetings. *(By April 30, 2010)*
- ❖ Strengthen practice of supervisors inquiring, reviewing the quality, and confirming caregiver’s signature acknowledging the social worker reviewed and provided a copy of the Child Information and Placement Referral form per policy. *(Beginning March 2010)*

## **Strategy 4: Revise Monthly Visit Checklist to Include Information Required to be Provided to Caregivers within 30 Days**

Identify policy and practice expectations and revise the Monthly Visits checklist currently used by social workers to identify information and reports caregivers are to receive within 30 days of a child/youth being placed in their care. Implement practice of reviewing and discussing items on the checklist during the first Monthly social worker and caregiver visit. *(July 2010)*

**Strategy 5: Monitor and Communicate Performance to Staff and Managers**

Communicate CA performance on the adequate provision of information about the needs of children and youth to caregivers utilizing WSU administered caregiver survey and findings from Foster Parent Touching Base Calls. *(Beginning May 2010)*

**Ongoing Strategies**

CA will continue to use the following strategy to help ensure caregivers receive adequate information about children/youth placed in their care:

- ❖ *Strengthen Provision and Tracking of Child Health and Education Tracking (CHET) Screen Reports Provided to Caregivers.*

## UNSAFE/INAPPROPRIATE PLACEMENTS

### SEXUALLY AGGRESSIVE YOUTH AND PHYSICALLY ASSAULTIVE/AGGRESSIVE YOUTH (SAY / PAAY)

GOAL 1, OUTCOME 3 & 4: Children identified as sexually aggressive (SAY) or 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

	CY 06	CY 07	CY 08	CY 09	CY 106
Monitoring Report Date	10/04/07	9/15/08	9/15/09	9/15/10	7/31/11
Statewide Benchmarks	95%	95%	95%	95%	95%
<b>CA Performance</b>	<b>44.7%</b>	<b>55%</b>	<b>68.5%</b>	<b>8/1/10</b>	<b>6/1/11</b>

#### Benchmarks Required for Compliance and CA Performance - Outcome 4

	CY06	CY07	CY08	CY09	CY10
Monitoring Report Date	10/4/07	9/15/08	9/15/09	9/15/10	7/31/11
Statewide Benchmarks*	95%	95%	95%	95%	95%
<b>CA Performance</b>	<b>44.7%</b>	<b>44.7%</b>	<b>50%</b>	<b>8/1/10</b>	<b>6/1/11</b>

\* 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 until the implementation of FamLink provides an alternative measure.

#### Strategy 1: Strengthen CA Policy, Procedures, and Supporting Materials

Current policy requires placement of SAY/PAAY youth with a licensed provider that completed SAY/PAAY training or an unlicensed provider that will complete the training as soon as possible and a requirement to develop and provide a Supervision Plan to caregivers of SAY/PAAY youth. To strengthen practice, the SAY/PAAY policy, procedures, and supporting documents are being revised as follows:

- Clarify placement of youth identified as SAY/PAAY with licensed caregivers requires SAY/PAAY training be completed prior to placement. *(By April 30, 2010)*
- Identify timeline for unlicensed caregivers to complete SAY/PAAY training as soon as possible and no later than 30 days when a SAY/PAAY youth is placed in their care. *(By April 30, 2010)*
- Identify timeline for licensed and unlicensed caregivers to complete SAY/PAAY training as soon as possible and no later than 30 days when identification of SAY/PAAY occurs after placement. *(By April 30, 2010)*

- Replace references to Supervision Plan with Youth Supervision and Safety Plan. *(Policy, Procedures, QA Plan, and Tip Sheet by April 30, 2010 and Youth Supervision and Safety Plan Form in FamLink by December 2010)*
- Identify timeline to develop the Youth Supervision and Safety Plan is prior to placement and no later than 72 hours after placement and documentation in FamLink is required within seven calendar days. *(By April 30, 2010)*
- Clarify Youth Supervision and Safety Plans are to be developed with the caregiver and licensor (when possible). *(By April 30, 2010)*
- Specify that Youth Supervision and Safety Plans must be approved and reviewed every six months or upon request per the Statewide SAY/PAAY Quality Assurance Plan. *(By April 30, 2010)*
- Specify social workers are to provide caregivers with information on where and how to access SAY/PAAY training and address caregivers support, training, and consultation needs related to their responsibility to care for the SAY/PAAY youth and other individuals that may be living in their home. *(By April 30, 2010)*
- Add a new section in the Youth Supervision Plan form in FamLink to address caregiver training and support needs. *(By December 2010)*

## **Strategy 2: Develop and Implement Statewide SAY/PAAY Quality Assurance Plan**

Regional SAY/PAAY quality assurance plans were reviewed to develop one consistent Statewide SAY/PAAY Quality Assurance Plan. The Statewide SAY/PAAY QA plan builds on regional best practices and provides safeguards for children and caregivers, consistency in practice, accountability and tracking. The purpose of the plan is to establish processes to ensure:

- All caregivers caring for a SAY/PAAY youth receive required training.
- Staff making placement decisions is able to identify caregivers that received SAY/PAAY training.
- Required Supervision and Safety Plan is developed for youth identified as SAY/PAAY, address both safety and supervision and are documented in FamLink.
- Supervision plans are developed with the caregiver and signed by the caregiver.
- Supervisors and the Regional SAY/PAAY Lead review all SAY/PAAY cases, approve Supervision Plans, and ensure caregivers complete required SAY/PAAY training.

The Statewide SAY/PAAY Quality Assurance plan includes specific requirements, including:

### ❖ *A SAY/PAAY Regional Lead*

Each region designates a program manager responsible for ongoing implementation of the QA Plan. Responsibilities of the Lead include but are not limited to coordinating the SAY/PAAY Committee, tracking SAY/PAAY youth, communicating decisions made by the Committee to the assigned social worker, facilitating monthly communication with the DLR Area Administrator to monitor caregiver completion of required training, and conducting quarterly QA reviews. *(January 2010)*

- ❖ *Regional SAY/PAAY Committee*  
Develop or expand the role and responsibilities of the existing regional SAY committee. The committee meets monthly or as needed, and includes member(s) with professional expertise. The Committee reviews the appropriateness of identifying the youth as SAY/PAAY, the quality of Supervision Plans, recommendations for additional assessment/treatment, and reconsideration for removing determination of SAY/PAAY. Note: Regional SAY Committees already operate *in each* region and these additional responsibilities may be integrated into existing Committees. *(February 22, 2010)*
  
- ❖ *Expectations and Timelines for Caregiver Completion of SAY/PAAY Training*  
Clarify and define that SAY/PAAY training is required for both licensed and unlicensed caregivers who have youth identified as SAY/PAAY placed in their care. Licensed caregivers are required to complete the training in advance of a youth identified as SAY/PAAY being placed in their care and as soon as possible and no later than 30 days if the identification of SAY/PAAY occurs after placement. The expectation for unlicensed caregivers is to complete the training as soon as possible and no later than 30 days after the youth is placed in their care or no later than 30 days from the date the youth is identified as SAY/PAAY. *(April 30, 2010)*
  
- ❖ *Quarterly QA Reviews*  
Regional SAY/PAAY Lead to conduct quarterly reviews to monitor adherence to the Statewide SAY/PAAY QA Plan. Results of reviews will be documented in a written report to the Regional Administrator, Field Operations Division designee, and the Statewide SAY/PAAY Lead. *(Beginning July 2010 and quarterly thereafter on the 10<sup>th</sup> of April, July, October, and January)*

*(See Attachment 3, Statewide SAY/PAAY Quality Assurance Plan)*

**Strategy 3: Review and Enhance (As Needed) New Social Worker and Supervisor Training on Youth Supervision & Safety Plans**

- ❖ Review current training curriculum for new social workers and supervisors and obtain feedback from the CA Social Worker/Supervisor Advisory Committee regarding the adequacy of CA training and information to support social workers in developing plans with the caregiver to meet the safety and supervision needs of SAY/PAAY youth. Based on findings develop and implement recommended improvements. *(Feedback and recommendations identified by September 2010)*
  
- ❖ Request approval from Region X Federal office to access consultation and technical assistance from a National Resource Center on developing and monitoring Youth Supervision and Safety Plans for licensed and unlicensed caregivers managing children with high risk behaviors. *(Technical Assistance requested by June 2010)*

#### **Strategy 4: Review and Enhance (As Needed) SAY/PAAY Training for Caregivers**

Review the following information to assess the adequacy of SAY/PAAY training in supporting caregivers in meeting the safety and supervision needs of SAY/PAAY youth and based on findings develop and implement recommended improvements:

- Current licensing pre-service training regarding behavior management for high risk behaviors
- Topic specific SAY/PAAY training curriculum
- Training delivery methods
- Feedback from caregivers caring for SAY/PAAY youth

*(Feedback and recommendations identified by September 2010)*

#### **Strategy 5: Strengthen Publicity of Caregiver SAY/PAAY Training Opportunities**

CA continues to improve its communication and information for caregiver SAY/PAAY training through the following actions:

- ❖ Provide social workers a resource packet to give caregivers caring for youth identified as SAY/PAAY youth that includes a DVD of the training, a quick reference guide that reinforces the video, FAQ focused on caregiver issues, and on-line links to SAY/PAAY trainings and other resources. *(Beginning July 2010)*
- ❖ Post information about SAY/PAAY training opportunities on the CA Resource Family Training Institute (RFTI) website, along with contact information for the regional trainers. *(Website updated monthly)*
- ❖ Provide social workers and caregivers information about SAY/PAAY training opportunities by highlighting this training in all-staff communication, the Annual Foster Parent Assessment Newsletter, and Caregiver Connection newsletter. *(Annually)*

#### **Strategy 6: Develop and Implement Management Report**

Assess the feasibility of developing a FamLink management report using SAY and PAAY indicators and training information documented in FamLink to ensure identified SAY/PAAY youth are living with caregivers that completed SAY/PAAY training and have a Youth Supervision & Safety Plan. *(Assessment completed by October 2010)*

*(See Attachment 4, SAY and PAAY Policy Revised April 2010)*

*(See Attachment 5, Supervision and Safety Plan Tip Sheet)*

*(See Attachment 6, SAY Determination Referral Form)*

*(See Attachment 7, PAAY Determination Referral Form)*

## SIBLING SEPARATION

### 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

	CY 06	CY 07	CY 08	CY 09	CY 10
Monitoring Report Date	10/4/07	9/15/08	9/15/09	9/15/10	7/31/11
Statewide Benchmarks	Baseline	70%	75%	80%	90%
<b>CA Performance</b>	<b>48.4%</b>	<b>52.4%</b>	<b>53.7%</b>	<b>8/1/10</b>	<b>6/1/11</b>

#### **Strategy 1: Provide Information and Training to Strengthen Understanding and Promote Value for Maintaining Sibling Relationships**

Utilize feedback from staff, caregivers, youth and birth parent advisory boards; findings from the Child and Family Service Review State Assessment; recommendations from a National Resource Center: and newly formed Statewide Quality Assurance Team to develop and implement action plan to provide information and training for staff and caregivers to promote the value of sibling connections and our role to strengthen understanding, promote the value of, and CA's role to develop, promote, and maintain these important relationships. *(Plan Developed by July 2010)*

- ❖ *Request Youth Serve as Ambassadors for Promoting Sibling Relationships*  
CA will meet with the Passion to Action Youth Advisory Board and the Mockingbird Society to request youth serve as ambassadors to help CA identify and develop ideas for strengthening and promoting sibling relationships. *(By July 2010)*
- ❖ *Seek Technical Assistance from a National Resource Center*  
CA will submit a request for national consultation to identify strategies, tools, resources and recommendations based on what is working well in other states. *(By April 2010)*

#### **Strategy 2: Develop Support Tools for Planning and Documenting Sibling Visits**

CA will work with caregivers and staff to develop a tool to support social workers and caregivers planning and documenting sibling visits and contacts. Next steps and timeline include:

- ❖ *Planning Activities (April 2010)*  
CA will meet with staff and caregivers to solicit their ideas for the tool and develop a draft document for review.

- ❖ *Development (April/May 2010)*  
CA will work with staff and caregivers to refine the draft tool and seek review and approval from CA Management. Once approved, the tool may be submitted to the DSHS Publications Department for further development and finalization.
- ❖ *Communication (June 2010)*  
Communication will include information on the value and importance of sibling visits and the purpose and intent of the tool, as well as instructions and guidelines for using the tool.
  - *Caregivers:* CA will communicate with caregivers about the new tool through the Foster Parent webpage, the monthly *Caregiver Connection* Newsletter and the Foster Parent Listserv.
  - *CA Staff:* Communication will occur through training during the July Policy Rollout if the publications work can be completed within the policy roll-out timeframe, otherwise as soon as the tool is published. The information and tool will also be posted on the CA Intranet.
- ❖ *Implementation (July 2010)*  
Implementation targeted to coincide with the July Policy Rollout, however is subject to change based on timeline for publication of the tool.

#### **Strategy 4: Provide Caregivers Reimbursement for Mileage & Activities**

CA 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, CA is instituting a statewide policy for reimbursing foster parents mileage for approved activities. This will provide consistency in the reimbursement process and ensure all caregivers are reimbursed for transportation they provide to meet the needs of the child in their care, including sibling visits. This change also allows caregivers who did not receive reimbursement to receive retroactive payment back to July 1, 2009. CA will communicate the implementation of the new policy and payment process through a mailing to caregivers. The information will also be posted on the foster parent website and highlighted in the monthly *Caregiver Connection* newsletter. *(Communication and Policy by April 30, 2010)*

#### **Strategy 5: Develop Protocol and Guidelines for Placement Decisions, Including Emphasis on Family, Sibling, and Community Connections**

Convene a statewide workgroup comprised of CA staff and representatives from birth parents, youth, private agencies, and caregiver organizations to develop standard protocol and guidelines for Placement Coordinators and staff making placement decisions. The purpose is to strengthen and promote the quality and consistency of preserving and promoting a child's connections to family, siblings, and their community. The protocol will include steps for selecting and matching placement resources to children to strengthen management of resources for sibling groups. The protocol will address how FTDM will be used to place siblings together and maintain continuity of sibling relationships. *(By July 2010)*

**Strategy 6: Assess Placement Resource Utilization and Need for Additional Resource Development Strategies**

Assess the following strategies to evaluate effectiveness and need for additional activities for CA management consideration:

- ❖ Develop and implement targeted foster parent recruitment strategies and contracts to educate broader community about the need to identify quality foster homes that will take large sibling groups. These efforts include local offices working in partnership with their community to strengthen the ratio of children being placed in foster care with local community placement resources.
- ❖ Use targeted recruitment strategies to expand message and assist in development of more foster homes, including families that accept sibling groups and children with special needs, such as partnerships with faith based organization, businesses and national programs, such as *One Company One Kid* and *One Church One Child*.
- ❖ Use of models that support and facilitate sibling relationships and community connections, such as the Mockingbird Hub Homes, a neighborhood based group of foster homes.
- ❖ Develop and implement strategies to ensure best use of current placement resources for sibling groups.

*(Complete Assessment and Recommendations for CA Leadership by July 2010)*

**Strategy 7: Develop and Implement Management Report**

Design, develop, and implement a FamLink performance report for staff and managers to identify siblings placed in separate homes and case notes identifying occurrence of sibling visits and contact. *(By December 31, 2010)*

**Strategy 8: Increase Receipt of Electronic Visit Reports from Visitation Providers**

Require contracted visitation providers to submit timely and consistent electronic delivery of visitation reports using encrypted email. Receiving information electronically will assist CA in documenting sibling visits in FamLink. *(Current contracts will be amended by July 2010)*

## SERVICES TO ADOLESCENTS

### ATTENDANCE, TRUANCIES, SUSPENSIONS & EXPULSIONS

#### ACTION STEP

#### **Strategy 1: Request Assistance/Consultation Developing External Data Source.**

- ❖ Continue to consult with the Office of Superintendent of Public Instruction (OSPI) and the Washington State Institute for Public Policy (WSIPP) concerning the feasibility of utilizing current data sharing agreements to gain access to attendance, truancy, suspension, and expulsion information for children in our care.
- ❖ Assess feasibility of using the following alternate data sources, representing a sample of children/youth in out of home care, to identify and address systemic issues:
  - Treehouse Educational Advocacy Program Report (Children/youth that utilized this program, data is available for FY09 and FY10)
  - Data from Targeted School Districts
  - Results from Mason County School District Pilot

#### **Strategy 2: Strengthen Internal Data Source**

- ❖ Provide in-person training on FamLink Education pages – see details on page 11. (*February 22 – March 12, 2010*)
- ❖ Aggregate six months of data regarding attendance, truancy, expulsions and suspensions to evaluate and communicate FamLink utilization and documentation of data needed for the annual report, recognizing several months of the six-month period coincides with summer break. (*Preliminary Analysis October 2010*)
- ❖ Develop and produce annual Education Performance Report, including information regarding attendance, trancies, suspensions, and expulsion documented in FamLink. The first school year CA will have useful Famlink data is the 2010 – 2011 school year. (*Summer 2011*)

#### **Strategy 3: Reconvene Education Workgroup**

Reconvene the Settlement Agreement Education Workgroup meet to identify current statewide activities, strategies, and initiatives underway to improve school attendance, trancies, suspensions, and expulsions. Explore additional ways to strengthen partnerships. The workgroup will analyze findings, services, and outcomes of the Treehouse Educational Advocacy Program, OSPI and WSIPP studies, and FamLink utilization and performance reports to identify recommendations for management consideration regarding findings and systemic issues. (*First Meeting Held by May 2010*)

## FOUNDATIONAL STRATEGIES

The following strategies are fundamental in nature and cut across multiple outcome and action items and are summarized below rather than replicated under each area:

### **Strategy 1: Implement Solution Based Casework (SBC)**

Solution Based Casework (SBC) is a family centered approach to child welfare. Social workers are taught engagement skills, interviewing techniques, family life cycle development, and relapse prevention frameworks.

During 2008, supervisors and managers received Solution Based Casework (SBC) Training. During 2009 social workers received SBC training. The majority of training was completed in October 2009, with DLR staff receiving training in December 2009 and January 2010 and several make-up sessions offered through February 5, 2010.

The next phase of implementation is establishing ongoing Peer Consultation for Supervisors and Case Consultation for social workers. As of January 2010, 552 Case Consultations were held statewide.

Application of SBC and use of Case Consultation support practice improvement in the following areas as described below:

#### Foster Parent Training, Support, and Adequate Provision of Information

Helps prepare caregivers to meet every day life tasks and needs of children placed in out of home care. SBC emphasizes the value and underlying principle of building relationships and partnerships between staff and caregivers.

#### SAY/PAAY

Supports social workers in partnering with families to:

- Partner with families in development, implementation, and monitoring of quality and individualized Safety, Supervision, and Case Plans
- Identify strengths and supports within the family and community
- Identify individual and family level needs, goals, and objectives
- Identify tasks to achieve the goals that meet the SMARRT test (specific, measurable, assessment-based, realistic, assigned responsibility, and time framed)

#### Sibling Visits/Contacts

Supports social workers and families to identify and maximize resources within families and communities to maintain connections, including placement of siblings together or plans to support and promote sibling relationships through visits and contacts.

#### Attendance, Truancies, Suspensions & Expulsions

Strengthens the deliberate focus placed on child/youth unmet needs, including academic performance and special needs. SBC emphasizes the value of partnership and teaming with families and school personnel in the decision making process and maximizing resources to meet unmet educational needs.

*(See Attachment 8, Brochure on Solution Based Casework (SBC))*

## **Strategy 2: Increase Performance and Quality of Monthly Social Worker Visits with Children/Youth and Caregivers**

Continue to implement strategies to strengthen performance, monitoring, accountability, and quality of monthly visits, including but not limited to:

- ❖ Implementation of Statewide Plan to Accelerate FamLink Utilization and Acceptance and FamLink documentation tips – [see details on pages 26-28](#).
- ❖ Utilization of Monthly Supervisor Case Reviews – [see details on pages 28-29](#).
- ❖ Improvement of data integrity of FamLink placement, legal, case status information and parameters of monthly Health & Safety Visit Performance Report. *(In Process)*
- ❖ Staff and Caregiver Communication
  - Develop and implement monthly all-staff communication regarding CA performance on Monthly Health & Safety Visits. *(By May 2010)*
  - Distribute and utilize new “Tips for Caregivers – Monthly Social Worker Visits with Caregivers of Children in Out of Home Care.” This is a tool to help caregivers understand the purpose of the visit and provide them with tips for what the social worker will talk to them about and suggestions for questions they may want to ask social workers. The back of the card provides space for the social worker, supervisor, and after hours contact information. There is also a place to record when visits occurred and the next visit date and time. *(Beginning February 2010)*  
*(See Attachment 9, Tips for Caregivers, Monthly Social Worker Visit card)*
  - Provide information about what caregivers can expect from their monthly visits with social workers in the *Caregiver Connection* newsletter. *(January 2010)*

CA monthly visits with children and caregivers contribute to improved practice in the following areas by providing an opportunity for the social worker to:

### Foster Parent Training, Support, and Adequate Provision of Information

- Discuss information about children placed in their home and initiate needed supports and services
- Ask and assess information and training needs specific to the caregivers' and child's needs provide referral information for training events, books/ videos , etc.

### SAY/PAAY

- Identify potential indicators of SAY/PAAY
- Review, discuss, and monitor Supervision Plans
- Provide caregivers SAY/PAAY training information and assess if training met their needs

#### Sibling Visits/Contacts

- Review, discuss, and assess sibling Visit Plan and quality of visits
- Identify and address potential challenges impacting sibling visits and contact
- Identify additional strategies to develop, promote, maintain sibling relationships

#### Attendance, Truancies, Suspensions & Expulsions

- Obtain and share information regarding academic performance, including attendance, truancy, suspension, and expulsion
- Identify and address potential needs impacting school attendance and performance

### **Strategy 3: Accelerate the Use and Acceptance of FamLink**

Ensure competency, consistency and accuracy in the use of FamLink as a critical case management tool to support quality practice.

CA management is committed to the use of FamLink as one of our most critical case management tools to support quality practice and consistency of services to children and families. The following has been done to support staff and supervisors in the use and correct documentation of info in FamLink:

- ❖ Developed a webpage for supervisors and staff to provide instructions and screen shots for documenting key information correctly in FamLink.

*(See Attachment 10, FamLink Documentation Web Site Illustration)*

- ❖ Developed a statewide action plan to accelerate FamLink utilization and acceptance: This plan is designed to strengthen:
  - **Leadership:** by reinforcing expectations regarding the use of FamLink and facilitating ongoing discussions between management and staff regarding FamLink as an essential business function.
  - **Support:** by each region identifying an FTE to serve as a FamLink Training and Support Coordinator and on-site Peer Tutors to support staff in their use of FamLink.
  - **Training:** by assessing individual competencies and creating training plans (as applicable) with staff.
  - **Accountability:** By including expectations regarding the use of FamLink in social workers' and supervisors' Position Description Forms (PDF) and Performance and Development Plans (PDP).
  - **Monitoring and Tracking:** By using Settlement Agreement and info FamLink reports to identify staff' utilization of key requirements and practice tools in FamLink.

*(See Attachment 11, Statewide Action Plan to Accelerate FamLink Utilization and Acceptance)*

The appropriate and timely use of FamLink will help CA improve performance in these areas as described below by ensuring practice expectations are met and information is documented in our statewide information management system.

#### Foster Parent Training, Support, and Adequate Provision of Information

- Important information about the child in their care (e.g. Child Information/Placement Referral, Health and Education Plans, etc)
- Invitation and participation in Shared Planning Meetings
- Social Worker Monthly Visits with children and caregivers
- Details of Caregiver training completed

#### SAY/PAAY

- Identification of SAY/PAAY
- Supervision Plans
- Caregiver completion of required SAY/PAAY training

#### Sibling Visits/Contacts

- Identification of sibling relationships
- Visit Plan for maintaining or developing sibling relationships
- Occurrence of sibling visits and contacts

#### Attendance, Truancies, Suspensions & Expulsions

- Academic information, including attendance, truancy, suspensions and expulsions
- Education Plan including school information, academic performance, special needs, education services, and corresponding action plans

To improve monitoring and attention on children/youth school performance, staff and supervisors will receive in-person training on the use of the Educational page in FamLink. Training will address new functionality, introduction of the new Education Plan, and reminders regarding education-related practice expectations. (Training *February 22 - March 12, 2010, FamLink Changes Targeted February 28, 2010*)

#### *FamLink Design Changes Regarding Child/Youth Education Plan*

- Moves the education record from Case to *Person Management* page enabling the information to be attached to the child/youth, regardless of movement or involvement in multiple cases.
- Versions information so historical information is not lost.
- Adds a new *Education Plan* (mirrors the Judicial Checklist) to provide information about the child's academic status at court hearings. It is intended to be completed and attached to the ISSP by the assigned social worker.

*(See Attachment 12, FamLink Mapping Guide for new Education Plan)*

#### **Strategy 4: Develop Support Tools and Monitoring Report for Monthly Supervisor Case Reviews**

Strengthen Monthly Supervisor Case Reviews by providing clear expectations, implementing tools to help supervisors conduct quality reviews, and creating monitoring reports.

In accordance with CA policy, supervisors are to complete a 100% review of each social worker's cases each month and record a summary of the review in FamLink using the Supervision/Administrative review Case Note code.

Supports for Monthly Supervisor Case Reviews include:

❖ *Supervisor Review Guidelines*

To assist supervisors with Monthly Supervisor Case Reviews, standardized guidelines have been drafted for each program area. These guidelines provide a select list of discussion items to help produce a thoughtful and complete case review each month.

The intent is for these guidelines to strengthen the quality of discussions with supervisors and staff, improve practice, and promote improved use of FamLink. On-line versions of the tools provide links to CA policy, FamLink documentation, and other reference material.

The Supervisor Review Guidelines tool is available to all supervisors; however the tool is being tested by a select group of supervisors the first two weeks in February 2010.

Supervisor feedback will be used to revise the tools and effective March 1, 2010 all supervisors will be expected to use the guidelines for Monthly Supervisor Case Reviews. *(March 2010)*

❖ *New Monthly Supervisor Case Review Monitoring Report in FamLink*

CA will begin monitoring the documentation of Monthly Supervisor Case Reviews in FamLink using a newly developed infoFamLink report. This report will allow regions to monitor the completion of these reviews. *(March 2010)*

❖ *Qualitative Review*

The quality of Monthly Supervisor Case Reviews will be assessed through Central Case Reviews. Local office reviews of a random sample of cases will evaluate whether the Monthly Supervisor Case Review addressed safety, permanency, well-being, key practice expectations, and significant milestones of the case based on FamLink documentation. *(April 2010)*

Monthly Supervisor Case Reviews includes discussion with the social worker regarding practice areas addressed in this report, including adherence to policy and FamLink documentation requirements. Discussion items include but are not limited to:

Foster Parent Training, Support, and Adequate Provision of Information

- Important information provided to caregivers about the children in their care (e.g. Child Information/Placement Referral, Health and Education Plans, etc)
- Caregivers received invitation and participated in Shared Planning Meetings
- Social Worker provided and reviewed Case Plan and Caregivers Report to Court

- Social Worker conducted Monthly Visits with children and caregivers that addressed safety, permanency, and well-being of child and needs of caregiver
- Caregivers caring for youth identified as SAY/PAAY received or are scheduled to complete required training
- Supervision plans are created, address safety needs, and are reviewed and provided to caregiver
- Cultural needs of the child and caregiver identified and addressed

#### SAY/PAAY

- Supervision plans are created, address safety needs, are reviewed and provided to caregiver, and monitored and adjusted as needed
- Placement of SAY/PAAY child/youth are only with a caregiver(s) who received required SAY/PAAY training or scheduled to complete training according to policy timelines
- Compliance with Statewide SAY/PAAY QA Plan (Guidelines Updated *March 2010*)

#### Sibling Visits/Contacts

- Identification of siblings and status of sibling relationships and contact
- Efforts to place siblings together and maintain sibling relationships
- Creation and quality of Visit Plan for maintaining or developing sibling relationships
- Occurrence, frequency, and quality of sibling visits and contacts, including challenges and plan to address

#### Attendance, Truancies, Suspensions & Expulsions

- Child/youth academic performance known
- Educational needs identified and being addressed including attendance, truancy, suspensions and expulsions
- Education Plan created and regularly updated including school information, academic performance, special needs, education services, and corresponding action plans

Monday, January 4, 2010



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**October 29, 2009**

## **Free training resources for foster parents and kinship caregivers of children at DSHS library**

OLYMPIA -- Foster parents and kinship caregivers of children in Washington have a new option for their training needs; the [DSHS Resource Family Lending Library](#).

The Department of Social and Health Services' Children's Administration created the resource library in collaboration with counterparts in Alaska and Oregon and a non-profit organization, Northwest Resource Associates.

The DSHS Resource Family Lending Library distributes books, DVDs, tapes and all its resource materials free to caregivers in Washington via a free mail-order service, similar to the type used by popular movies-by-mail companies. Materials are mailed out in an eco-friendly reusable pouch with postage prepaid for the return of materials.

Licensed and relative caregivers of children in Washington state can request materials from the DSHS Resource Family Lending Library by calling toll free 1-877-517-0820 or online at the DSHS foster parent Web site at <http://www.dshs.wa.gov/ca/fosterparents/index.asp>. Catalogs are also available to view at selected DSHS offices. For more information about the lending library or the library materials e-mail [zoca300@dshs.wa.gov](mailto:zoca300@dshs.wa.gov).

A comprehensive 168-page catalog featuring more than 1,000 titles covering a range of childcare and caregiver issues is available in PDF format at the Web site. The catalog includes a Spanish language section and books written and media produced for children and teens who are adopted or are in foster or kinship care.

Many of the materials found at the lending library can be used toward the training requirements of state-licensed foster parents. Foster parents are required to complete 36 hours of training every three years.

The Department's [Foster Parent Training Web site](#) also features videos, workbooks, training and other materials available for free down-load to the public and serves more than 1,000 caregivers each month.

"The Department is committed to providing our dedicated caregivers with as many training options as possible," said Carolyn Jones, a DSHS program manager for Training & Technology. "We know how busy they are caring for the children and this is just one more way they can get valuable information at their convenience. Were it not for them, we couldn't do what we do."

# Caregiver Connection

January 2010

A monthly publication for Washington state foster and adoptive families and relative caregivers

## Some Helpful Tips About 30 Day Visits



Social workers are required to visit each child on their caseload every month. They are also required to visit caregivers on a monthly basis. The visits are a good opportunity for you and the social worker to discuss issues about the care of your child and help ensure his/her needs and yours are being met.

During these visits, social workers will have questions for you centering on how the child is doing, including progress in school, child's interests, who else is living in the home, discipline, significant events in the home that might affect the child, etc.

This is also an opportunity for you to ask questions of your social worker. You may want to ask questions about: any plans to move the child before the next visit; meeting or court dates being planned to discuss the child in your care; support you need, including training, payment issues, etc.

It may be helpful for both you and the social worker to let each other know the best time and method to contact each other. The monthly visit may also be a good time to schedule the next monthly meeting.

Direct contact is the best contact and we hope you will use these visits to help make your day-to-day care of children easier.

Thank you for all you do.

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Feature **FAMILY**

## Meet the Steele family



The "little" Steele kids – Devin, Dacia, and Dariece

Sue and Gary Steele started down a path about 10 years ago that has changed their lives and their family forever. A friend was doing foster care and was caring for a very difficult child (one of our highest cost kids at the time!), but was not going to be able to continue. Resources for Bryan\* had been explored and exhausted and no new placement existed. Sue and Gary said, "Let's give it a try." They were licensed first by DSHS and later by Catholic Community Services so they could take Bryan into their home. A very brave move for brand new foster parents! But Sue and Gary were experienced parents and they accepted the challenge. They agreed it was not an easy challenge, but they hung in and continued to provide support to Bryan through several group home stays, returns to their home, and other absences. Bryan eventually returned to his father, but Sue and Gary stayed connected to him.

In the meantime, other children came their way – 27 in all, plus others for whom they provided respite. The Steeles were adamant that their commitment was to provide temporary care to children in need. But never to adopt. Never. Ever.

Then Dariece came their way. A 4 year old with spina bifida, Dariece had special needs. Sue and Gary said, "We can do this!" And they did. Over the next few years, various adoptive homes were identified for Dariece, but none of them were the

right one. Sue and Gary prayed about what they should do and waited for a sign. Finally, after a potential adoptive family was disqualified, it just became clear to all that Dariece didn't need a home. This was his home.

In the midst of all this, there were two siblings in foster care looking for a forever family. They were in a foster home that the Steeles traded respite with. When a new long term home was needed, they fit nicely with the Steeles. At one time, the siblings were placed in an adoptive home for 9 months, but when that adoption failed, they came back to Sue and Gary's home. And again, the fit was to be forever.

Sue and Gary adopted all 3 children about 3 years ago. Their family now includes Devin, 10, Dariece, 9, and Dacia, 8, plus the 2 grown Steele sons, Daniel, 24 and Peter, 22. They've retired from foster care to focus on their family. Their lives are filled with baseball, church, and family trips. The kids are active and happy, riding their bikes, fishing in the small lake they live on, taking swimming lessons. Dariece has an "off-road" wheelchair so he can join in hikes and other outdoor activities; and he has a hand-operated "bike" so he can join all the kids riding in the cul de sac.

Oh – one more thing. Bryan has now turned 18 and has recently returned to stay at the Steele home while he struggles to get his adult feet under him. They have promised to help him get his GED, find work, and become independent. The Steeles discovered long ago that these kids just stick in your heart. And sometimes in your home.

You can too.

\*Not his real name

## Medically fragile kids require special care

You may have children come into your care who are defined by the Children's Administration as "medically fragile."

Medically fragile children are those who have medically intensive needs. Their Chronic health-related dependence may be on-going or unpredictable. Their needs require a 24-hour a day skilled health care provider or specially trained family or foster family member, as well as the ready availability of skilled health care supervision.

Further, if the technology, support, and services being received by the individual are interrupted or denied, he or she may, without immediate health care intervention, experience irreversible damage or death.

As a caregiver, you may not be completely familiar with how to handle specific medical conditions of children in your care. Every child is different and every child's needs are different. You should feel comfortable seeking information and training if you need it to better care for your children. Your child's doctor and other health care professionals serving the child can prepare you for meeting the child's unique medical needs with skill and confidence.

## Join the Listserv!

We have been reminding you for the past several months that the distribution of this newsletter will become electronic beginning in February. This is the last month for receiving this in the mail with your check!

Beginning in February, the Caregiver Connection will be sent to you as a link to where it is posted on the Foster Parenting/Relatives Caring for Children webpage: <http://www.dshs.wa.gov/ca/fosterparents/index.asp>. Or you can get there yourself by logging on to the CA Internet, selecting Foster Parenting, and then clicking on news. The current, as well as past, issues of the newsletter will be there.

We are hoping, though, that you will all join the foster parent (soon to be caregiver) listserv. This address will get you where you need to go to do that: <http://listserv.wa.gov/cgi-bin/wa?A0=FOSTERPARENTS&X=2768332E25B618FF1C&Y=madi300%40ds.hs.wa.gov>.

The listserv is a way for us to get information to you more quickly and our goal is to have every caregiver subscribed.

Aaaaahhhhhh, technology! The wave of the future! Catch the wave!

However...we know that some of you will still prefer to play on the beach in the sand, so if you would prefer to continue receiving the newsletter in hard copy, please contact Dinah Martin at (360) 902-0740, or [madi300@dshs.wa.gov](mailto:madi300@dshs.wa.gov) and she will add you to a mailing list.



## Everything you wanted to know about H1N1

If you are still wondering what to do about the new flu, this Q&A may help you.

### How do I know if my child is at high risk for complications from the flu?

Your child is at risk if he/she has:

- Asthma
- Neurological and neurodevelopmental conditions including disorders of the brain; spinal cord; peripheral nerve; and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability (mental retardation), moderate to severe developmental delay, muscular dystrophy, or spinal cord injury
- Chronic lung disease (such as cystic fibrosis)
- Heart disease (such as congenital heart disease and congestive heart failure)
- Blood disorders (such as sickle cell disease)
- Endocrine disorders (such as diabetes mellitus)
- Kidney disorders
- Liver disorders
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- Weakened immune system due to disease or medication (such as people with HIV or AIDS, cancer, or those on chronic steroids)
- Receiving long-term aspirin therapy for chronic disorders
- Pregnancy

### What is the flu?

The flu (influenza) is an infection of the nose, throat, and lungs caused by flu viruses. Flu infections usually result in mild illness, but can lead to hospital stays and, rarely, death. Each year several different flu viruses circulate. This year, one of the viruses is the new 2009 H1N1 flu virus.

### What are symptoms of the flu?

Symptoms of seasonal and 2009 H1N1 flu can include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, fatigue, and sometimes vomiting and diarrhea. Some people sick with the flu will not have a fever.

### What is a flu complication?

A flu complication means severe illness (like pneumonia), hospitalization, or death.

### How can I protect my child against flu?

- Flu shots: The most important thing is for your child to get both a seasonal and 2009 H1N1 flu vaccine to protect against flu viruses.
- Distance: Keep your child away from people who are sick.
- Hand washing: Wash hands often with soap and running water (for as long as it takes to sing the "Happy Birthday" song twice). If soap and water are not available, use an alcohol-based hand rub. Assist your child in hand washing if he is unable.
- Germ control: Encourage your child to avoid touching his eyes, nose, and mouth. Germs spread this way.
- Cleanliness: Keep bedside tables, surfaces in the bathroom, kitchen counters, and toys clean by wiping them down with a household disinfectant according to directions on the product label.
- Health: If your child is at risk, make sure her underlying condition is under the best control.
- A plan: Have a plan in case your child becomes sick with flu-like illness.

### What should I do to take care of my sick child?

- Doctors: Contact your child's doctor if you think he might have the flu. The doctor may want to begin antiviral medications as quickly as possible.
- Home care: Keep your child at home, except for doctor visits, until at least 24 hours after there is no longer a fever or signs of a fever. The fever should be gone without the use of a fever-reducing medicine.
- Covering coughs: Ensure that your child covers coughs and sneezes. Your child may need your assistance if she is unable.
- Rest and fluids: Make sure your child gets plenty of rest and drinks clear fluids (water, broth, sports drinks, electrolyte beverages for infants such as Pedialyte®) to keep from becoming dehydrated.
- Medicines: Ask your doctor about fever-reducing medicines based on your child's

age. Children younger than 4 years of age should not be given over-the-counter cold medications without approval from a health care provider. Aspirin should not be given to children or teenagers who have the flu; this can cause a rare but serious illness called Reye's syndrome.

- Sick room: Keep your sick child in a separate room (a sick room) in the house as much as possible to limit contact with household members who are not sick. Consider designating one person as the main caregiver for the sick child.
- Protect pregnant women: Pregnant women should avoid being the primary caregiver of a sick child if possible.

### Are the seasonal and 2009 H1N1 flu vaccines safe for my child?

Yes. Children with high-risk medical conditions are among the most important groups to be vaccinated against seasonal flu and 2009 H1N1 flu. This is because they are at higher risk of complications from the flu.

### What types of vaccine should my child receive and how many doses?

There are two types of seasonal flu and 2009 H1N1 flu vaccine available – the shot and the nasal spray. High-risk children should receive the shot only.

Children younger than 10 need two doses of the 2009 H1N1 flu vaccine.

Children younger than 9 who are receiving the seasonal flu vaccine for the first time will need two doses of the seasonal vaccine. All other children should receive one dose of the vaccine.

### How can I plan ahead with my child's school or child care?

Find out your child's school or child care plan for flu season.

Let them know your child is at high risk for complications.

### What can I do if my child gets sick?

Call or take your child to the doctor if your child develops flu-like symptoms. The doctor may want to begin antiviral medications as quickly as possible.

### When can my child go back to school or child care if she is sick?

Generally, your child should stay home until she is free of fever for at least 24 hours. The fever should be gone without the use of a fever-reducing medicine. A fever is defined as 100° F (37.8° C) or greater. For more information, visit [www.cdc.gov](http://www.cdc.gov) or [www.flu.gov](http://www.flu.gov) or call 1-800-CDC-INFO.

## Important numbers to know when you take care of children in out-of-home care

Foster Parent and Caregiver Crisis and Support Line: 1-800-301-1868

### ON-GOING AND CRISIS SUPPORTS FOR FOSTER PARENTS

Under contracts with the state, three private agencies are working to build supports for you within the foster care community. Supports include hubs, support groups, and matching new foster parents with veteran foster parents. To get connected:

- If you live in Eastern Washington, the Olympic Peninsula down through Pacific County or from Thurston County to Clark County, call 1-888-794-1794.
- If you live in King County or any counties north of King County, call 206-605-0664.
- If you live in Pierce or Kitsap counties, call 253-473-9252.
- If you live in King County, the Friends of Youth CARE program provides short-term counseling, education and support to help you care for your most difficult children. 1-888-263-3457 or 206-915-0459.

**Family Help Line:** 1-800-932-HOPE or [www.parenttrust.org](http://www.parenttrust.org). The Family Help Line is a free, statewide training and referral line for the families of Washington state. Last year, the Family Help Line received more than 5,000 calls and requests for information. Calls can last up to 90 minutes and parents can call as often as needed.

**Support for foster parents under investigation for allegations of abuse or neglect:** Foster Parent Investigation Retention Support Team (FIRST) 253-219-6782. Monday through Saturday, 8:00 a.m. – 8:00 p.m., or leave a message and receive a return call within 24 hours.

Foster Parent and Caregiver Crisis and Support Line: 1-800-301-1868

**Mental Health Crisis Line Information:** The crisis line telephone number for your county or region is available on the DSHS Mental Health Division website at: <http://www.dshs.wa.gov/mentalhealth/crisis.shtml>.

### GENERAL FOSTER PARENT INFORMATION FOR THE STATE OF WASHINGTON

FPAWS: Foster Parent Association of Washington State, 1-800-391-CARE (2273) or [www.fpaws.org](http://www.fpaws.org). FPAWS is seeking new members and supporting foster parents in many ways, including referrals to local associations.

Kitsap and Pierce County information about becoming a foster parent or to receive foster parent support: Foster Care Resource Network, 253-473-9252. Monday through Friday, 9:00 a.m. – 5:00 p.m. or leave a message and receive a return call by the next business day.

### RESOURCE INFORMATION AVAILABLE STATEWIDE

Get connected to information on resources in your area by calling 211 – a toll free number.

Children's Administration Foster Parent Website:

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

Children's Administration Foster Parent Training Website – Trainings are open to all licensed foster parents, licensed relative caregivers and unlicensed caregivers. For information about foster parent and caregiver training, check out:

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

### CHILDREN'S ADMINISTRATION FOSTER CARE LISTSERV

Join the 400 people who have subscribed to the List Serve <http://listserv.wa.gov/cgi-bin/wa?SUBED1=fosterparents&&A=1> for updated information on resources for the work you do in caring for children.

Family Planning Services are designed to help avoid unwanted or mistimed pregnancy and are available through your local Community Service Office (CSO). Each CSO has a full time Family Planning Nurse to help provide services to Medicaid eligible clients. There is also a Family Planning hotline number 1-800-770-4334.



## Don't miss this opportunity!

The Professional Development Unit and the UW present: "Enhancing Relationships through Teaming" training.

This is an exciting half day training designed to promote greater understanding and more rewarding relationships between Foster Parents/Relative Caregivers and Children's Administration Social Workers.

Team up with Social Workers and learn how to:

- Identify the challenges of collaboration teaming.
- Discover which of your skills and resources can support teaming efforts.
- Discuss with your partner ways to enhance your working relationship.

To register contact your local Resource Family Training Institute Trainer (RFTI) or Shannon Jackson at (360) 902-7648 or [obsh300@dshs.wa.gov](mailto:obsh300@dshs.wa.gov)

Upcoming Training Dates (each class is from 9:00 am to 3:00 pm):

Tumwater – February 4th, 2010

Bremerton – February 5th, 2010

White Center – March 15th, 2010

Lynnwood – March 16th, 2010

## New on-line foster parent training video that is beneficial for youth to watch as well!

In partnership with the Department of Information Services and Washington State Higher Education Coordinating Board, Children's Administration has developed a new training for foster parents, using the nationally recognized GEAR-UP curriculum, [www.gearup.wa.gov](http://www.gearup.wa.gov). The goal of this training is to give foster parents the tools needed to work with the youth in their care in helping them successfully graduate from high school and pursue postsecondary education. Foster parent will receive continuing education credit towards their foster care license when completing the online training, which can be found at <http://www.dshs.wa.gov/ca/fosterparents/videoGear.asp>.



**Statewide Quality Assurance Plan:  
Sexually Aggressive Youth (SAY) and Physically Assaultive  
/Aggressive Youth (PAAY)**

**Effective Date:** February 22, 2010 (Updated April 12, 2010)

**Purpose:** To establish a statewide approval process to identify Sexually Aggressive Youth (SAY) and Physically Assaultive/ Aggressive Youth (PAAY), review caregiver training completion and Youth Supervision and Safety Plans, and remove the determination of SAY/PAAY as applicable.

**Related Policies and RCW's:** Practice and Procedures Guide 4413-Placement Services  
Practice and Procedures Guide 4536-Sexually Aggressive Youth and Physically Assaultive/Aggressive Youth  
RCW 74.13.075-Sexually Aggressive Youth  
RCW 74.13.280 Physically Assaultive/Aggressive Youth

**Quality Assurance Overview**

- A. Prior to identifying a youth as SAY or PAAY, social workers and their supervisors are to seek approval through the regional SAY/PAAY quality assurance process.
- The quality assurance process requires a review of the documentation and justification for determining the youth as SAY or PAAY, *and* to review and approve the Youth Supervision and Safety Plan for the youth.
  - Social Workers are required to use the new statewide Youth Supervision and Safety Plan template in FamLink (DSHS15-352).
  - The Youth Supervision and Safety Plan is required to be developed with the caregiver and DLR Licensor (if available). The plan must be reviewed and signed by the caregiver.
- B. SAY/PAAY training is required for all caregivers who provide care for youth identified as SAY/PAAY, including youth from out of state residing in Washington and youth residing out of state.
- Social workers are to place children identified as SAY or PAAY only with licensed caregivers that completed SAY/PAAY training.
  - Placements with unlicensed caregivers that have not completed SAY/PAAY training require a Youth Supervision and Safety Plan be developed with the caregivers and DLR Licensor (if available), prior to or soon after initial placement (within 24-72 hours) and documented in Famlink within seven calendar days of placement. Caregivers in these circumstances are required to complete the training as soon as possible, and no later than 30 calendar days after the youth is placed in their care.

## Attachment 3

- When a youth is already placed with a caregiver, and subsequently identified as SAY/PAAY, a Youth Supervision and Safety Plan is to be developed with the caregiver soon after behaviors are observed (within 24-72 hours) and documented in Famlink within seven calendar days. Caregivers in these circumstances are required to complete the training as soon as possible and no later than 30 calendar days after the youth is identified as SAY/PAAY.
- Regions will ensure caregivers complete required training, supervision plans are developed and provided to the caregiver(s), and required documentation is included in FamLink.

### Regional Responsibilities

- A. The Regional SAY/PAAY Lead is responsible for the ongoing implementation of the QA Plan.
  - Coordinate the SAY/PAAY Committee and communicate outcome of the committee's review and recommendations to the assigned social worker.
  - Provide oversight of QA requirements for training and supervision plans being met and documented in FamLink.
  - Provide monthly status reports to Supervisors and Area Administrators by the 5<sup>th</sup> of each month.
- B. Regional SAY/PAAY Committees will be established and/or the Regional SAY Committee expanded to include the additional SAY/PAAY QA Plan responsibilities.
  - Committee membership will include at a minimum: Area Administrator, Social Work Supervisor, Social Worker, DLR representative, and an individual with professional expertise in the area of SAY/PAAY.
  - Committee members will be appointed by the Regional Administrator for a one year rotation and will meet *as needed* based on the volume of youth needing referred to the committee.
  - Coordination of the committee is the responsibility of the Regional SAY/PAAY Lead.
  - SAY/PAAY Lead to communicate Committee recommendations and determination results to the assigned social worker.

### Initial Determination

1. The social worker identifies a child/youth that may meet criteria for identification as SAY or PAAY.
2. The social worker will staff the case with their supervisor prior to making a referral to the Regional SAY/PAAY Committee. The social worker will submit a SAY Determination Referral form (DSHS 15-399) or the PAAY Determination Referral form (DSHS 15-400) to the Regional SAY/PAAY Lead.
3. The Regional SAY/PAAY Committee will meet to (a) determine identification of SAY/PAAY, (b) review the supervision plan, and as applicable (c) remove the determination of SAY/PAAY as applicable. The social worker may attend the Committee meeting to participate in the discussion.

## Attachment 3

4. When requesting SAY funding for services the social worker must follow policy 45361. The Regional SAY Committee makes a decision on eligibility for SAY funds per RCW 74.13.075. The social worker initiates a referral for evaluations or assessments as indicated.
5. When a child/youth is identified as SAY or PAAY the social worker is responsible for timely referral for the appropriate treatment.
6. When a child/youth is identified as SAY or PAAY the social worker is required to document the determination in FamLink as applicable:
  - a. Checking the *SAY Warning Indicator* on the *Person Management* page.
  - b. Completing the *Behavioral Health Assessment* in the *Health/Mental Health* page.

### **Youth Supervision and Safety Plan (DSHS 15-352) Requirements**

*A Youth Supervision and Safety Plan is required to address behavioral risk factors*

1. Youth Supervision and Safety Plans are to be developed with the caregiver(s) and DLR Licensor (if available), when the child/youth is placed with the caregiver or at the point of initial determination.
2. Youth Supervision and Safety Plans are to be approved by the supervisor.
3. A copy of the Youth Supervision and Safety Plan is to be provided, reviewed, and signed by the caregiver. A copy is also to be provided to the Licensor and to the Regional SAY/PAAY Committee Lead.
4. Identify with the caregiver any ongoing training, support, and consultation needed and document on the Youth Supervision and Safety Plan, Youth Supervision and Safety Plans will be reviewed by the social worker with the caregiver(s) during monthly visits.
5. Youth Supervision and Safety Plans are to be documented in FamLink by the social worker within 7 calendar days of initial determination and updated based on recommendations of the Regional SAY/PAAY Committee.
6. Youth Supervision and Safety Plans will be reviewed by the Regional SAY/PAAY Committee every 6 months and/or upon request based on a change of circumstances for the identified child/youth.
7. When a child/youth has progressed through treatment to the degree the SAY/PAAY determination is no longer needed by meeting the criteria in policy, the assigned social worker is to request a staffing with the Regional SAY/PAAY Committee to consider removing the identification from the child/youth's FamLink record by updating documentation in FamLink.
8. Monthly Supervisor Case Reviews between the assigned social worker and supervisor will include review of SAY/PAAY requirements for the identified child/youth.
9. If an already identified SAY/PAAY youth is moved to another caregiver or facility the established Youth Supervision and Safety Plan will be provided, reviewed and changed as needed with the caregiver(s) at the time of placement.

### **Caregiver Training Requirements**

1. All licensed caregivers are required to complete SAY/PAAY training prior to a child/youth with SAY/PAAY being placed in their care. All unlicensed caregivers must complete the training as soon as possible and no later than 30 calendar days of

## Attachment 3

placement. If caregivers have not completed the SAY/PAAY training and a youth is identified as SAY/PAAY after placement with the caregiver, the caregiver must complete the training as soon as possible and no later than 30 calendar days from the identification.

2. The Regional SAY/PAAY Lead and Regional DLR Area Administrator will communicate on a monthly basis to monitor caregiver completion of required training.
3. SAY/PAAY training information is to be documented in FamLink by the CA Office of Training and Development for licensed and unlicensed caregivers on the *Person Management* page, Training tab. The *Provider Maintenance* page will also be updated to identify the children/youth characteristics the caregiver accepts for placement.
4. Every 6 months when licensed caregivers are engaged in a Rate Assessment the Rate Assessor will inquire about SAY/PAAY behaviors and training needs. If there is new information about a child/youth, the Rate Assessor will provide the info to the assigned social worker.

### Quarterly Quality Assurance (QA) Reviews

1. Quarterly QA case reviews will be conducted by the Regional SAY/PAAY Lead. The review will be of all child/youth cases with initial determination and/or identification of SAY/PAAY. Reviews will include required child/youth characteristics, SAY/PAAY Training, and Youth Supervision and Safety Plans are completed and documented in FamLink. Reviews will be summarized on the standardized Quarterly Review template. A copy of the Quarterly Review is to be provided to the Regional Administrator, Field Operations Division designee, and the Statewide SAY/PAAY Lead by the 10<sup>th</sup> of April, July, October, and January, beginning July 2010.
2. The Regional Administrator or designee and Statewide SAY/PAAY Lead will review quarterly reports and take action as necessary.

### Supporting Documents and Reference Information

#### SAY Determination Referral (DSHS 15-399)

[http://asd.dshs.wa.gov/forms/wordforms/word/15\\_399.doc](http://asd.dshs.wa.gov/forms/wordforms/word/15_399.doc)

#### PAAY Determination Referral (DSHS 15-400)

[http://asd.dshs.wa.gov/forms/wordforms/word/15\\_400.doc](http://asd.dshs.wa.gov/forms/wordforms/word/15_400.doc)

#### Tips on Developing SAY Youth Supervision and Safety Plan:

[http://ca.dshs.wa.gov/intranet/pdf/policy/2009\\_07/ClientSupervisionPlanTIPS.pdf](http://ca.dshs.wa.gov/intranet/pdf/policy/2009_07/ClientSupervisionPlanTIPS.pdf)

#### Information on SAY/PAAY Training for Caregivers:

[http://ca.dshs.wa.gov/intranet/pdf/policy/2009\\_07/SAYPAAYFlyer.pdf](http://ca.dshs.wa.gov/intranet/pdf/policy/2009_07/SAYPAAYFlyer.pdf)

#### On-line Training for Caregivers of SAY/PAAY Youth:

[www.dshs.wa.gov/ca/fosterparents/onGoingVid.asp](http://www.dshs.wa.gov/ca/fosterparents/onGoingVid.asp)

#### Documentation in FamLink:

<http://ca.dshs.wa.gov/intranet/catrng/braam/braamfam.asp>

**Children's Administration (CA)**

**Practices and Procedures Guide**

**Chapter: 4000**

**45362. Physically Assaultive/Aggressive Youth**

**PURPOSE STATEMENT:**

To guide CA social workers in properly identifying Physically Assaultive/Aggressive Youth (PAAY) and providing the needed supervision and services to meet the needs of all youth identified as PAAY.

**LAWS**

[RCW 74.13.280](#)

**POLICY**

- A. All youth must be identified as PAAY as defined by [RCW 74.13.280](#) when they have a history of exhibiting one or more of the following behaviors that are developmentally inappropriate and harmful to the youth or others:
  - 1. Observed assaultive behavior;
  - 2. Reported and documented history of the child willfully assaulting or inflicting bodily harm; or
  - 3. Attempting to assault or inflict bodily harm on other children or adults when the child has the apparent ability to carry out the attempted assaults, including threats to use a weapon.
- B. When identifying a youth as PAAY the Statewide SAY/PAAY Quality Assurance Plan must be followed ([link](#)).
- C. All youth identified as PAAY must have a signed Youth Supervision and Safety Plan (DSHS 15-352) prior to placement, but no later than 72 hours and the plan must be documented in FamLink within seven calendar days.
- D. Youth Supervision and Safety Plans must be approved and reviewed every six months by Regional SAY/PAAY Committee or upon request.
- E. All youth identified as PAAY must be provided needed services.
- F. Youth identified as PAAY must *only* be placed with licensed caregivers who have completed the CA PAAY training.

## Attachment 4

- G. Youth already placed and then identified as PAAY, the caregivers must complete the CA PAAY training as soon as possible, but no later than 30 calendar days
- H. Youth identified as PAAY and placed with unlicensed caregivers, the caregiver must complete the CA PAAY training as soon as possible, but no later than 30 calendar days.

### **PROCEDURES**

- A. When identifying or removing youth as PAAY complete PAAY Determination Referral [DSHS-15-400](#) and follow the Statewide SAY/PAAY Quality Assurance Plan.
- B. Document within the Behavioral Health Assessment in the Health/Mental Health page in FamLink within seven calendar days for youth identified as PAAY.
- C. Coordinate service and Youth Supervision Safety Plans for PAAY youth with the contracted provider of services and caregiver.
- D. Develop a Youth Supervision and Safety Plan [DSHS-15-352](#) on all youth identified as PAAY with the caregiver and DLR Licensors (if available) and document in FamLink within seven calendar days. Identify with the caregiver as part of the supervision and safety plan any training, support or consultation they need.
- E. Submit all Youth Supervision and Safety plans for review and signature by the youth's caregiver. Provide a copy of the signed plan to the caregiver, DLR Licensors and place a copy in the case file.
- F. Review Youth Supervision and Safety Plans at least every six months by following procedures in the Statewide SAY/PAAY Quality Assurance Plan.
- G. Verify a perspective licensed caregiver has completed the CA PAAY training. If the licensed caregiver has not completed the training:
  - 1. Do not place youth identified as SAY with the caregiver.
  - 2. Provide the caregiver with information on where and how to access the training.
  - 3. Discuss and document in the electronic case file the date the caregiver agrees to complete the training.
  - 4. Upon verification of completion of the training the youth may be placed.

## Attachment 4

- I. Verify an unlicensed caregiver has completed the CA PAAY training. If the unlicensed caregiver has not completed the training:
  1. Provide them with information on where and how to access the training.
  2. Discuss and document in the electronic case file the date caregiver agrees to complete the training. This date must be as soon a possible, but no later than 30 days after placement.
  
- J. Verify a licensed or unlicensed caregiver has completed the CA PAAY training when a youth is identified as PAAY following placement. If the caregivers have not completed the training:
  1. Provide them with information on where and how to access the training.
  2. Discuss and document in the electronic case file the date caregiver agrees to complete the training. This date must be as soon a possible, but no later than 30 days of the identification.

### **CULTURAL CONSIDERATIONS**

#### **Family Centered Approach:**

The way CA staff engages the family (or fails to engage the family) can directly affect the willingness of the family to work with other members of the department. The level of trust and integrity established between the agency and the family often has a direct relationship on the child being able to remain/reunify with his/her family. Everyone who meets the family needs to build positive relationships.

For example:

**The definition of family varies from group to group.** While the dominant culture has focused on the nuclear family, African Americans define family as a wide network of extended family, non-blood kin and community. Native American Indian families traditionally include at least three generations and multiple parental functions delegated among aunts and uncles, as well as grandparents and cousins. Different cultural groups also vary in their traditional practices and views of adoption.

Determine if there are **cultural considerations** that need to be addressed as part of the planning process, for example, obtaining information about protocols, such as, how to approach a family, use of a cultural elder, matriarch or patriarch or the need for a culturally appropriate support person.

**VISUAL AIDS**

**FORMS AND TOOLS**

- Youth Supervision and Safety Plan [DSHS-15-352](#)
- PAAY Determination Referral [DSHS-15-400](#)

**SEE ALSO**

**RESOURCES**

- Updated Youth Supervision and Safety Plan Tips
- Statewide SAY/PAAY QA Plan
- [4413 Placement Services](#)

**SUGGESTED PRACTICE TIPS**

**Children's Administration (CA)**

**Practices and Procedures Guide**

**Chapter: Child Welfare Services 4000**

**45361. Sexually Aggressive Youth**

**PURPOSE STATEMENT:**

To guide CA social workers in properly identifying Sexually Aggressive Youth (SAY) and provide the needed supervision and services to meet the needs of all youth determined as SAY.

**LAWS**

[RCW 74.13.075](#)

**POLICY**

- A. All youth eight years and older must be identified then determined as SAY if they meet one of the following criteria:
  1. The Regional SAY Committee has approved the youth for SAY funded treatment (currently or in the past); or
  2. The Regional SAY/PAAY committee has determined the youth meets the definition of SAY as defined in [RCW 74.13.075](#) ; or
  3. A valid record exists documenting the youth has been found guilty in a court of law for a sexual offense.
- B. When identifying a youth as SAY the Statewide SAY/PAAY Quality Assurance Plan must be followed (link).
- C. All youth identified as SAY must have a signed Youth Supervision and Safety Plan ([DSHS-15-352](#)) prior to placement, but no later than 72 hours and the plan must be documented in FamLink within seven calendar days.
- D. Youth Supervision and Safety Plans must be approved and reviewed every six months by Regional SAY Committee or upon request.
- D. All youth identified as SAY must be provided needed services.
- F. Youth identified as SAY must *only* be placed with licensed caregivers who have completed the CA SAY training.

## Attachment 4

- G. Youth already placed and then identified as SAY, the caregivers must complete the CA SAY training as soon as possible, but no later than 30 calendar days.
- H. Youth identified as SAY and placed with unlicensed caregivers, the caregiver must complete the CA SAY training as soon as possible, but no later than 30 calendar days.
- I. Regions must establish a SAY Committee. The SAY committees are responsible for determining a youth's eligibility for SAY funded resources as outlined in [RCW 74.13.075](#).

### PROCEDURES

- A. When identifying or removing a youth as SAY complete SAY Determination Referral [DSHS-15-399](#) and follow the Statewide SAY/PAAY Quality Assurance Plan.
- B. Document in FamLink by checking the SAY Warning Indicator on the Person Management Page within seven calendar days for youth identified as SAY.
- C. Refer youth needing SAY treatment interventions to the Regional SAY committee, for authorization of SAY funding.  
Referrals must include:
  - 1. A detailed description of the youth's sexually aggressive act.
  - 2. Any other relevant information necessary to determine SAY funding needs.
- D. Refer youth approved for SAY service funds to a CA contracted SAY provider for services. Note: Prosecutors may refer youth for SAY services and youth do not need to be CA dependent.
- E. Coordinate services and Youth Supervision and Safety Plan with the SAY contracted provider, youth's caregiver and, if applicable, Juvenile Rehabilitation Administration or county probation.
- F. Develop a Youth Supervision and Safety Plan [DSHS-15-352](#) on all youth identified as SAY with the youth's caregiver and DLR Licensor (if available) and document in FamLink within seven calendar days. Identify with the caregiver as part of the supervision and safety plan any training, support or consultation they need.

## Attachment 4

- G. Submit Youth Supervision and Safety Plan [DSHS-15-352](#) to youth's caregiver for review and signature. Provide a copy of the signed plan to the caregiver, DLR Licensor and place a copy in the case file.
- H. Review Youth Supervision and Safety Plans at least every six months by following the procedures in the Statewide SAY/PAAY Quality Assurance Plan.
- I. Verify the prospective licensed caregiver has completed the CA SAY training. If the licensed caregiver has *not* completed the training:
1. Do not place youth identified as SAY with the caregiver.
  2. Provide the caregiver with information on where and how to access the training.
  3. Discuss and document in the electronic case file the date the caregiver agrees to complete the training.
  4. Upon verification of completion of the training the youth may be placed.
- J. Verify the unlicensed caregiver has completed the CA SAY training. If the unlicensed caregiver has not completed the training:
1. Provide them with information on where and how to access the training.
  2. Discuss and document in the electronic case file the date the caregiver agrees to complete the training. This date must be as soon a possible, but no later than 30 days after placement.
- K. Verify the licensed or unlicensed caregiver has completed the CA SAY training when a youth is identified as SAY following placement. If the caregivers have not completed the training:
1. Provide them with information on where and how to access the training.
  2. Discuss and document in the electronic case file the date the caregiver agrees to complete the training. This date must be as soon a possible, but no later than 30 days of the identification.
- L. Include the following information every six months when requesting reauthorization of funding from the Regional SAY Committee:
1. SAY provider quarterly reports.
  2. New documented incidents of sexual aggression.
  3. Supervision Plan.
  4. Other new evaluations or reports that are important to determine SAY funding needs.

Note: Polygraph test can only be provided or funded for sexually aggressive youth if a court order requires the test. Plethysmograph will not be approved or funded for sexually aggressive youth.

### **CULTURAL CONSIDERATIONS**

#### **Family Centered Approach:**

The way CA staff engages the family (or fails to engage the family) can directly affect the willingness of the family to work with other members of the department. The level of trust and integrity established between the agency and the family often has a direct relationship on the child being able to remain/reunify with his/her family. Everyone who meets the family needs to build positive relationships.

For example:

**The definition of family varies from group to group.** While the dominant culture has focused on the nuclear family, African Americans define family as a wide network of extended family, non-blood kin and community. Native American Indian families traditionally include at least three generations and multiple parental functions delegated among aunts and uncles, as well as grandparents and cousins. Different cultural groups also vary in their traditional practices and views of adoption.

Determine if there are **cultural considerations** that need to be addressed as part of the planning process, for example, obtaining information about protocols, such as, how to approach a family, use of a cultural elder, matriarch or patriarch or the need for a culturally appropriate support person.

### **VISUAL AIDS**

#### **FORMS AND TOOLS**

- Youth Supervision and Safety Plan [DSHS-15-352](#)
- SAY Determination Referral [DSHS-15-399](#)

#### **SEE ALSO**

#### **RESOURCES**

- Statewide SAY/PAAY QA Plan
- Youth Supervision and Safety Plan Tips
- [4413 Placement Services](#)

#### **SUGGESTED PRACTICE TIPS**

# Attachment 5

## Youth Supervision and Safety Plan

### **TIPS**

[Youth Supervision and Safety Plan DSHS 15-352](#) 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. If the already developed plan is mutually agreed upon to be appropriate, reference the plan in the Action Step section and attach it to the Youth Supervision and Safety Plan.

The Supervision and Safety 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.

## Attachment 5

- 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.

### **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

### **Training and Support Needs of the Caregivers**

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

# Attachment 6



CHILDREN'S ADMINISTRATION

## Sexually Aggressive Youth Determination Referral

YOUTH NAME		DATE OF BIRTH	YOUTH/CASE/ID NUMBER
DATE COMPLETED	SOCIAL WORKER	SUPERVISOR	
CAREGIVER NAME	FAMLINK ID NUMBER	DATE SAY TRAINING WAS COMPLETED	DATE SAY TRAINING WILL BE COMPLETED

Complete this form when requesting:

- Determination of SAY Identification (Section 1).
- Removal of a SAY Identification (Section 2).
- Review of Youth Supervision and Safety Plan (DSHS 15-352) (Section 3).

Submit this form to the Regional SAY committee lead for review. When requesting SAY funding, attach the SAY funding request form. When requesting Youth Supervision and Safety Plan review, a copy of the plan must be attached. Section 4 is to be completed by the Regional SAY committee lead and returned to the Social Worker.

### SECTION 1 – SAY DETERMINATION REQUEST

**SAY Determination Requested.**

Check all boxes that apply:

Youth is over age 8, but under age 18 (RCW 74.13.075) and:

- Has been abused and have committed a sexually aggressive act or other violent act that is sexual in nature;  
**AND**
- Is in the care and custody of the state or a federally recognized Indian tribe located within the state;  
**OR**
- Is the subject of a proceeding under Chapter 13.34 RCW or a child welfare proceeding held before a tribal court located within the state;  
**OR**
- Cannot be detained under the juvenile justice system due to being under age twelve and incompetent to stand trial for acts that could be prosecuted as sex offenses as defined by RCW 9.94A.030 if the juvenile was over twelve years of age, or competent to stand trial if under twelve years of age. Youth referred by Prosecutors are eligible for SAY funds regardless of dependency status;  
**OR**
- Has a valid record that he/she was found guilty in the court of law for a sexual offense;  
**OR**
- Has been approved for SAY funded treatment by the Regional SAY committee or been approved in the past.

Additional Considerations:

- Age of the child when the behavior occurred and whether it was appropriate for the child's age.
- Frequency and severity of the behavior.
- A psycho-sexual evaluation alone is not enough to label someone as SAY, but the Professional evaluator's overall opinion/recommendation must identify the youth as SAY.

COMMENTS: (Brief statements providing more detail on the item(s) checked above)

# Attachment 6

## SECTION 2 – REMOVAL OF SAY IDENTIFICATION REQUEST

**Removal of SAY Identification Requested**

Justification considerations:

- Review progress in treatment/interventions and SAY therapist recommendations.
- Review incidents to determine there have been no acts of sexual aggression in the past 24 months or longer.
- Verify that there is no record of adjudication for sexual assault since identified as SAY.

JUSTIFICATION: (Brief statements providing more detail)

## SECTION 3 – YOUTH SUPERVISION AND SAFETY PLAN REVIEW REQUEST

**Youth Supervision and Safety Plan Review Requested (Plan attached)**

COMMENTS: (Brief statements providing more detail if needed)

## SECTION 4 – REGIONAL SAY COMMITTEE REVIEW AND DETERMINATIONS

Completed by Regional SAY Committee Lead and returned to Social Worker.

### SAY DETERMINATION

Approve SAY Identification       Not Approve SAY Identification

JUSTIFICATION: (Brief statements providing more detail)

### SAY IDENTIFICATION REMOVAL

Approve SAY Identification Removal       Not Approve SAY Identification Removal

**Note to Social Worker:** If the youth's SAY identification is removed, this must also be documented and changed in FamLink by un-checking the Warning Indicator on the Person Management page.

JUSTIFICATION: (Brief statements providing more detail)

# Attachment 6

## YOUTH SUPERVISION AND SAFETY PLAN REVIEW

Approve Youth Supervision and Safety Plan       Not Approve Youth Supervision and Safety Plan

JUSTIFICATION/FEEDBACK: (Brief statements providing more detail)

COMMITTEE LEAD/DESIGNEE NAME

SIGNATURE

DATE REVIEWED

# Attachment 7



CHILDREN'S ADMINISTRATION

## Physically Assaultive/Aggressive Youth Determination Referral

YOUTH NAME		DATE OF BIRTH	YOUTH/CASE/ID NUMBER
DATE COMPLETED	SOCIAL WORKER	SUPERVISOR	
CAREGIVER NAME	FAMLINK ID NUMBER	DATE PAAY TRAINING WAS COMPLETED	DATE PAAY TRAINING WILL BE COMPLETED

Complete this form when requesting:

- Determination of PAAY identification (Section 1).
- Removal of a PAAY identification (Section 2)
- Review of a Youth Supervision and Safety Plan (DSHS 15-352) (Section 3)

Submit this form to the Regional PAAY committee lead for review. When requesting Youth Supervision and Safety Plan review, a copy of the plan must be attached. Section 4 is to be completed by the Regional PAAY committee lead and returned to the Social Worker.

### SECTION 1 – PAAY DETERMINATION REQUEST

**PAAY Determination Requested**

Check all boxes that apply:

Child or youth exhibits one or more of the following behaviors that are **developmentally inappropriate** and harmful to the child or to others (RCW 74.13.280):

- Observed assaultive behavior.
  - Reported and documented history of willfully assaulting or inflicting bodily harm;
- OR**
- Attempting to assault or inflict bodily harm on other children or adults under circumstances where the child has the apparent ability or capability to carry out the attempted assaults, including threats to use a weapon.

Additional Considerations:

- A single isolated act of aggression toward another person which occurred over 12 months ago (with no other indication of further aggression) is not justification to identify a child or youth as PAAY.
- Impulsive angry outbursts or tantrums, which by accident resulted in minor injury to another person is not justification to identify a child or youth as PAAY.

COMMENTS: (Brief statements providing more detail on the item(s) checked above)

### SECTION 2 – REMOVAL OF PAAY IDENTIFICATION REQUEST

**Removal of PAAY Identification**

Justification considerations:

- Review progress in treatment/interventions and therapist recommendations.
- Review incidents to determine there have been no assaults or attempted assaults for at least 12 months.
- Verify that there is no record of adjudication for assault since identified as PAAY.

# Attachment 7

JUSTIFICATION: (Brief statements providing more detail, if needed)

## SECTION 3 – YOUTH SUPERVISION AND SAFETY PLAN REVIEW REQUEST

Youth Supervision and Safety Plan Review (Plan attached)

COMMENTS: (Brief statements providing more detail on the item(s) checked above)

## SECTION 4 – REGIONAL PAAY COMMITTEE REVIEW AND DETERMINATIONS

**Completed by Regional PAAY Committee Lead and returned to Social Worker.**

### PAAY DETERMINATION

Approve PAAY Identification       Not Approve PAAY Identification

JUSTIFICATION: (Brief statements providing more detail)

### PAAY IDENTIFICATION REMOVAL

Approve PAAY Identification Removal       Not Approve PAAY Identification Removal

**Note to Social Worker:** If the youth's PAAY identification is removed, this must also be documented and changed in FamLink by changing the Behavioral Health Assessment in the Health/Mental Health page.

JUSTIFICATION: (Brief statements providing more detail)

### YOUTH SUPERVISION AND SAFETY PLAN REVIEW

Approve Youth Supervision and Safety Plan       Not Approve Youth Supervision and Safety Plan

JUSTIFICATION FEEDBACK: (Brief statements providing more detail)

COMMITTEE LEAD/DESIGNEE NAME

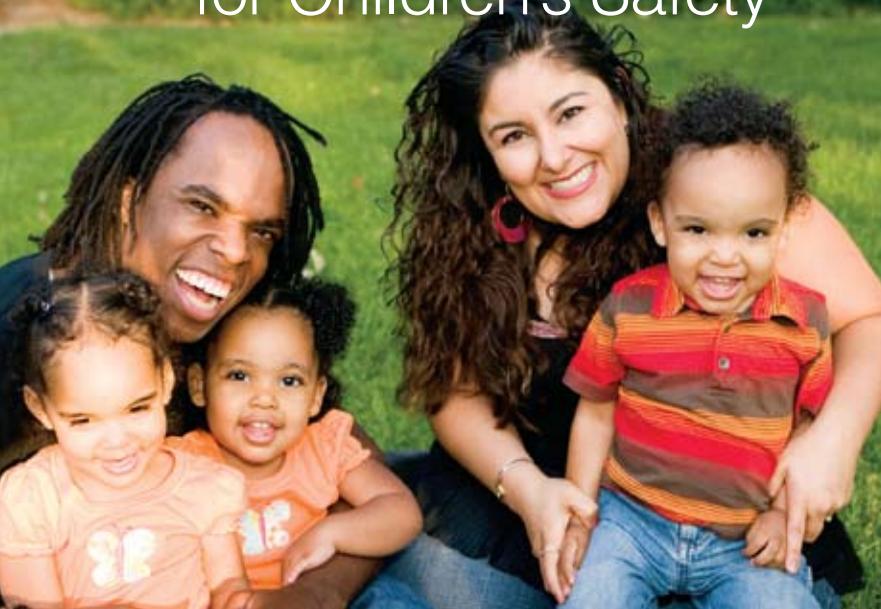
SIGNATURE

DATE REVIEWED

Every child deserves to grow up in a safe, loving environment.

Children's Administration is committed to partnering with parents to help them engage in service plans so that children have the opportunity to safely stay in their homes.

## Partnering with Families for Children's Safety



To learn more about Solution Based Casework and what Children's Administration is doing to improve the outcomes for children, please email [practicemodel@dshs.wa.gov](mailto:practicemodel@dshs.wa.gov).



Safe Kids, Healthy Families  
through  
**Solution  
Based Casework**



## Attachment 8

Children's Administration has begun a three-year effort to implement a new evidence-based practice model, **Solution Based Casework (SBC)**. This model identifies and builds on a family's strengths. An SBC evaluation in Kentucky showed:

- Families achieved significantly more case goals and objectives when SBC was used.
- Social workers who used SBC were more likely to meet face-to-face with families and service providers as a team.
- Social workers identified a significantly greater number of family strengths.
- Building on those strengths more frequently kept families intact with no increased risk to children.
- Foster parents felt more recognized for their contribution and they felt the agency was more responsive to their needs.



### How does it work?

Solution Based Casework (SBC) is a family-centered approach to child welfare. Social workers are taught engagement skills, interviewing techniques, family life cycle development and relapse prevention frameworks. In their work with families, social workers:

- Focus on every day challenges the family faces, helping to find solutions to the situations the family is not handling well.
- Help the family understand what led to maltreatment and utilize a relapse prevention framework to prevent further maltreatment.
- Ensure the family feels their experience of the situation and their family dynamics are understood.
- Quickly build a consensus with the family and service providers on what needs to happen to reduce risk, protect children and achievable goals.
- Build on the reality that all families have had times when they have been successful.
- Document and offer encouragement for even the smallest improvements.

### How will we know if it's working?

Children's Administration is teaming with Partners for Our Children (POC) to evaluate the impact of this new practice model on children and families, and the level of satisfaction for social workers. POC is conducting a baseline survey of social workers, supervisors, and families, and will repeat these surveys after SBC has been fully implemented.

Training and follow-up coaching will be ongoing over the next three years.



# 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 this home?

What makes the child happy or upset?

What are the child's interests?

What is the child's daily routine?

What is the child's progress in school?

What do you see as the child's strengths?

How is the child engaging in his or her ethnic, cultural and religious traditions?

When did the child have his or her last medical/mental health dental appointment?

When did the child visit with parents and siblings and how does child respond?

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 staffings, educational meetings, appointments, or court hearings that I should be aware of or attend?

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 \_\_\_\_\_



## Documenting Braam Outcomes in FamLink

### Documentation Requirements

- Ansell Casey Life Skills Reports and Independent Living Plan
- Caseload Ratio
- CHET Outcome - Shared Planning
- Child Information/Placement Referral form
- Decrease Number of Days Youth are on the Run
- Denial of Mental Health - Shared Planning
- Education
- Health and Education Plans (in ISSP w/in 60 days)
- Health and Education Plans Updated Every 6 Months
- ITEIP
- Medically Fragile Children
- Monthly Visits
- Monthly Visits with Caregivers
- Physically Aggressive Assaultive Youth
- Placement
- Reduce Runaways Outcome
- Sexually Aggressive Youth
- Sibling Placement
- Sibling Visits
- Transition Staff for Youth 17.5 (Shared planning)

### Resources

[2009 Foster Parent Survey](#)

[Braam Oversight Panel website](#)

## Making Your Work Count

This information was developed to support staff and supervisors to correctly document Braam related outcomes in FamLink.

Each link represents a Braam outcome\* or Braam requirement\*\* and provides the following information:

- Braam Outcome or Braam Requirement
- Instructions for documenting/inputting into FamLink
- Information on what to document in the FamLink narrative (where applicable). Click the  symbol to read the instructions.
- Additional supporting tools (where applicable)

Following these instructions will ensure your work is counted and will help improve the accuracy of our performance data.

\* *Measured performance*

\*\* *Required for a Braam informational report or compliance plan*



## Documenting Braam Outcomes in FamLink

Braam Home

**Resources**

- 2009 Foster Parent Survey
- Braam Oversight Panel website

### Documentation Requirements

- Ansell Casey Life Skills Reports and Independent Living Plan
- Caseload Ratio
- CHET Outcome - Shared Planning
- Child Information/Placement Referral form
- Decrease Number of Days Youth are on the Run
- Denial of Mental Health - Shared Planning
- Education
- Health and Education Plans (in ISSP w/in 60 days)
- Health and Education Plans Updated Every 6 Months
- ITEIP
- Medically Fragile Children
- Monthly Visits
- Monthly Visits with Caregivers
- Physically Aggressive Assaultive Youth
- Placement
- Reduce Runaways Outcome
- Sexually Aggressive Youth
- Sibling Placement
- Sibling Visits
- Transition Staff for Youth 17.5 (Shared planning)

### Monthly Visits Outcome

#### Braam Outcome:

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.

- View Performance Chart

### Instructions for Documenting in FamLink

- FamLink Screen Shot

#### Instructions:

- Create Case Note in FamLink,
- Select activity "Health and Safety Monitoring Visits (CA Social Worker)" and ensure the correct child(ren) (i.e. participant) is/are selected.

Each participant must have their own activity row to count as a monthly visit.

### What to Document in FamLink Narrative

Documentation must include information on the following:

#### Verbal child:

- Does the child feel safe or have concerns about their home or placement?
- Discuss with an age appropriate child the child's case plan. Ask for the child's input into the case plan and include permanency.
- What are the child's needs, wants and progress?
- Are they visiting with parents & siblings, how are visits going?

The assigned social worker confirms each child capable of reading, writing and using the telephone has a card with the social worker's name, office address, and phone number.

#### Non-verbal child:

- Is the child developmentally, socially and emotionally on track?
- How does the child appear physically? (Appropriate weight, good hygiene, socially engaged)
- Is the home environment free of safety concerns?

### Additional Supporting Tools

- Social Worker Monthly Visit Document - by Field Operations (September 10, 2009)
- Monthly Visit Matrix
- Monthly Health and Safety Visits Child Check List
- Case and Provider Notes - Quick Help Guide

# Attachment 11

## Statewide Action Plan to Accelerate FamLink Utilization & Acceptance

Children's Administration

October 6, 2009

Focus	Action Item	Description	Responsibility	Target Date
Leadership	Issue All-Staff Interim Policy	Issue an Interim Policy week of Oct 5 to reinforce expectations regarding staff's use of FamLink. Interim policy preceded by similar message sent by Regional Administrators (RA) earlier in week.	Acting Assistant Secretary FOD Director RA's	10/9/09
	Hold Discussion during Management Team Meetings	Regional Administrators and Area Administrators (AA's) Lead discussions during October Management Team meetings regarding expectations for staff using FamLink as an integral business function.	FOD Director RA's & AA's	10/31/09
Support	Identify FTE - FamLink Training & Support Coordinator	Each region will identify FTE to help identify and coordinate training and support for staff and early adopters, receive info/training from CA Technology Services (CATS) & Implementation Leadership Team (ILT) trouble-shoot issues, communicate progress and needs.	FOD Director RA's	10/15/09
	Identify & Communicate Peer Tutors "Early Adopters" for Each Office	Each region/division will identify and formalize on-site peer tutoring leads, also known as "early adopters" and make their availability to train/tutor widely known. These individuals will receive additional training and support from the Regional Lead, CATS, and ILT.	FOD Director RA's, AA's and ILT	10/15/09
Training	Provide Supervisors & Intake Specialists Additional Training	Half-day in-person training will be provided to supervisors and intake specialists to increase knowledge and confidence of where to locate the most critical info in FamLink. Supervisors will also learn how to integrate use of FamLink in Supervisory Reviews. Supervisors will share info/materials with their staff.	FOD Director CATS & ILT	10/31/09
	Supervisors Develop Individual Training Plans with each Staff Person	Supervisors will develop Individual Training Plans with each staff person similar to those created prior to Go-Live. Supervisors will assist staff immediately in high priority training needs and staff will target completion of their Training Plan by 12/31/09.	FOD Director RA's, AA's, Supervisors, & Social Workers	11/13/09 12/31/09
Account-ability	Update PDF and PDP Templates	Social Workers and Supervisors PDF's and PDP's will be revised to include expectations for using FamLink. Updated PDF's will be reviewed and signed by staff. PDP's will be updated during next Annual Performance Evaluation or prior to 1/31/10. This will include consultation with Human Resources.	FOD Director RA's, AA's, and Supervisor	10/31/09 (PDF) 11/30/09 (PDF Signed) 1/31/10 (PDP Appendix)
	Require FamLink Review During Monthly Supervisory Reviews	Supervisory Reviews with social workers will include real-time FamLink review to assess utilization and required case documentation. Training will be provided during the review as needs and gaps are identified. Related policy, procedures, and checklist will be reviewed and updated as needed to encompass this expectation.	FOD Director RA's, AA's, Supervisors, & Social Workers	Beginning Oct 2009 Monthly, Ongoing
Monitoring and Tracking	Identify, Track & Report Utilization Measures	Use Braam and infoFamLink reports to identify, track, and report staff utilization of key requirements and practice tools in FamLink. Establish new report to monitor Monthly Supervisor Reviews.	FOD Director CATS, Exec QA Team	11/10/09 Monthly (Top 4) Others TBD
	Survey Staff	Administer on-line staff survey to measure staff and supervisor's assessment of their confidence, competency, and use of FamLink as well as outstanding issues and needs. Results will be used to track progress and establish future training/tutoring plans.	FOD Director ILT	1/15/10

# Attachment 12

 <p style="font-size: small;">Washington State Department of Social &amp; Health Services</p> <p style="font-weight: bold; font-size: small;">CA Children's Administration</p>	<p>CHILDREN'S ADMINISTRATION</p> <h2 style="margin: 0;">A Mapping Guide for Completing the Education Plan</h2>	
<p>PLAN DATE</p> <p style="color: red; font-weight: bold;">System generated the day created</p>	<p>CHILD/YOUTH NAME</p> <p style="color: red; font-weight: bold;">System generated</p>	<p>CHILD/YOUTH DOB</p> <p style="color: red; font-weight: bold;">System generated</p>
<b>I. Enrollment and Attendance:</b>		
<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>1. Is the child/youth enrolled and attending school?</p> <p>Details:</p> <p style="color: red; font-weight: bold;">Education Pre K-Post Secondary page&gt;Education tab&gt;Create School Details hyperlink&gt;Current Attending group box (Note: when the primary school has an end date the "No" box will be checked)</p>	
<p><input type="checkbox"/> <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>	<p>2. Have efforts been made so the child/youth can remain at the same school?</p> <p>Efforts Made: <a href="#">Education tab&gt;District Edit hyperlink&gt;School Stability group box</a></p> <p>Description of Plan or Reason No Plan was Developed:</p> <p style="color: red; font-weight: bold;"><a href="#">Education tab&gt;District Edit hyperlink&gt;School Stability group box</a></p>	
<p><input type="checkbox"/> <input type="checkbox"/></p>	<p>3. During the last six months of placement, has there been a change of school?</p> <p>Enrollment End Date:</p> <p>Reason for Change:</p> <p>Completion Status:</p> <p style="color: red; font-weight: bold;"><a href="#">Education tab&gt;District Edit hyperlink&gt;Enrollment Details group box</a></p>	
<p><input type="checkbox"/> <input type="checkbox"/></p>	<p>4. Is there a plan for transportation to school? Provided by:</p> <p>Description of Plan or Reason No Plan was Developed:</p> <p style="color: red; font-weight: bold;"><a href="#">Education Plan tab&gt;Q1</a></p>	
<p><input type="checkbox"/> <input type="checkbox"/></p>	<p>5. Has the child/youth been truant, suspended or expelled?</p> <p>Details:</p> <p>Suspension/Expulsions: (For expulsions: <a href="#">Education tab&gt;Create School Details hyperlink&gt;Current Attending group box</a> "No" is checked in the Current Attending group box)</p> <p>History of Suspensions:</p> <p>Attendance:</p> <p>Conduct:</p> <p style="color: red; font-weight: bold;"><a href="#">Education tab&gt;Create School Details hyperlink&gt;Current Status group box</a></p>	
<b>II. Child/Youth's Progress</b>		
<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>1. Is the child/youth making academic progress?</p> <p>Comments:</p> <p style="color: red; font-weight: bold;"><a href="#">Education Plan tab&gt;Q2</a></p>	
<p><input type="checkbox"/> <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>	<p>2. Has a plan been developed to assist child/youth in obtaining necessary credits to achieve academic goals?</p> <p>Plan to obtain credits: : <a href="#">Education Plan tab&gt;Q3</a></p> <p>Description of Plan or reason no plan was developed: <a href="#">Education Plan tab&gt;Q3</a></p>	
<p><input type="checkbox"/> <input type="checkbox"/></p>	<p>3. Does the child/youth have special education needs?</p> <p>Supporting Details:</p> <p style="color: red; font-weight: bold;"><a href="#">Special Education Needs tab&gt;Q1</a></p>	
<p><input type="checkbox"/> <input type="checkbox"/></p>	<p>4. Does the child/youth have an IEP?</p> <p>Start Date:</p> <p>Summary of Services:</p> <p style="color: red; font-weight: bold;"><a href="#">Special Education Needs tab&gt;Plan group box</a></p>	

## Attachment 12

<input type="checkbox"/>	<input type="checkbox"/>	<p>5. Does the child/youth have a Section 504 Plan?</p> <p>Start Date:</p> <p>Summary of Services:</p> <p><b>Special Education Needs tab&gt;Plan group box</b></p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>6. Is the child/youth's progress at school adversely affected by physical, social, emotional, or mental health issues?</p> <p>Unknown <input type="checkbox"/></p> <p>Comments:</p> <p><b>Education Plan tab&gt;Q6</b></p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>7. Are any educational services needed but not being provided?</p> <p>Unknown <input type="checkbox"/></p> <p>Comments:</p> <p><b>Education Plan tab&gt;Q7</b></p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>8. For grades 9 -12: is there preparation for post-secondary education?</p> <p>Unknown <input type="checkbox"/></p> <p>Comments:</p> <p><b>Education Plan tab&gt;Q8</b></p>
<p>9. Is the child/youth passing the WASL?</p> <p>Math: <span style="float: right;">Science:</span></p> <p>Reading: <span style="float: right;">Writing:</span></p> <p><b>Education tab&gt;Create School Details hyperlink&gt;WASL Test Results group box</b></p>		
<b>III. Education Decision Making Responsibility</b>		
<p>1. Who will be responsible for regular, day-to-day education decision-making?</p> <p>Role: <b>Education Plan tab&gt;Q4</b></p>		
<p>2. Who will be responsible for special education needs decision-making?</p> <p>Role: <b>Education Plan tab&gt;Q5</b></p>		
<b>IV. WHEN DID THE SOCIAL WORKER LAST SEE THE CHILD/YOUTH?</b>		
<p>1. Date of last Face to Face contact with child/youth:</p> <p>&lt;00/00/0000, Initial Face to Face with Child&gt; <b>System generated from last case note for a face to face contact</b></p>		