



Washington State

**Child and Family
Services Review**

**Program
Improvement Plan**

*First Quarterly Report
October – December 2011*

Submitted January 31, 2012

Washington State
Program Improvement Plan
Quarter 1 Report
January 31, 2012

- 1.1 New Safety Framework**
- 2.1 Practice Model**
- 3.1 Family Team Decision-Making Meetings**
- 3.2 Awareness and Organizational Support for Fathers**
- 4.1 Permanency Roundtables**
- 4.2 Unified Family Home Studies**
- 5.1 Case Planning Meetings**
- 5.3 Notification to Foster Parents of Court Hearings**
- 6.1 Inventory of Purchased Services**



Strategy 1: New Approach to Assuring Child Safety

Goal: Improve child safety throughout the entire life of the case.

Strengthen Child Safety Practice by Implementing a New Safety Framework to:

- Ensure child safety is assessed, analyzed, and controlled throughout the life of a case using precise language in the application of safety threat analysis
- Include the family, their natural supports and community partners in keeping children safe in their own home when possible
- Formalize the policy expectation and practice of visiting parents at least monthly

Action Steps completed this quarter:

Action Step	Evidence of Completion
1.1.1 Request assistance from the National Resource Center to review practice in Washington State and recommend ways to strengthen child safety practice	Request to National Resource Center on Child Protective Services for technical assistance <ul style="list-style-type: none"> • See Technical Assistance Request of April 1, 2011
1.1.2 Identify practice standards that will: <ul style="list-style-type: none"> • Strengthen assessment, analysis and controlling for child safety throughout the life of a case. • Move beyond incident based assessments • Focus on identified safety threats versus risk of maltreatment 	Copy of on-line overview made available to all CA staff <ul style="list-style-type: none"> • See CD labeled On-line Overview DVD
1.1.3 Develop policy and procedures for the new Safety Framework, incorporating Solution Based Casework	Finalized written policy and procedures <ul style="list-style-type: none"> • See Memorandum from Becky Smith dated November 10, 2011

Action Step	Evidence of Completion
<p>1.1.4 Develop training curriculum to ensure transfer of learning that will support the Safety Framework, including:</p> <ul style="list-style-type: none"> • Skills to apply the framework consistently with children and families of all races and ethnicities, including Tribal children • The importance of monthly visits with both parents of children who remain at home and those in out-of-home care • Racial disproportionality • Compliance with the Indian Child Welfare Act 	<p>Training curriculum</p> <ul style="list-style-type: none"> • See CD labeled On-line Overview DVD
<p>1.1.5 Design and test FamLink tools and integrate the Practice Model to support Child Safety Framework</p>	<p>Screen Prints of Safety Assessment, Safety Plan, Family Assessment, Assessment of Progress and Case Plan</p> <ul style="list-style-type: none"> • See Word document containing screen prints labeled Safety Assessment and Family Assessment Screen Shots
<p>1.1.7 Disseminate Bench Guides and Cards to judicial officers concerning the new Safety Framework</p>	<p>Letter from the Administrative Office of the Courts confirming distribution of Bench Guides and Cards to judicial officers</p> <ul style="list-style-type: none"> • See letter from Janet Skreen dated July 7, 2011



Strategy 2:

Increase Family Engagement

Goal: Increase family engagement to safely maintain more children in their own homes or with relatives safely shorten the length of time children are in out-of-home care, and increase well-being for children and families.

Continue implementation of CA's Practice Model to:

- Increase the consistency of practice statewide
- Reinforce CA's commitment to child safety
- Support a solution-based approach to working with families

Action Steps completed this quarter:

Action Step	Evidence of Completion
<p>2.1.3 Provide Solution Based Casework training to Department of Corrections staff to improve the consistency of practice in the Parenting Alternative Program (authorized in 2010 by SSB 6639). The families in this program have open cases with both CA & the Department of Corrections</p>	<p>Training announcement Written summary report of attendance Summary of training content</p> <ul style="list-style-type: none"> • See Summary Report for Solution Based Casework • See PowerPoint of training content
<p>2.1.6 Implement new case plans, incorporating SBC language and processes as well as cultural considerations concerning children and families of all races, ethnicities including Tribes</p>	<p>Written communication from CA Leadership announcing implementation of new case plans</p> <ul style="list-style-type: none"> • See Memorandum from Becky Smith dated November 10, 2011



Strategy 3:

Improving Child and Family Well-Being

Goal: Enhance family’s capacity to meet their children’s needs and address educational needs.

Enhance Family Team Decision-Making Meetings

- The practice of Family Team Decision Making is our fundamental approach to the early and ongoing engagement of parents and their natural supports and to give them an authentic voice at the decision making and planning table.

Increase Social Worker Awareness and Organizational Support for Fathers by:

- Expanding support for fathers throughout all of Region 2
- Conducting an internal, statewide awareness campaign and training

Action Steps completed this quarter:

Action Step	Evidence of Completion
3.1.1 Assess current infrastructure and capacity of FTDMs to determine whether enhancements are needed	<p>Written results of assessment and recommendations</p> <ul style="list-style-type: none"> • See Family Engagement Implementation Team Issue Recommendations: Back-up Facilitators dated March 2011
3.1.2 Finalize FTDM training plan for case carrying staff and related personnel	<p>Written training plan</p> <ul style="list-style-type: none"> • See Family Engagement Implementation Team Issue Recommendations: FTDM Training Plan dated March 2011
3.1.8 Train social work staff in FTDM Basics (on-line training)	Written summary report of

attendance demonstrating 80% of all Social Workers (except Intake SWs), Supervisors and AAs trained by staff group and region

- See Excel Chart of December 12, 2011

3.2.1 Continue Father Engagement Specialist in Region 2

Appointment Letter to Region 2 Father Engagement Specialist

- See letter from Joel Odimba dated January 18, 2010
- See email from Joel Odimba dated January 11, 2011



Strategy 4:

Increase Focus on Legal Permanency for Children

Goal: Safely shorten the time children spend under a court dependency.

Expand Permanency Roundtables Statewide:

- Use process with focus on children who have been in out-of-home care the longest
- Analyze demographic and system characteristics of children in care over 5 years

Implement Unified Family Home Studies to:

- Assure adoption requirements for the caregiver are met when a child is initially placed
- Reduce duplicate requirements for additional home studies and background checks, which expedites permanency for children

Action Steps completed this quarter:

Action Step	Evidence of Completion
<p>4.1.1 Convene Permanency Roundtable Design Team</p>	<p>Written notes from first meeting</p> <ul style="list-style-type: none"> • See agenda and notes from April 15, 2011
<p>4.1.2 Analyze the characteristics of children with the longest lengths of stay, including the capacity to separate data by race and ethnicity, for statewide policy and practice implications</p> <p><i>*Note: Analysis of the differences between children and youth with the longest length of stay and the rest of the population continues and will be shared with ACF at a later date. **</i></p>	<p>Written report of analysis including: child demographics, legal status, placement history and reason for placement</p> <ul style="list-style-type: none"> • See Report on Characteristics of children and Youth with the Longest Lengths of Stay
<p>4.2.1 Consult with NRC and other states about lessons learned from other implementations</p>	<p>Written summary of lessons learned</p> <ul style="list-style-type: none"> • See summary dated July

4.2.2 Review changes to the home study and expectations to approve caregivers with internal workgroup

Written recommendations

- See recommendations from the CA Unified Home Study Workgroup dated June 22, 2011

4.2.3 Update DLR staff on progress

E-mail to DLR staff

- See agenda dated December 16, 2011
 - See meeting attendance sheet dated December 16, 2011
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Strategy 5:

Improve the Court Case Review System

Goal: Safely shorten the time children spend under a court dependency.

Restructure Case Planning Meetings so that the process is:

- Clear to social workers and families
- Better engage families in case planning
- Meetings are consolidated, whenever possible and more efficient
- Support the appropriate, timely setting and changing of permanency goals

Improve the Timeliness of Filing for Termination of Parental Rights

Improve Notification to Foster Parents of Court Hearings

Action Steps completed this quarter:

Action Step	Evidence of Completion
5.1.1 Draft initial proposal for improving case planning meetings	<p>Written Initial proposal</p> <ul style="list-style-type: none"> • See the See Family Engagement Implementation Team Issue Recommendations: Combining Meetings dated March 2011
5.3.1 The 'Caregiver's Report to the Court' will be accessible to caregivers through the foster parent web page. Currently this form is on the CA Intranet and inaccessible to caregivers. Short instructions will be included that explain the need to keep comments concise	<p>Screen shot of the form on the foster parent web page</p> <ul style="list-style-type: none"> • See screen prints of Web-page and Caregiver Connection articles



Strategy 6:

Improve the Service Array Available to Children and Families

Goal: Better meet the individual needs of children and their families in all areas of the state.

Inventory Purchased Services that Safely Support Children Remaining in Their Own Homes.

- Assess and analyze the availability of necessary services at the local office level

Action Steps completed this quarter:

Action Step	Evidence of Completion
6.1.1 Develop inventory structure, including the identification of culturally competent and language fluent services	Inventory structure completed <ul style="list-style-type: none"> • See Email from Tammy Hay dated September 27, 2011
6.1.2 Train contract managers and service managers to gather information for the inventory of services	Written summary report of attendance demonstrating 95% of contract managers and service managers gathering information for the inventory trained <ul style="list-style-type: none"> • See Summary Report of Attendance
6.1.3 Begin gathering information for inventory of purchased services	Email notification of assignment to contract and service managers <ul style="list-style-type: none"> • See Email from Tammy Hay dated September 27, 2011

Request for On-site T/TA from the National Resource Centers

This request form begins the process for States and CIPs to access T/TA through ACF's network of National Resource Centers (including AdoptUSKids). If the request is from a Region or County, the form should be submitted to the State's administrative/central child welfare office or CIP for approval prior to submission to the ACF Regional Office. This will ensure a planned approach to accessing T/TA as well as equity across Regions or Counties. If you have any questions or need assistance completing this form, please feel free to contact your ACF Regional Office directly at (RO contact's phone number and/or e-mail).

Organization Requesting Assistance: DSHS/Children's Administration	Date of Request: April 1, 2011
Contact Name and Title (at requesting agency): Becky Smith, Director Field Operations Division Children's Administration	Contact for this T/TA request: Denise Revels Robinson Assistant Secretary Children's Administration
Address: 1115 Washington Street SE Olympia, Washington 98504-5710	Phone: (360) 902-7820 Email: reveldr@dshs.wa.gov
Approved by State Agency: Yes/No Name (if different than above Contact):	Phone: (360) 902-7982 Email: smb300@dshs.wa.gov

A. What is your Training or Technical assistance (T/TA) request?

Children's Administration would like assistance with:

- *reviewing safety assessment and safety planning training curricula to ensure accuracy of Washington's safety model,*
- *providing samples of existing training materials and practice elements,*
- *reviewing safety assessment and safety planning practice elements (linking policy, electronic tools and practice) to ensure accuracy of the Washington's safety model,*
- *collecting effective strategies for implementation of the Washington's safety model,*
- *collecting effective ongoing strategies of quality assurance (including accountability and performance appraisal),*
- *working with Solution Based Casework, Wraparound and Family Team Decision Making leads to ensure integration of principles and values that support safety,*
- *training of content for trainers, and*
- *conducting training for Children's Administration social workers and supervisors on safety assessment and developing safety plans.*

B. Have you identified specific National Resource Center(s) for this request? If yes, have you already spoken with them? Please specify the NRC(s) which may be involved:

Yes, we are currently working with Emily Hutchinson from the National Resource Center for Child Protective Services. We have a strong and positive working relationship with Emily and would like her to continue as Washington's TA.

C. What is the reason for your request? What is the issue you are trying to address? Who is the target audience?

Leadership has identified concerns about the quality and effectiveness of Washington's safety assessment and safety planning. Children's Administration is working to improve the practice of social workers and supervisors in increasing safety for children through effective safety assessment and planning. We are developing a new safety assessment model, based off of the Washington's safety model and need assistance training social workers in developing safety plans that keep children safe and supervisors about their role in reviewing plans and supporting social workers.

D. What is the history of this issue (over the past 3-5 years)? Any prior T/TA provided?

Children's Administration adopted safety assessment and planning tools in 2002 after a high profile child death. We continue to see plans that rely on promises of the parent rather than plans which monitor, control and assure safety for children. Safety assessment and plans are not comprehensive and frequently do not identify and address safety threats when the child remains in the parental home. TA has been provided from April 2010 to present. This TA included on-site visits, off-site work and phone consultation by Ms. Hutchinson to provide information on current state of the art practices on child safety and provide feedback on the safety model development.

E. Is the need for T/TA related to the following (check those that apply):

- PIPs (CFSR or IV-E)
- Child and Family Services Plan (CFSP)
 - Results from the CFSR
 - CIP
 - Data issues (e.g. AFCARS/SACWIS, data profiles, building analytic capacity, using data effectively, etc.)
 - Children's Bureau national T/TA priority (please specify):
 - Other Federal requirements (please specify):
- Other needs (please specify):** *Practice need: Safety assessment and planning.*

F. How will this T/TA build your organization's capacity? What are your expectations for this T/TA? What outcomes/results do you expect?

Through collaborative work with the Children's Administration would like to use T/TA to further develop a comprehensive approach to child safety including:

- *Improve social workers and supervisors ability to assess child safety,*
- *Increase the knowledge of leaders within the organization,*
- *Enhance internal training capabilities,*
- *Ensure QA in the dept is capable of assessing the impact of the changes of the safety assessment,*
- *Develop a framework for ongoing support and accountability for the new child safety decision making system,*
- *Train staff in safety assessment and planning in order to improve safety for children,*
- *Ensure CA's training curriculum, policy and practice guidelines are consistent with the safety model, and*

- *Incorporate the safety model curriculum in our ongoing training for supervisors and social workers.*

G. **Estimated number of on-site T/TA days required from NRC(s) and general timeframes for possible T/TA** *(exact number of days to be determined by RO and NRC):*

The number of estimated on-site T/TA for continuing development of the safety model is 12 day; inclusive of one training of content.

The number of estimated off-site T/TA for continuing development of the safety model is 15 days.

The number of TA days for training depends on the length of the training and the optimum size of the groups who are trained. We have approximately 1, 662 social workers and supervisors who will need this training. They are spread out across six regions in two distinct geographic areas of the state, eastern and western Washington. We are accepting of using a train the trainer model.

DVD of on-line overview made available to all CA staff.

Partnering with Families for Child Safety

It Changes the Meaning of Resistance

Washington DSHS Children's Administration (CA)
Created by the Practice Model Team in conjunction with Dr.
Dana Christensen

WHAT YOU GAIN FROM THIS TRAINING ^{1.1.3}

1. Learn strategies for working with resistance
2. Recognize cultural factors and how they influence collaboration
3. Learn how to apply certain skills for assessment and case planning
4. Learn how to use strengths and exceptions in assessment and case planning

Resistance

1.1.3

What is it?

COLLABORATION

Why bother?

Resistance

1.1.3

Resistance arises out of
your interaction with the
client

Motivational Interviewing , p.98

Resistance

1.1.3

What is the family trying to
tell me?

Resistance

Our job is to “double back,
understand the reason for the
resistance”

- Motivational Interviewing, p.98

Resistance

Our job is to “double back,
understand the reason for the
resistance”

- Motivational Interviewing, p.98

Thinking Developmentally^{1.1.3}

What does family development have to do with partnership?

Thinking Developmentally^{1.1.3}

- Families face common challenges
- Casework needs to focus on everyday life challenges
- Locate specific skills to those everyday life challenges

Thinking Developmentally^{1.1.3}

Normalizing

Thinking Developmentally^{1.1.3}

Externalizing

Thinking Developmentally^{1.1.3}

Mining for protective capacities
(strengths)

Thinking Developmentally^{1.1.3}

Families have a culture of their
own

Cultural Considerations^{1.1.3}

- Extended kinship systems
- Spiritual practices/beliefs
- Traditional Health Practices
- Confidentiality practices
- Gender and authority roles

Cultural Considerations^{1.1.3}

- Historical oppression and mistrust
- View of professionals
- Recent dislocation or trauma
- Legal status

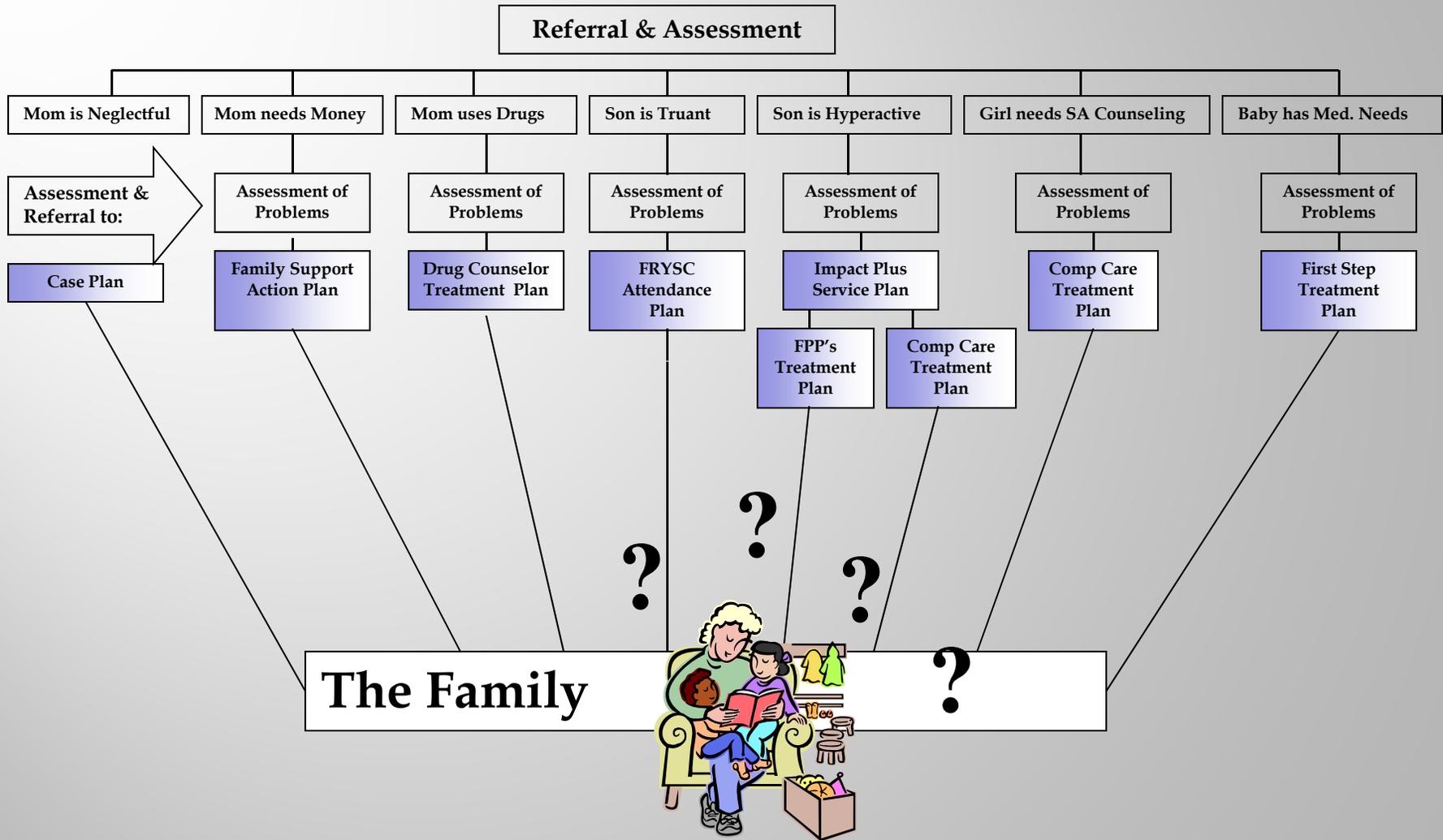
Cultural Considerations^{1.1.3}

- Racial disproportionality exists in WA state
- The greatest disproportionality for children of color occurs when:
 - ❖ The initial referral to CPS is made
 - ❖ Decision to remove from home is made
 - ❖ A child is in care for over 2 years

(Racial Disproportionality in WA state, Second Edition Committee Report)

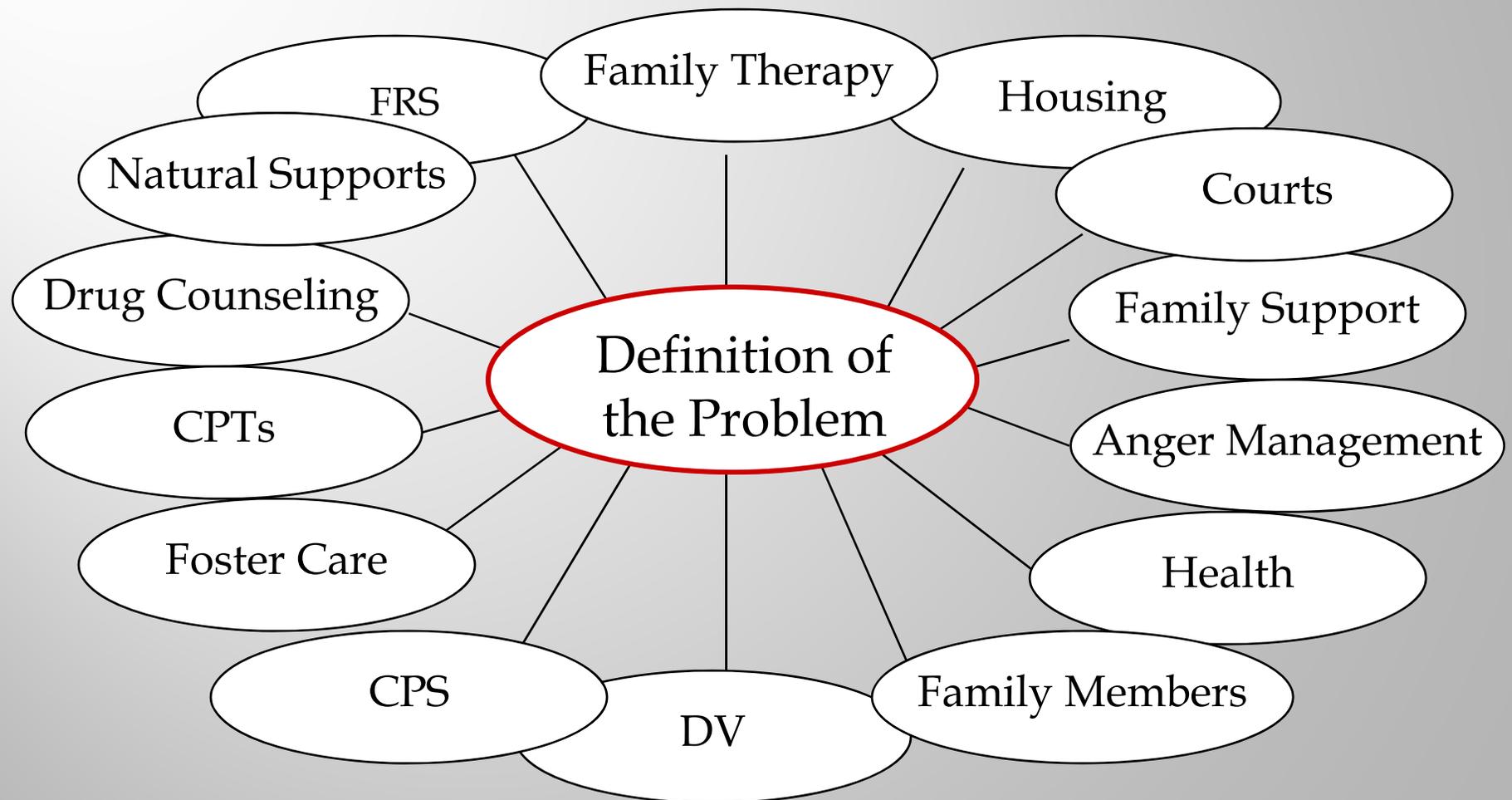
The All-Too-Familiar Approach

1.1.3



The problem with problems

1.1.3



The problem with problems

Defining the problems in a way
that leads to a solution
(Solution Focused Theory)

The problem with problems

Defining the problem in the
everyday life of the family
(Family Developmental Theory)

Getting Specific

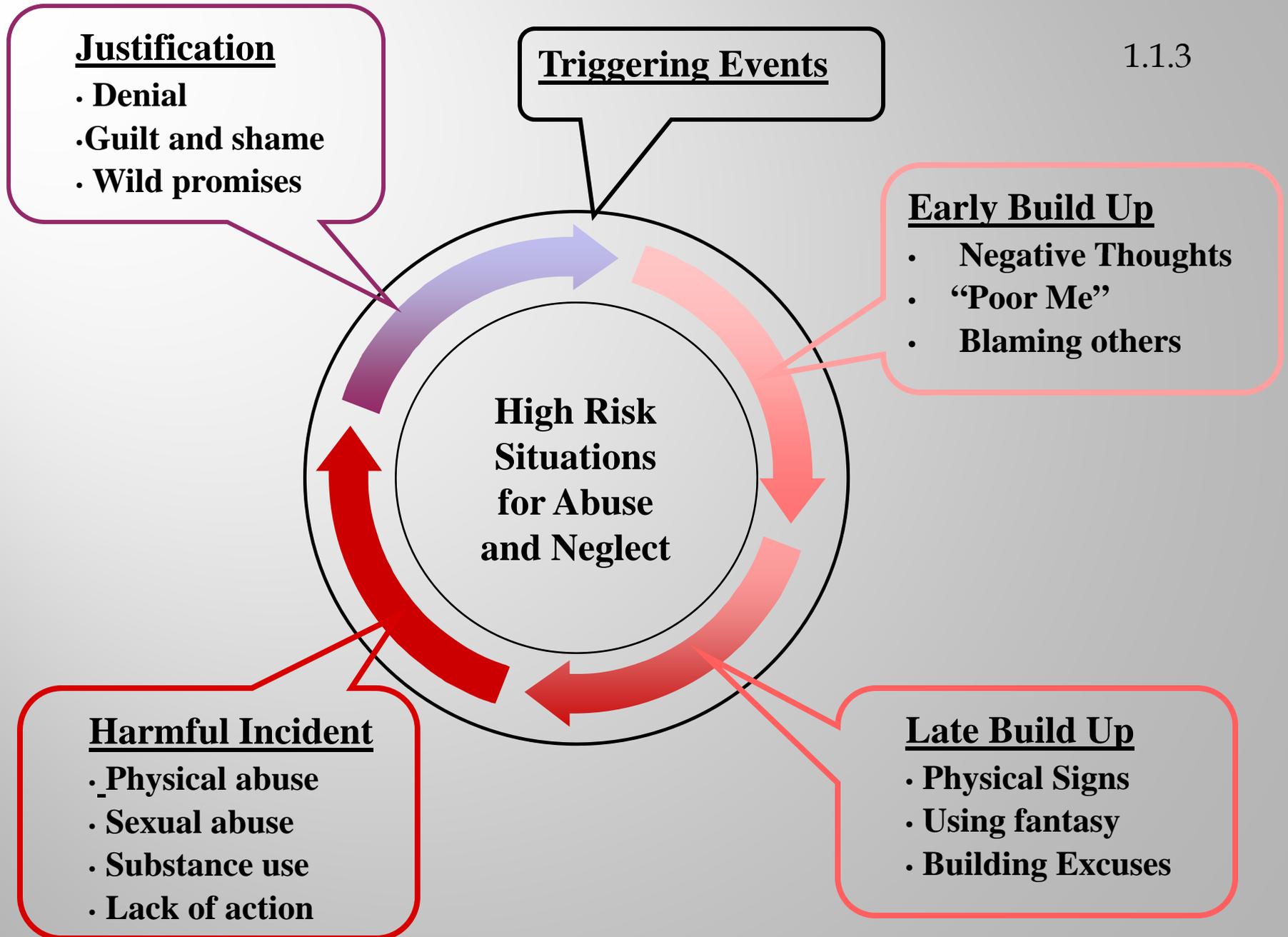
Tracking

Getting Specific Tracking

A normal day
(Family Assessment)

Getting Specific Tracking

The problem



Building consensus regarding the ^{1.1.3} “problem”

- Concur with statements that express hope
- Reflect statements that say the old way is not working
- Summarize at the end about the need for new Family and Individual Plans to assist them and ask for feedback

Summary

- Thinking developmentally helps build more of a consensus
- Consensus leads to better engagement
- Engagement lays the groundwork for better partnerships
- Partnerships lead to better outcomes of safety and sustainable change



CHILDREN'S ADMINISTRATION

Individual Service and Safety Plan (ISSP)

TYPE OF HEARING/REVIEW			
DATE OF HEARING/REVIEW	TIME OF HEARING/REVIEW	DATE OF REPORT	ISSP COVERS to
I. IDENTIFYING INFORMATION			
CHILD'S NAME		LEGAL NUMBER	
DATE OF BIRTH	AGE	CASE NUMBER	RECEIVES SSI/SSA <input type="checkbox"/> Yes <input type="checkbox"/> No
RACE (Check all that apply)			
<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Unable to Determine			
<input type="checkbox"/> Yes. This child is American Indian or Alaska Native per attachment on initial ISSP report Date of report:			
<input type="checkbox"/> No. (If child is not American Indian or Alaska Native, subsequent reports can delete attachment).			
TYPE OF PLACEMENT		VOLUNTARY AGENCY NAME	
DATE OF PETITION	DATE OF FINDING OF DEPENDENCY Mother: Father:	DATE OF DISPOSITION Mother: Father:	
CURRENT LEGAL STATUS:			
DATES OF PREVIOUS REVIEW HEARING:			
PRINCIPALS INVOLVED ARE:			
MOTHER'S NAME AND ADDRESS		TELEPHONE NUMBER	
MOTHER'S ATTORNEY NAME AND ADDRESS		TELEPHONE NUMBER	
FATHER'S NAME AND ADDRESS		TELEPHONE NUMBER	
FATHER'S ATTORNEY NAME AND ADDRESS		TELEPHONE NUMBER	

GUARDIAN AD LITEM/CASA'S NAME AND ADDRESS	TELEPHONE NUMBER
GUARDIAN AD LITEM/CASA'S ATTORNEY NAME AND ADDRESS	TELEPHONE NUMBER
DSHS SOCIAL WORKER'S NAME AND ADDRESS	TELEPHONE NUMBER
DSHS SOCIAL WORKER'S ATTORNEY NAME AND ADDRESS	TELEPHONE NUMBER
CHILD'S NAME	TELEPHONE NUMBER
CHILD'S ATTORNEY NAME AND ADDRESS	TELEPHONE NUMBER
OTHER'S NAME AND ADDRESS	TELEPHONE NUMBER
OTHER'S ATTORNEY NAME AND ADDRESS	TELEPHONE NUMBER
OTHER'S NAME AND ADDRESS	TELEPHONE NUMBER
OTHER'S ATTORNEY NAME AND ADDRESS	TELEPHONE NUMBER
II. CASE BACKGROUND	
A. Within the last 19 months the child has been in out-of-home care for a total of _____ months. (Include prior placement episodes that fall within the last 19 months. Provide any relevant explanation).	
B. Begin date of current placement episode:	
C. Identify events and risk factors related to child safety and well being that caused child to be placed in out-of-home care: This information can be from the dependency petition and Safety Assessment and should include the safety threats identified that could not be managed and controlled in the home.	
D. Child/family needs were originally identified as (consider medical, educational, environmental, psychological, and cultural needs): This information can be from the Family Assessment as well as the Child Action Plan information.	
III. PREPLACEMENT SERVICES	
A. Identify services offered or provided to family to prevent child's placement. Indicate how services offered relate to safety threat(s) identified in II C.	

B. If no services were offered to prevent placement, explain why:

IV. SUMMARY OF PREVIOUS CASE PLAN AND COURT ORDER

Does not apply.

A. Legal: Identify the Permanent Plan and Alternate Permanent Plan (during last report period). Place a "P" next to the primary plan and an "A" next to the alternate permanency plan:

Permanent Legal Arrangements

- Return Home Other Plan: _____
- Adoption
- Guardianship
- Third Party Custody (with someone other than parent, RCW 26.10)

B. Tentative completion date for previous permanent plan was:

Child is placed in:

1. Family home with
2. Relative placement with
3. A non-relative, out of home placement.

C. Previous Service Plan: Review and Evaluation of Objectives and Tasks

1. Parent(s):

See attached Assessment of Progress

Only attach the **Assessment of Progress & Case Plan** portions of the Assessment of Progress, Case Plan, and Safety Assessment

(Select page range on printer to avoid printing the whole document)

2. Child:

See attached Assessment of Progress

3. Caregiver:

4. DSHS/Voluntary Agency:

D. Visit Plan

1. Frequency:

See attached Visit Plan.

2. Quality:

See attached Visit Plan.

3. How has the visit plan been helpful to achieve reunification of the family?

See attached Visit Plan.

E. Court Orders

Discuss how current placement and services offered were responsive to court orders.

F. Permanency Plan (for other than return home).

1. Discuss steps taken to finalize the current placement:

2. Discuss barriers to finalizing the current placement:

V. RECOMMENDED CASE PLAN FOR NEW REVIEW PERIOD (except as amended by court order)

A. Legal Recommendations:

1. Identify the Permanent Plan and Alternate Permanent Plan (for upcoming report period). Place a "P" next to the primary plan and an "A" next to the alternate permanency plan (if applicable).

Permanent Legal Arrangements

- Return Home Other Plan: _____
 Adoption
 Guardianship
 Third Party Custody (with someone other than parent, RCW 26.10)

2. When "Other Plan" is selected as the primary plan, identify the compelling reason that this plan is in the child's best interest.

3. Tentative completion date of the present permanent plan, depending on actions, progress and cooperation of those involved is:

4. Recommended Legal Status of the Child:

- Dependent (check one of the following): In-home Out-of-home care
 Dependency dismissed

5. If one of the following circumstances exist, a petition to terminate parental rights must be filed unless compelling reasons exist to the contrary. (check any box which applies):
- The child is currently in out-of-home care and has been in out-of-home care for 12 of the most recent 19 months.
 - The parent has abandoned this child as defined in RCW 13-34.030 or 13.34.180(7) OR has been convicted of abandoning this child as defined in RCW 9A.42.060, 070, or 080.
 - The parent has been convicted of one or more of the criminal activities listed in RCW 13.34.132(4).
 - None of the above listed circumstances apply.
6. When one of the circumstances in V.A.5. exists, and the case plan is not adoption, discuss compelling reasons for not filing a petition to terminate parental rights.

B. Placement Recommendations:

1. Placement in:
- a) Family home with _____ because:

 - b) Relative placement with _____ because:

 - c) Any non-relative, out of home placement (foster care, residential treatment, etc.) because:
2. If the recommendation is other than family home, discuss continued need for placement and continued safety threats to the child if returned to either or both parents.
3. If the recommendation is other than family home, discuss how this placement is the most appropriate and least restrictive setting, in close proximity to the family home, which can safely meet the best interests of the child.

4. Child is not placed out of state Child is placed out of state

If placement is a substantial distance from a parent's home or is out of state, explain why this placement is in the best interest of the child.

5. Permanency planning efforts if continued out of home care is recommended:

- Does not apply because return home is imminent (less than six months).
 Return home is not imminent, (complete a and b below).

a) In the event the child is unable to return home, discuss whether the current placement is expected to be the child's permanent placement.

b) If the child is unable to return home and the current placement is not expected to be the child's permanent placement, discuss steps to be taken to identify, recruit, process, and approve a permanent placement.

C. Recommended Services and Responsibilities for the next six months:

1. Parents/Family: Identify services/responsibilities to meet educational, medical, environmental, social psychological, and cultural needs.

See attached Case Plan.

Only attach the **Case Plan** portion of the Family Assessment, Case Plan and Safety Assessment.
(Select page range on printer option to avoid printing the whole document)

2. Child: Identify service and responsibility to meet each identified need:

a) Educational Needs:

See attached Case Plan.

b) Medical Needs:

See attached Case Plan-Child Action Plan

Only attach the **Case Plan –Child Action Plan** portion of the Family Assessment, Case Plan and Safety Assessment.

c) Social Needs:

See attached Case Plan-Child Action Plan

d) Psychological Needs:

See attached Case Plan-Child Action Plan

e) Cultural Needs:

3. Identify services and responsibilities to meet child and family needs:

a) Caregiver:

b) Voluntary Agency:

c) DSHS:

4. Assessment of the Recommended Service Plan:

a) Discuss how the service plan will alleviate the current safety threats and help assure safe and proper care of the child if the child:

(i) Is returned home:

(ii) Remains in placement:

b) How will the service plan improve conditions in the parent's home?

c) How will the service plan help to achieve a permanent plan other than return home?

5. Visit Plan (Attach Famlink Visit Plan):

See attached Visit Plan

D. Independent Living Skills

If child is age 15 and older, what planning is being done in each of the following areas in anticipation of youth reaching age 18?

1. Career Planning and Education goals:

(For D. 1- 6) Attach the Independent Living Plan and Progress Report for youth attending an IL Program.

2. Self Care:

3. Work and Study Life:

4. Housing and Money Management:

5. Daily Living Skills:

6. Social Relationships and Communication:

E. Current Status/Social Summary of Child:**F. Current Status/Social Summary of Parent:**

This section will not be shared with the child's caregiver.

Confidential information related to parents' health issues, mental health treatment and substance abuse treatment should be discussed in this section.

(Recognize strengths as well as issues which interfere with parenting).

VI. ATTACHMENTS AND SIGNATURES:

Attachments: (Required)

- Assessment of Progress
- Service Plan
- Visit Plan
- Determination of American Indian Status
- Education Plan
- Transition Plan for Youth Existing Care (17.5 and older)



Determination of Native American Indian Status

CHILD'S NAME
<p>I. Child is (check all that apply):</p> <p>A. <input type="checkbox"/> A federally recognized Indian child; <input type="checkbox"/> Member or eligible for membership in a federally recognized tribe; <input type="checkbox"/> Any person determined or eligible to be found to be Indian by the Secretary of the Interior Bureau of Indian Affairs (BIA). <input type="checkbox"/> An Eskimo, Aleut, or other Alaskan Native. Name of tribe/Village(s):</p> <p>B. <input type="checkbox"/> A Canadian First Nations child: A member or entitled to be a member of a Canadian treaty or band Metis community, or non-status Indian community from Canada. First Nation/Band Name:</p> <p>C. <input type="checkbox"/> Another Indian child: A person considered to be an Indian by a federally or non-federally recognized tribe or Indian organization.</p> <p>D. <input type="checkbox"/> The child may be an Indian. List tribes and Indian organizations to be contacted in order to seek verification.</p> <p>E. <input type="checkbox"/> The following tribes have been contacted, and the child and his/her ancestors are not considered to be Indian.</p> <p>F. <input type="checkbox"/> The child's parents and relatives have been interviewed (see ethnic identity form) and the child is not an Indian to our knowledge. (None of the above apply). Omit II and III below.</p>
<p>II. If the tribe is not available, or has requested staffing by LICWAC, has the child's case plan been reviewed by LICWAC?</p> <p><input type="checkbox"/> Yes Date staffed or to be staffed: <input type="checkbox"/> No Reason: Discuss plan to obtain consultation from Native American Consultant or LICWAC:</p> <p>Discuss plan to obtain consultation from Native American Consultant or LICWAC:</p>
<p>III. For children under the jurisdiction of the Indian Child Welfare Act, has the tribe or Bureau of Indian Affairs (BIA) been notified of custody proceedings in the state court?</p> <p><input type="checkbox"/> Yes Date staffing: <input type="checkbox"/> No Reason:</p>

Original: Juvenile Court or Other Review Body

c: Case File

Parents/Parent's Attorney

Voluntary Agency

Child (Over 12)/Child's Attorney

Social Worker Attorney

Guardian ad Litem/GAL Attorney

Child's Caregiver



Confidentiality Notice Individual Service and Safety Plan

OPTIONAL
(Do not send to
Juvenile Court)

Child: _____

Caregiver For: _____

A copy of this child's Individual Service and Safety Plan (ISSP) has been provided to you as the caregiver for this child. This information has been provided so that you can:

- Better understand the child;
- Provide appropriate care for the child; and
- Participate in planning for the child.

Much of the information contained in the ISSP is private or confidential. State Law (RCW 74.13.280) requires that you treat information you receive about the child in a confidential manner. You must not discuss information contained in the ISSP with others such as friends, relatives or neighbors. You must store the ISSP in a manner that will keep the contents private.

Usually, you may only discuss information contained in the ISSP with:

- A representative of the Department, including staff from the Division of Children and Family Services (DCFS) and Division of Licensed Resources (DLR);
- A Child Placing Agency Social Worker if the child has one;
- The child's assigned Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA); or
- Others designated by either the DCFS Social Worker or the Child Placing Agency Social Worker (such as the child's teacher or doctor).

If you have any questions about what information can be discussed with the child's teacher, counselor, or doctor, check with the child's social worker. In some cases a release of information may be required before information can be exchanged.

This child's Individual Service and Safety Plan was given mailed to the child's caregiver on the date listed below.

SOCIAL WORKER

DATE

Original: Case File
c: Foster Parent/Relative/Prospective Adoptive Parent

(For ISSP Section IV. C. 1 &2) Summary of Previous Case Plan and Court Order

Attach ONLY the **Assessment of Progress and Case Plan** section of the Assessment of Progress, Case Plan and Safety Assessment as an ISSP attachment

1.1.3



Assessment of Progress and Case Plan

- Initial Plan
- Follow-up Plan

<p>The Case Plan specifies what must change to reduce or eliminate safety threats and increase the parent or caregiver’s protective capacities to assure the child’s safety and well being.</p>			
<p><input type="checkbox"/> In-Home Case Plan: This plan is designed to keep children in their home. <i>If sufficient progress is not made by the parent/caregiver, the planned arrangement for the child is placement out of the parent’s home.</i></p>			
<p><input type="checkbox"/> Out-of-Home Case Plan: This plan is designed to assist in the child’s timely and safe return home. <i>If sufficient progress is not made by the parent/caregiver, the case plan is used to help achieve a permanent plan other than return home.</i></p>			
CAREGIVER(S)		CHILD(REN)	
Native American Heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Refer to ICW Manual for Policy Requirements Related to Voluntary Case Plan.		DATE PLAN BEGINS	DATE PLAN REVIEWED
FAMILY LEVEL OBJECTIVE			
OBJECTIVE			
OBJECTIVE START DATE		TARGET END DATE	
TASKS			
Family’s Perspective: Describe the family’s view (include behavioral indicators of change).			
STATUS OF OBJECTIVE		DATE ACHIEVED	
Previous progress and/or barriers in achieving objective.			

(For ISSP Section IV. C. 1 &2) Summary of Previous Case Plan and Court Order

Attach ONLY the **Assessment of Progress and Case Plan** section of the Assessment of Progress, Case Plan and Safety Assessment as an ISSP attachment

1.1.3

Discuss progress and/or barriers in achieving objective.			
SERVICES			
SERVICE PROVIDER START DATE END DATE			
INDIVIDUAL LEVEL OBJECTIVE			
PARENT/CAREGIVER NAME:			
OBJECTIVE			
OBJECTIVE START DATE		TARGET END DATE	
TASKS			
Family's Perspective: Describe the family's view (include behavioral indicators of change).			
STATUS OF OBJECTIVE		DATE ACHIEVED	
Previous progress and/or barriers in achieving objective.			
Discuss progress and/or barriers in achieving objective.			
SERVICES			
SERVICE PROVIDER START DATE END DATE			

(For ISSP Section IV. C. 1 &2) Summary of Previous Case Plan and Court Order

Attach ONLY the **Assessment of Progress and Case Plan** section of the Assessment of Progress, Case Plan and Safety Assessment as an ISSP attachment

1.1.3

CHILD ACTION PLAN			
CHILD NAME:			
OBJECTIVE			
OBJECTIVE START DATE		TARGET END DATE	
TASKS			
Family's Perspective: Describe the family's view (include behavioral indicators of change).			
STATUS OF OBJECTIVE		DATE ACHIEVED	
Previous progress and/or barriers in achieving objective.			
Discuss progress and/or barriers in achieving objective.			
SERVICES			
SERVICE PROVIDER			
START DATE			
END DATE			
SIGNATURES			
PARENT/GUARDIAN SIGNATURE	DATE	PARENT/GUARDIAN SIGNATURE	DATE
CHILD (OVER 12 YRS) SIGNATURE	DATE	OTHER SIGNATURE	DATE
SOCIAL WORKER SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE



Case Plan

- Initial Plan
- Follow-up Plan

<p>The Case Plan specifies what must change to reduce or eliminate safety threats and increase the parent or caregiver’s protective capacities to assure the child’s safety and well being.</p>			
<p><input type="checkbox"/> In-Home Case Plan: This plan is designed to keep children in their home. <i>If sufficient progress is not made by the parent/caregiver, the planned arrangement for the child is placement out of the parent’s home.</i></p>			
<p><input type="checkbox"/> Out-of-Home Case Plan: This plan is designed to assist in the child’s timely and safe return home. <i>If sufficient progress is not made by the parent/caregiver, the case plan is used to help achieve a permanent plan other than return home.</i></p>			
CAREGIVER(S)		CHILD(REN)	
Native American Heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Refer to ICW Manual for Policy Requirements Related to Voluntary Case Plan.		DATE PLAN BEGINS	DATE PLAN REVIEWED
FAMILY LEVEL OBJECTIVE			
OBJECTIVE			
OBJECTIVE START DATE		TARGET END DATE	
TASKS			
SERVICES			
SERVICE PROVIDER			
START DATE			
END DATE			
INDIVIDUAL LEVEL OBJECTIVE			

PARENT/CAREGIVER NAME:			
OBJECTIVE			
OBJECTIVE START DATE		TARGET END DATE	
TASKS			
SERVICES			
SERVICE PROVIDER START DATE END DATE			
CHILD ACTION PLAN			
CHILD NAME:			
OBJECTIVE			
OBJECTIVE START DATE		TARGET END DATE	
TASKS			
SERVICES			
SERVICE PROVIDER START DATE END DATE			
SIGNATURES			
PARENT/GUARDIAN SIGNATURE	DATE	PARENT/GUARDIAN SIGNATURE	DATE

CHILD (OVER 12 YRS) SIGNATURE	DATE	OTHER SIGNATURE	DATE
SOCIAL WORKER SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE



VISIT PLAN

DATE VISIT PLAN WRITTEN		VISIT PLAN COVERS	
		To	
CA SOCIAL WORKER NAME			CASE NUMBER
CA SOCIAL WORKER OFFICE			CITY
CHILD'S NAME		DATE OF BIRTH	AGE
I. VISIT PLAN: PLAN GOALS			
1. Overall Goal of the Visit Plan Recommendation:			
2. How would the Visit Plan be helpful to Achieve Reunification of the Family?			
3. Child's input and perspective of visit plan:			
4. Parent(s) input and perspective of visit plan:			
5. Caregiver(s) input and perspective of visit plan:			

CHILDREN'S ADMINISTRATION

II. VISIT PLAN: RECOMMENDATIONS: Discuss each person separately.
<p>Name:</p> <p>Role:</p> <p>Level of supervision:</p> <p>Frequency:</p> <p>Duration:</p> <p>Location:</p> <p>Additional plan details (include contracted providers):</p> <p>Name:</p> <p>Role:</p> <p>Level of supervision:</p> <p>Frequency:</p> <p>Duration:</p> <p>Location:</p> <p>Additional plan details (include contracted providers):</p>

III. SIBLING VISIT DETAILS:

<input type="checkbox"/> Siblings are placed together	<input type="checkbox"/> Only Child
---	-------------------------------------

1. Reasonable efforts to place siblings together:

2. Primary reason why siblings are not placed together: Explanation:	
<input type="checkbox"/> Siblings not visiting	
3. Primary reason why siblings are not visiting: Explanation:	
4. Evaluation of Sibling Visit Plan:	
IV. INCARCERATED PARENTS	
1. Has the child's mother been incarcerated in a Department of Corrections facility during this review period? If yes, did visitation occur while the child's mother was incarcerated? Explain/Comments:	
2. Has the child's father been incarcerated in a Department of Corrections facility during this review period? If yes, did visitation occur while the child's father was incarcerated? Explain/Comments:	
V. COMPLIANCE AND EVALUATION	
1. Parent's participation in recommended visit plan: (Quality)	
2. How has the visit plan be helpful to achieve reunification of the family?	
3. Evaluation of Sibling Visit Plan :	
4. Child's input and perspective of visits and evaluation:	
5. Parent's input and perspective of visits and evaluation:	
6. Caregiver(s) input and perspective of visits and evaluation:	
VI. ADDITIONAL COMMENTS (Discuss dates of shared planning meetings involving parents, caregivers, child/youth; home visits):	
VII. SIGNATURES:	
PARENT SIGNATURE	DATE
CHILD/YOUTH SIGNATURE	DATE
SOCIAL WORKER SIGNATURE	DATE



CHILDREN'S ADMINISTRATION
DIVISION OF CHILDREN AND FAMILY SERVICES

Independent Living Learning Plan and Progress Report

SECTION 1 – REPORT INFORMATION			
DATE OF REPORT		IL REFERRAL DATE	IL BEGIN DATE
SECTION 2 – CONTACT INFORMATION			
YOUTH NAME		YOUTH DATE OF BIRTH	PERSON ID
YOUTH CURRENT LIVING ARRANGEMENT <input type="checkbox"/> Foster <input type="checkbox"/> Relative <input type="checkbox"/> BRS <input type="checkbox"/> BRS Group <input type="checkbox"/> On Run <input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated <input type="checkbox"/> Other (explain):			
YOUTH ADDRESS		CITY	STATE ZIP CODE
YOUTH CELL PHONE	YOUTH E-MAIL	CAREGIVER NAME	TELEPHONE NUMBER
SOCIAL WORKER	TELEPHONE NUMBER	E-MAIL ADDRESS	DCFS FIELD OFFICE
SECTION 3 – ANSELL CASEY LIFE SKILLS ASSESSMENT (ACLSA)			
DATE ACLSA COMPLETED	DATE ACLSA REFUSED	ACLSA LEVEL COMPLETED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	DATE LEARNING PLAN COMPLETED
SUPPLEMENTAL ASSESSMENTS TAKEN			
OTHERS WHO COMPLETED ACLSA ASSESSMENT			
SECTION 4 – LEARNING PLAN (Please note that not all 9 domains will be part of the learning plan at any one time).			
CAREER PLANNING		Previous Raw Score:	Current Raw Score:
LEARNING GOALS	ACTIVITIES	COMPLETED BY	HELPERS
PROGRESS UPDATE			
COMMUNICATION		Previous Raw Score:	Current Raw Score:
LEARNING GOALS	ACTIVITIES	COMPLETED BY	HELPERS
PROGRESS UPDATE			
DAILY LIVING		Previous Raw Score:	Current Raw Score:
LEARNING GOALS	ACTIVITIES	COMPLETED BY	HELPERS
PROGRESS UPDATE			

HOME LIFE		Previous Raw Score:		Current Raw Score:	
LEARNING GOALS	ACTIVITIES	COMPLETED BY		HELPERS	
PROGRESS UPDATE					
HOUSING AND MONEY MANAGEMENT		Previous Raw Score:		Current Raw Score:	
LEARNING GOALS	ACTIVITIES	COMPLETED BY		HELPERS	
PROGRESS UPDATE					
SELF CARE		Previous Raw Score:		Current Raw Score:	
LEARNING GOALS	ACTIVITIES	COMPLETED BY		HELPERS	
PROGRESS UPDATE					
SOCIAL RELATIONSHIPS		Previous Raw Score:		Current Raw Score:	
LEARNING GOALS	ACTIVITIES	COMPLETED BY		HELPERS	
PROGRESS UPDATE					
WORK LIFE		Previous Raw Score:		Current Raw Score:	
LEARNING GOALS	ACTIVITIES	COMPLETED BY		HELPERS	
PROGRESS UPDATE					
WORK AND STUDY SKILLS		Previous Raw Score:		Current Raw Score:	
LEARNING GOALS	ACTIVITIES	COMPLETED BY		HELPERS	
PROGRESS UPDATE					

SECTION 5 – YOUTH STATUS UPDATE

EDUCATION STATUS OF YOUTH

- | | | |
|---|---|--|
| <input type="checkbox"/> High School | <input type="checkbox"/> GED | <input type="checkbox"/> Post Secondary |
| <input type="checkbox"/> On track to graduate | <input type="checkbox"/> Attending GED Prep Program | <input type="checkbox"/> Attending Trade / Vocational School |
| <input type="checkbox"/> Status uncertain | <input type="checkbox"/> GED (obtained) | <input type="checkbox"/> Attending Community College |
| <input type="checkbox"/> High School Diploma (obtained) | | <input type="checkbox"/> Attending 4 Year College |
| <input type="checkbox"/> Not Attending any Educational program | | |
| <input type="checkbox"/> Other (explain): | | |

EMPLOYMENT STATUS OF YOUTH

- | | | |
|--|---|---|
| <input type="checkbox"/> Current Part-Time Job | <input type="checkbox"/> Current Full-Time Job | <input type="checkbox"/> Not currently employed |
| <input type="checkbox"/> Prior Work Experience | <input type="checkbox"/> Past or Present Volunteer Experience | <input type="checkbox"/> Other (explain): |

SECTION 6 – VITAL DOCUMENTS PROVIDED TO YOUTH

- | | | |
|---|---|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Juvenile Delinquency Documents | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Death Certificate of Deceased Parent | <input type="checkbox"/> Legal Name Changes | <input type="checkbox"/> SSI / SSA Benefits Documentation |
| <input type="checkbox"/> Dependency Orders | <input type="checkbox"/> Letter Verifying Dependency Status (for financial aid) | <input type="checkbox"/> State ID |
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Medical / Provider One Card | <input type="checkbox"/> Tribal Enrollment Documents |
| <input type="checkbox"/> Education Records | <input type="checkbox"/> Official Photo ID – Other | <input type="checkbox"/> Tribal ID |
| <input type="checkbox"/> Health Records | <input type="checkbox"/> Other Court Documents | <input type="checkbox"/> US Citizenship, Immigration and/or Naturalization Status Documents |
| <input type="checkbox"/> IEP or 504 | <input type="checkbox"/> Passport | <input type="checkbox"/> Voter Registration Card |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Selective Service Registration (males only) | <input type="checkbox"/> Other: |

SECTION 7 – INDEPENDENT LIVING SERVICES RECEIVED

- | | |
|--|--|
| <input type="checkbox"/> Academic Support | <input type="checkbox"/> Financial Assistance – Room / Board |
| <input type="checkbox"/> Budget and Financial Management | <input type="checkbox"/> Health Education / Risk Prevention |
| <input type="checkbox"/> Career Preparation | <input type="checkbox"/> Housing Ed/Home Management Training |
| <input type="checkbox"/> Employment Programs / Vocational Training | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Family Support / Healthy Relationship Education | <input type="checkbox"/> Post-Secondary Academic Support |
| <input type="checkbox"/> Financial Assistance – Education | <input type="checkbox"/> Supervised Independent Living |
| <input type="checkbox"/> Financial Assistance – Other | |

SECTION 8 – YOUTH TRANSITION PLAN

Education Plan (including supports and services)

Employment / Source of Income (including work force supports and employment services)

Housing (including supports and services)

Health Insurance (including supports and services)

Other Health Needs (Mental Health, Substance Abuse, Etc.)

Local opportunities for mentors and continuing support network

SECTION 9 – GENERAL OVERALL COMMENTS

COMMENTS ON YOUTH'S PROGRESS / ADDITIONAL COMMENTS

COMPLETED BY

TELEPHONE NUMBER

E-MAIL ADDRESS

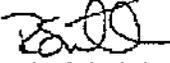
PROVIDER AGENCY NAME



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
CHILDREN'S ADMINISTRATION – FIELD OPERATIONS
1115 Washington St. SE OB2 • PO Box 45710 • Olympia WA 98504-5710

November 10, 2011

TO: Regional Administrators
Deputy Regional Administrators
DCFS Area Administrators
Administrator, Licensed Resources
Area Administrators, Licensed Resources
Children's Administration Staff

FROM: Becky Smith, Director 
Field Operations, Children's Administration

SUBJECT: CHILD SAFETY FRAMEWORK

I am writing to you about implementation of the Child Safety Framework. On November 14, 2011, the Child Safety Framework goes into effect. Over the last four months you have been learning about the core concepts related to this framework and the tools that will support your work.

The FamLink tools that have been updated are Safety Assessment, Safety Plan, Family Assessment, Assessment of Progress and Case Plan. FamLink tools that have been eliminated from use are Reunification Assessment and Transition and Safety Plan. These changes will be available in FamLink starting Sunday, November 13, 2011.

Policies have been updated and a new Child Safety Section has been added to the Practices and Procedure Manual to support the Child Safety Framework as covered in your Day 3 In-Person Training. An online training resource for policy updates has been added to the Child Safety Framework online trainings. These trainings can be accessed at the following link: Child Safety Framework Online Training.

The new Safety Plan policy includes requirements for assessing suitability and reliability of potential safety plan participants not working in their professional capacity. In response to staff concerns the proposed Background Check policy was revised. The chart below outlines the Background Check requirements for safety plan participants:

Participant Role	Required Check(s)	Disqualify Process	Plan Completion
- Parent present (supervised)	- FamLink Check	- Founded Finding waiver approval process at RA level - FamLink history staff with supervisor	Complete Safety Plan with a Completed FamLink check
- Parent not present (unsupervised)	- FamLink Check - BCCU Check	- Founded finding waiver approval process at RA level - FamLink history staff with supervisor - <u>DSHS Secretary's List of Disqualifying Crimes & Negative Actions</u>	Complete Safety Plan with: - Completed FamLink check - BCCU check requested

To address the increase in workload through implementation, Children's Administration is:

- Temporarily increasing the numbers of days from 45 days to 60 days that CPS has to complete an Investigation. This temporary change is effective November 14, 2011 through February 2012.
- FVS and CFWS social workers will have 6 months to integrate the new Family Assessment/Assessment of Progress and Case Plan for open cases. By May 1, 2012 all open FVS or CFWS cases will require the updated Family Assessment/Assessment of Progress and Case Plan.

To support practice the following requirements are effective November 14, 2011:

- Child safety framework practice and tools will be used on all new cases as per policy.
- Complete the updated Safety Assessment on any child who the department is considering transitioning home.
- All social work supervisors will attend a follow-up session the last week of November to support the implementation of this framework.

Thank you for participating in the training to learn about the Safety Framework. After months of planning and working with the National Resource Center on Child Protection, I am pleased that we are ready to begin using these concepts in our work with the children who depend on us.

1100. Child Safety

Purpose Statement	<p>Providing for child safety is part of CA's core mission. Safety is the primary and essential focus that informs and guides all decisions made from Intake through case closure. This includes removal and reunification decisions. Assessing the safety of children is essential in all placement settings (In-home and out-of-home).</p>
Laws	<p><u>Public Law 93-247 (as amended)</u></p> <p><u>45 Code of Federal Regulations (CFR), Part 1340</u></p> <p><u>45 Code of Federal Regulations (CFR), Part 1357.20</u></p> <p><u>RCW 13.34</u></p> <p><u>RCW 74.13</u></p> <p><u>RCW 26.44</u></p> <p><u>WAC 388-15</u></p> <p><u>WAC 388-70</u></p>
Policy	<ol style="list-style-type: none"> A. Decisions on child safety are based on comprehensive information, logical reasoning and analysis (not incident-based or reactionary). B. The safety decision making process must include a continuous assessment of present and impending danger throughout the life of the case. C. A focus on safety must be maintained from the initial assessment through case closure using required tools to assess, control and manage safety threats. D. Every social worker will assess the safety of the child for present or impending danger. If present danger exists the worker will take an immediate protective action. E. A decision that a child is unsafe does not mean the child must be removed. F. A decision to place a child in out-of-home care is a safety decision. This level of intervention is only justified when it is clear that child safety cannot be controlled and managed in the home. G. Conditions for return home are designed to ensure that children are returned when no safety threats exist or an In-home safety plan can be implemented and sustained. Also there is indication that the parents are moving towards change to control and manage child safety.
Resources	<ul style="list-style-type: none"> • <u>Unlicensed Placements Policy</u> • <u>Appendix A - Practice and Procedure Guide</u> • <u>Shared Planning Policy</u> • <u>FDPM Policy</u> • <u>Trial Return Home Policy</u> • <u>DLR/CPS Use of Safety Assessment and Safety Planning Tools Policy</u> • <u>Intake Policy</u> • <u>2331(E) Response to Serious Physical and Sexual Abuse</u> • <u>Service Agreement Policy</u> • <u>43081 Dependency Petition Process</u>

1110. Present Danger

Purpose Statement	Present danger can occur at anytime throughout the life of a case and must be assessed on a continual basis. A determination must be made if immediate protective actions are necessary to protect a child and the level of intervention required to keep the child safe.
Policy	<ul style="list-style-type: none"> A. Assess if present danger exists during any contact with a child to determine if an immediate, significant and clearly observable behavior or situation is actively occurring and is threatening or dangerous to a child. B. When present danger exists, identify and take immediate protective action(s) necessary to create child safety.
Procedures	<ul style="list-style-type: none"> A. Document all protective actions taken to manage or control present danger in a FamLink case note using the protective action activity code. B. When children in CA's care and custody are determined to be in present danger in licensed or unlicensed care, children are removed from that placement. Notify Intake <u>per policy</u>.

1120. Safety Assessment

Purpose Statement	Safety Assessment is used throughout the life of the case to identify impending danger and determine whether a child is safe or unsafe. It is based on comprehensive information gathered about the family at the time the safety assessment is completed.
Policy	<ul style="list-style-type: none"> A. A child will be determined safe or unsafe by gathering and assessing comprehensive information about a family's behaviors, functioning and conditions. The information is assessed in order to determine the presence or absence of safety threats. B. A Safety Assessment is completed at key decision points in a case to identify impending danger and to inform and implement safety plans with families to control or manage those threats.
Procedures	<ul style="list-style-type: none"> A. Complete a Safety Assessment at the following key points in a case: <ul style="list-style-type: none"> 1. On all CPS and DLR/CPS intakes (including new intakes on active cases) no later than 10 calendar days from date of intake. DLR/CPS follows additional requirements per DLR/CPS Use of Safety Assessment and Safety Planning Tools Policy. 2. During the completion of the Family Assessment or Assessment of Progress. 3. Before recommendation to court for unsupervised or overnight visits. 4. When considering reunification or trial return home. 5. When present danger exists in the home. 6. When there is a change of anyone living in the home or a visitor resides on the premises for more than fourteen days and: <ul style="list-style-type: none"> a. A child is in-home, or b. A child is out-of-home and having unsupervised visitation in the parent(s) home. 7. When considering case closure. B. Review safety assessment at case transfer. C. Determine if the child is safe or unsafe by: <ul style="list-style-type: none"> 1. Gathering and assessing information through a review of CA history of prior reports and service interventions, interviews, and observations. Verify information through source documents and contacts with sources or collaterals. Information collected will include but is not limited to the following: <ul style="list-style-type: none"> a. Nature and extent of the maltreatment, b. Sequence of events that accompany the maltreatment,

	<ul style="list-style-type: none"> c. Child functioning on a daily basis, d. Parental disciplinary practices, e. General parenting practices, and f. Adult functioning. <ul style="list-style-type: none"> 2. Consider and evaluate each potential safety threat against the safety threshold criteria to determine if safety threat(s) exist. 3. When a safety threat exists, the child is considered unsafe and requires a Safety Plan. <p>D. Establish if an in-home or out-of-home safety plan is most appropriate when a child is unsafe using the safety plan analysis criteria in FamLink. When considering an out-of-home safety plan utilize a shared planning or FDM meeting per policy.</p> <p>E. When children in CA's care and custody are determined to be unsafe in licensed or unlicensed care, children are removed from that placement.</p>
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1130. Safety Plan

Purpose Statement	The Safety Plan is a written agreement between a family and CA that identifies how safety threats to a child will be immediately controlled and managed. The Safety Plan is implemented and active as long as threats to child safety exist and caregiver protective capacities are insufficient to protect the child.										
Policy	<ul style="list-style-type: none"> A. Develop an in-home or out-of-home safety plan with the family to manage the identified safety threats to protect an unsafe child. B. Safety Plans control or manage threats to a child's safety, have an immediate effect and contain safety services and actions only. These must be immediately accessible and available. C. Safety planning occurs in the least intrusive manner based on a thorough analysis of in-home and out-of-home options. A decision that a child is unsafe does not always lead to a removal. D. Out-of-home safety plans must contain conditions for return home. E. Safety plan participants must be suitable and reliable in order to provide a greater level of protection for the child than the parent can or will provide. F. Oversight and administration of the Safety Plan is the responsibility of CA. G. Continuously evaluate and modify the Safety Plan as long as safety threats exist. 										
Procedures	<ul style="list-style-type: none"> A. Develop a Safety Plan with the parent(s) and others immediately when a child is identified as unsafe and either: <ul style="list-style-type: none"> 1. Remains in the home, 2. Is placed in out-of-home care, 3. Is returned home by a court order, or 4. Is returning home when the safety threats can be managed or controlled in the home. B. Follow <u>FDM policy</u> when considering out-of-home placement or returning a child home. C. Follow <u>SAY policy</u> and <u>PAAY policy</u> when working with youth identified as SAY or PAAY. D. Develop one safety plan for the family when a child (ren) remains in the home and another child (ren) is placed out-of-home. E. DLR/CPS follow additional requirements per <u>DLR/CPS Use of Safety Assessment and Safety Planning Tools Policy</u> for DLR/CPS. F. Assess the suitability and reliability of potential safety plan participants not working in their professional capacity. Complete interviews and background checks (BCCU criminal history and FamLink history) by the following: <table border="1" data-bbox="409 1724 1421 1873"> <thead> <tr> <th>Participant Role</th> <th>Required Check(s)</th> <th>Disqualify Process</th> <th>Plan Completion</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> 			Participant Role	Required Check(s)	Disqualify Process	Plan Completion				
Participant Role	Required Check(s)	Disqualify Process	Plan Completion								

<ul style="list-style-type: none"> ○ Parent present (supervised) 	<ul style="list-style-type: none"> ○ FamLink Check 	<ul style="list-style-type: none"> ○ Founded Finding waiver approval process at RA level ○ FamLink history staff with supervisor 	<ul style="list-style-type: none"> ○ Complete Safety Plan with a Completed FamLink check
<ul style="list-style-type: none"> ○ Parent not present (unsupervised) 	<ul style="list-style-type: none"> ○ FamLink Check ○ BCCU Check 	<ul style="list-style-type: none"> ○ Founded Finding waiver approval process at RA level ○ FamLink history staff with supervisor ○ <u>DSHS Secretary's List of Disqualifying Crimes & Negative Actions</u> 	<p>Complete Safety Plan with:</p> <ul style="list-style-type: none"> ○ Completed FamLink check ○ BCCU check requested

Include within the Safety Plan for:

In-Home Safety Plan

0. Activities/tasks that control for safety threats or substitutes for diminished caregiver protective capacities.
1. Use of the family's suitable, formal and informal supports in order to manage safety threats.
2. Details for monitoring the safety plan.
3. Supports, safety services and actions at critical times when safety threats exist.
4. Formalize any protective action taken if applicable.

Out-of-Home Safety Plan

5. Activities/tasks that control for safety threats or substitutes for diminished caregiver protective capacities.
6. A plan for how the child will be kept safe during any contact with the parent including addressing:
 - a. If visits will be supervised and by whom
 - b. Transportation arrangements for supervision
 - c. Safety considerations while the parents have contact with the child during services
7. A description of how the child will be safe in placement including :
 - a. Visits with social worker
 - b. Health screens, school, etc.
8. Conditions for return home. Document on the safety analysis and plan tab in comments section.

See additional requirements for serious physical or sex abuse cases per 2331(E) Response to Serious Physical and Sexual Abuse

Supervisor must review and approve all safety plans in FamLink within two business days of entry. Any safety plan developed as a result of the FamLink override must be staffed with the Area Administrator or designee.

Supervisor must review safety plans every 30 days.

Review and monitor the in-home safety plan twice monthly. Revise the safety plan as threats emerge or are eliminated. This review must be documented in FamLink.

Review and monitor the out-of-home safety plan every 30 days. Revise the safety plan as threats emerge or are eliminated. This review must be documented in FamLink.

1140. Family Assessment/Assessment of Progress

Purpose Statement	<p>The Family Assessment is a process of gathering information on a family to gain a greater understanding of how a family's strengths, needs and resources affect child safety, well-being, and permanency. The assessment is completed in partnership with the family to understand what everyday life challenges and individual caregiver behaviors contribute to child safety threats to be addressed in case planning.</p>
Policy	<ul style="list-style-type: none"> A. Family members must be included in the assessment process. B. Assessments must include information and input from professionals and other collateral contacts that have knowledge of the child and family. C. Assessments are completed at key decision points in a case. Assessments identify the enhanced protective and diminished protective capacities directly related to the identified safety threats. D. The Family Assessment is completed to develop the Case Plan. E. The Assessment of Progress assists in updating the Case Plan by evaluating a parent's progress in services designed to increase protective capacities and reduce or eliminate safety threats. F. Decisions to reunify are based on safety. The decision to reunify a child with a family is made when no safety threats exist or an in-home safety plan can replace an out-of-home safety plan.
Procedures	<ul style="list-style-type: none"> A. Complete the Family Assessment within 30 calendar days of a FVS or CFWS case assignment (include supervisor approval in FamLink). B. Follow Family Assessment requirements for FRS cases per <u>FRS policy</u>. C. Complete the Assessment of Progress at the following times: <ul style="list-style-type: none"> 1. Every 90 days on FVS cases, 2. A minimum of every 6 months or when a new ISSP is required for a CFWS case, 3. When an Identified family or individual level objective has been achieved, 4. When conditions for return home have been achieved, or 5. Prior to case closure. D. Complete the Family Assessment and Assessment of Progress with the family to address changes in behaviors, conditions and attitudes related to safety. E. Outline the change process required to eliminate or reduce safety threat(s) within the Case Plan. F. Determine with the family what actions, services and activities are needed to increase their protective capacities

1150. Case Plan

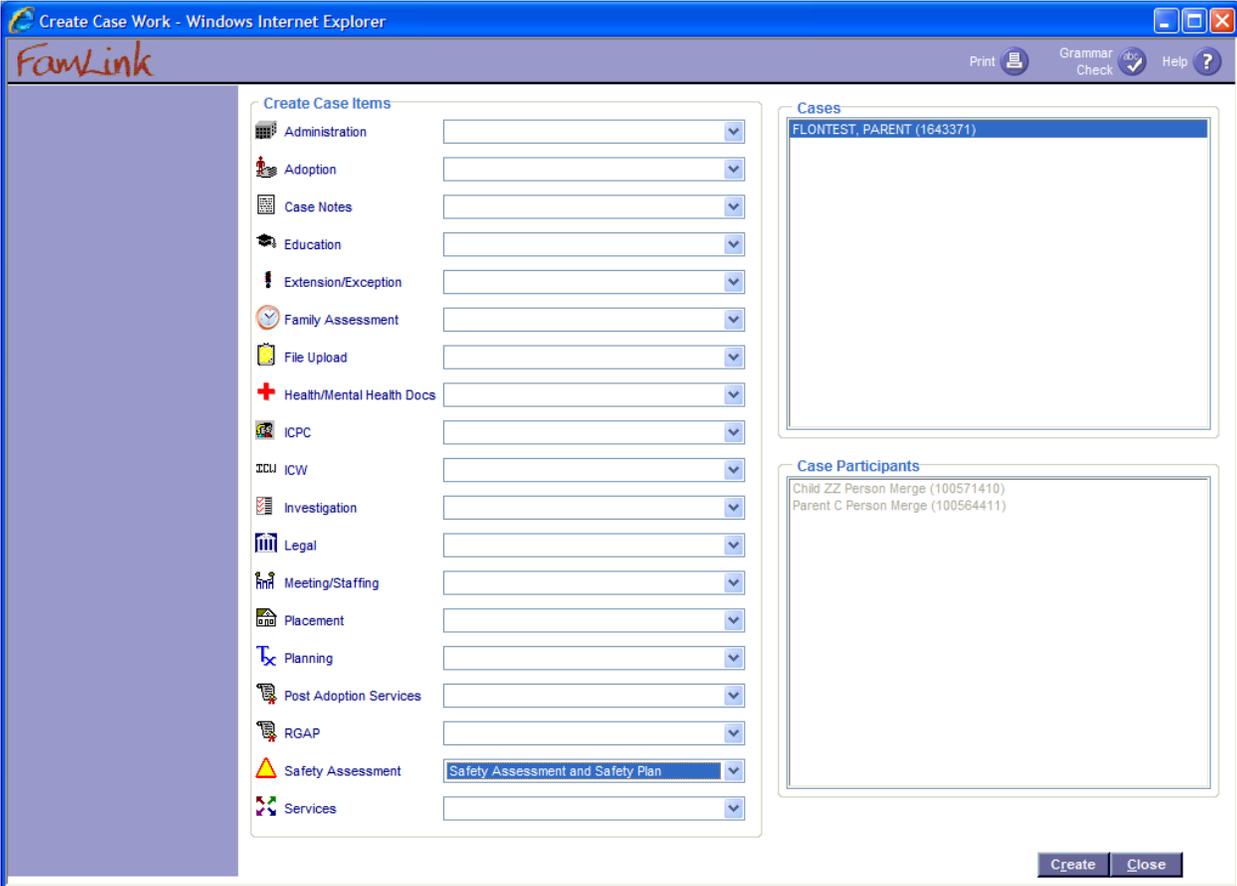
Purpose Statement	<p>The Case Plan specifies what must change to reduce or eliminate safety threats and increase the parent or caregiver's protective capacities to assure the child's safety and well being. CA co-develops case plans with family members and community partners.</p>
Policy	<ul style="list-style-type: none"> A. Case plans are focused, time limited, behaviorally specific, attainable, relevant, and understandable to all. B. Case plans must focus on behavioral change to reduce safety threats and increase parental protective capacities so that parents can resume the protective function for the family. C. Case plans must include both family and individual level objectives that are directly linked to the identified safety threats. D. Each objective must be supported by specific and measurable tasks that outline the action

	<p>steps needed to successfully achieve each objective.</p> <p>E. Assigned tasks are action steps that family members, social workers, providers, resources and natural supports are willing and able to do to achieve the objectives.</p> <p>F. Family and individual level objectives provide the basis for the case plan and involvement with CA. Once objectives are achieved, CA's involvement with the family ends.</p>
<p>Procedures</p>	<p>A. Develop case plans with the family, providers, resources and natural supports as applicable during a face-to-face meeting or shared planning meeting.</p> <p>B. Complete a Family Assessment when developing a case plan and complete the Assessment of Progress when changing or ending the case plan.</p> <p>C. Develop Voluntary Case Plans when the family meets criteria per <u>Service Agreement Policy</u> and Court Ordered Case Plans when the family meets criteria per <u>43081 Dependency Petition Process</u>.</p> <p>D. Create an Initial Voluntary Case Plan for a period up to 90 calendar days. A subsequent Case Plan may be developed for an additional 90 calendar days with supervisor approval. If services are extended beyond 180 calendar days, AA approval is required.</p> <p>E. Connect objectives to the safety threats identified through assessment. Objectives should not change throughout the life of the case.</p> <p>F. Include required objectives based on the identified safety threats and needs of the family as assessed by the Safety Assessment(s) and information obtained through working with the family. Objectives include:</p> <ol style="list-style-type: none"> 1. Primary Family Level Objectives (FLO) 2. Secondary FLO 3. Individual Level Objectives (ILO) 4. Child Action Plan (out-of-home care only) <p>G. Include at a minimum the following under both the family and individual level objective on the initial case plan:</p> <ol style="list-style-type: none"> 1. A specific and measurable plan. 2. Provider/service/natural supports/social worker to assist in the development of this plan. Include social worker's role in acquiring resources. 3. A process of how and who this plan will be shared and by when. 4. How progress will be documented and celebrated. <p>H. Follow the same format for updated and ongoing case plans. Reflect the continued use of a provider, resource, social worker or natural supports.</p> <p>I. Attach any provider plan developed with the parent(s) to the case plan when presented in court.</p> <p>J. Identify the underlying and contributing factors associated with the safety threats so the factors can be addressed within the case plan.</p> <p>K. Identify and coordinate the services needed for the:</p> <ol style="list-style-type: none"> 1. Reduction or elimination of safety threats to the child. 2. Enhancement of parental protective capacity to change conditions, circumstances or behaviors contributing to the identified safety threat. <p>L. Evaluate and measure progress in the assessment of progress based on the behaviorally-specific objectives required and described in the case plan.</p> <p>M. Update and revise the case plan when reunifying the child. The case plan must address the transition process for children and parents per <u>Trial Return Home Policy</u>. Continue assessing identified objectives after child returns home.</p>

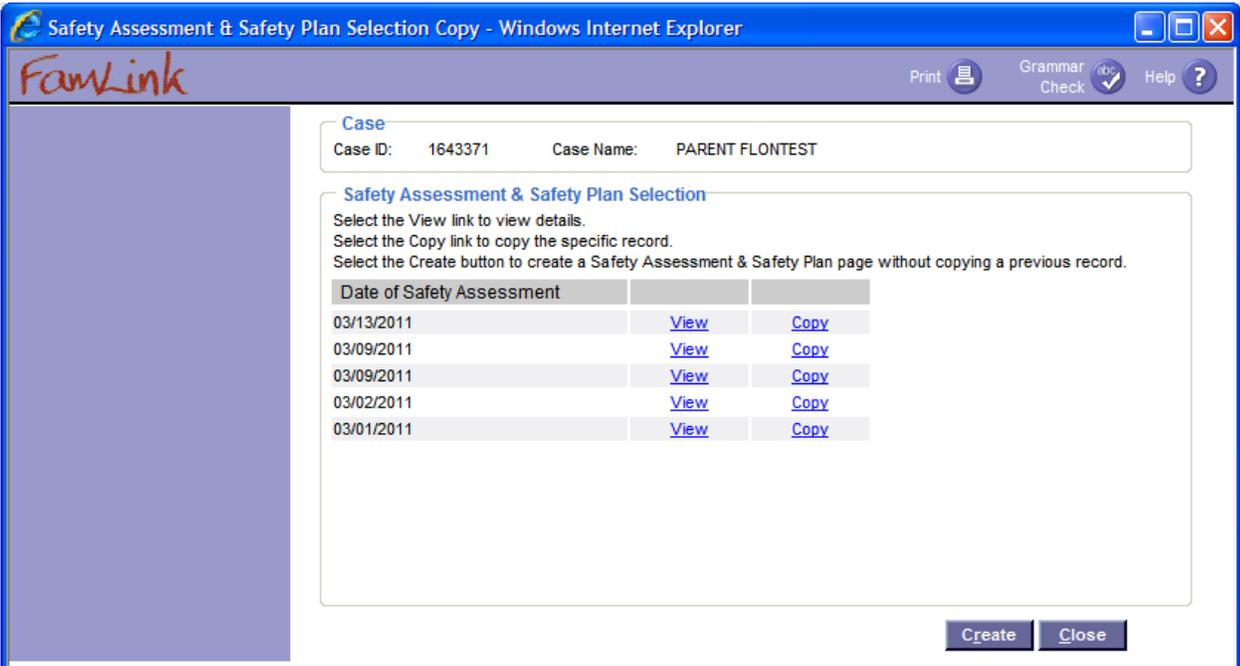
DVD of on-line overview made available to all CA staff.

Safety Assessment and Family Assessment Screen Shots

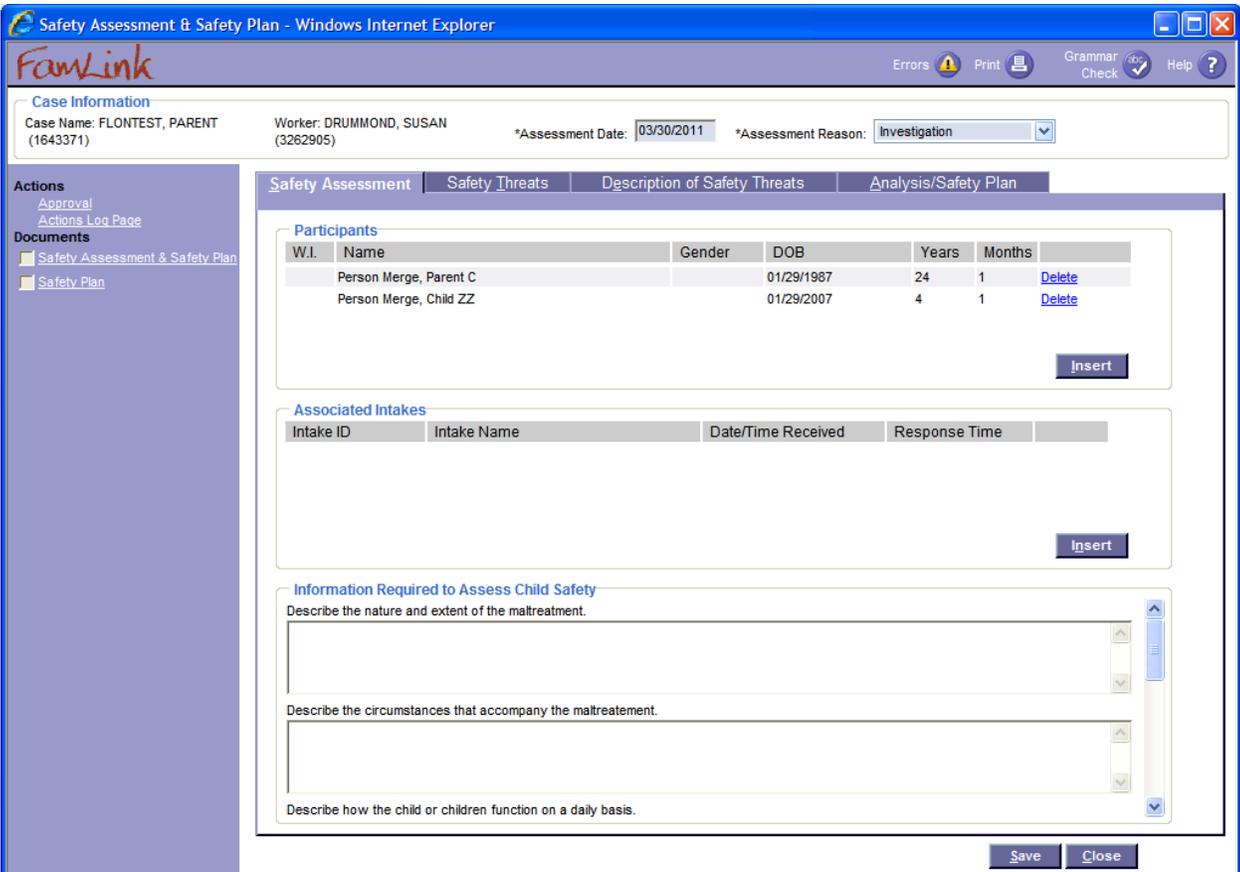
Safety Assessment and Safety Plan's will now be created from Create Casework, then associated with the Investigative Assessment and the intake (s) when being done on an Investigation.



You can view or copy an existing Safety Assessment and Safety Plan on the case or create a new one.

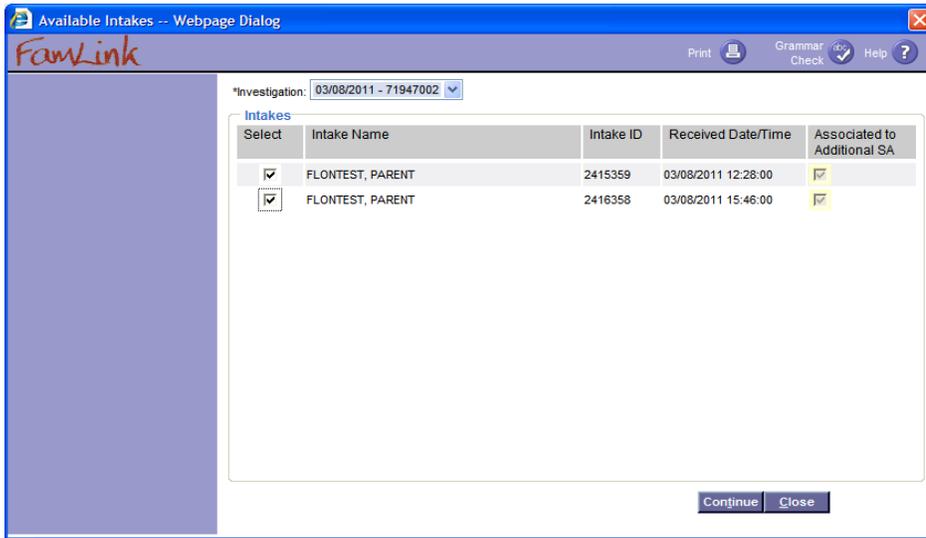


If you select "Investigation" in your Assessment Reason drop down, then the Insert button on the Associated Intakes Group Box is enabled.

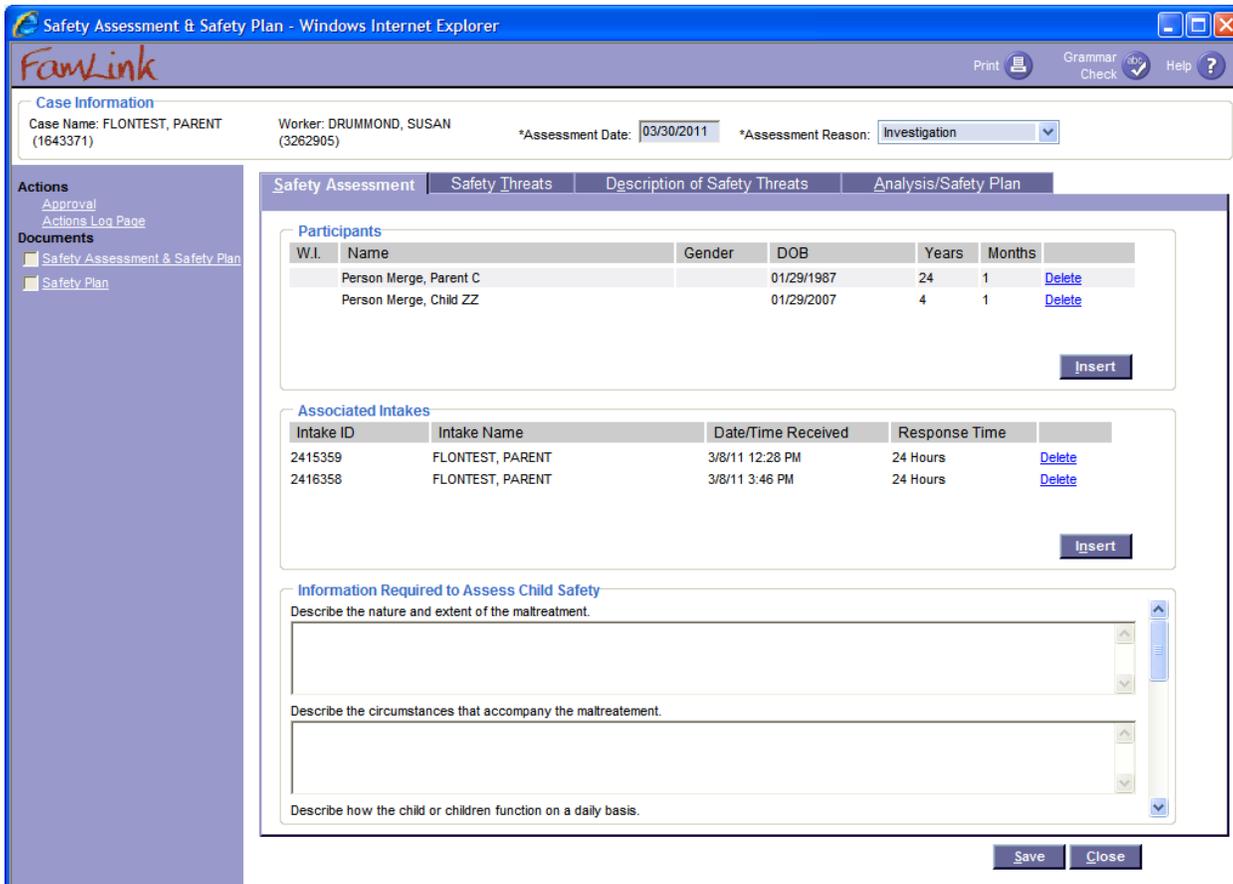


If you click on Insert, you will get a pop-up with the Investigation Date and Investigative Assessment ID for all pending Investigations. Once you select which investigation you want to associate the Safety Assessment with, you then get a list of all intakes that have been added to that Investigative Assessment to tie your Safety Assessment to. You can now

create a Safety Assessment (and must) for every intake in the investigation. You can also create a new Safety Assessment on an intake, even if one has already been done, if circumstances change and there are new or reduced Safety Threats during the Investigation.



There are a total of six text questions under the “Information Required to Assess Child Safety Group Box”. (2 screen shots).



FamLink Print Grammar Check Help

Case Information
 Case Name: FLONTEST, PARENT (1643371) Worker: DRUMMOND, SUSAN (3262905) *Assessment Date: 03/30/2011 *Assessment Reason: Investigation

Actions
 Approval
 Actions Log Page

Documents
 Safety Assessment & Safety Plan
 Safety Plan

Safety Assessment | Safety Threats | Description of Safety Threats | Analysis/Safety Plan

Participants

W.I.	Name	Gender	DOB	Years	Months	
	Person Merge, Parent C		01/29/1987	24	1	Delete
	Person Merge, Child ZZ		01/29/2007	4	1	Delete

Insert

Associated Intakes

Intake ID	Intake Name	Date/Time Received	Response Time	
2415359	FLONTEST, PARENT	3/8/11 12:28 PM	24 Hours	Delete
2416358	FLONTEST, PARENT	3/8/11 3:46 PM	24 Hours	Delete

Insert

Information Required to Assess Child Safety
 Describe how the parent(s) disciplines the child.

Describe the overall parenting practices.

Describe how the parent manages his/her own life on a daily basis (this focuses on how the parent functions in an adult role outside of his/her

Save Close

There are 17 Safety Threat questions +4 DV sub-questions. (2 screen shots)

Safety Assessment & Safety Plan - Windows Internet Explorer

FamLink Print Grammar Check Help

Case Information
 Case Name: FLONTEST, PARENT (1643371) Worker: DRUMMOND, SUSAN (3262905) *Assessment Date: 03/30/2011 *Assessment Reason: Investigation

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Safety Assessment | Safety Threats | Description of Safety Threats | Analysis/Safety Plan

Safety Threats

- The family situation results in no adults in the home performing parenting duties and responsibilities that assure the child's safety. Yes No
- The family situation is that the living arrangement(s) seriously endanger the child's physical health. Yes No
- Caregiver(s) are acting (behaving) violently or dangerously and the behaviors impact child safety. Yes No
- There has been an incident of domestic violence that impacts child safety. Yes No
 - The domestic violence perpetrator has caused serious harm or threats of harm against the adult victim/caregiver of the child. Yes No
 - The domestic violence perpetrator has seriously harmed or threatened serious harm to the child. Yes No
 - The level of violence and/or threats towards either the adult victim or child is increasing so that serious harm is likely to occur. Yes No
 - There are other indications of increased dangers from the domestic violence perpetrator such as suicide threats or attempts, substance abuse or threats with weapons. Yes No
- Caregiver(s) will not or cannot control their behavior and their behavior impacts child safety. Yes No
- Caregiver(s) perceive child in extremely negative terms. Yes No
- Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs which presents an immediate threat of serious harm to a child. Yes No
- Caregiver's attitudes, emotions or behaviors threaten severe harm to a child, or caregiver(s) fear they will maltreat the child and are requesting placement. Yes No
- Caregiver(s) intend(ed) to seriously hurt the child. Yes No

Safety Assessment and Conclusion
 Safety Decision: Safe

No safety threat has been identified; the child is **SAFE**. Proceed with the required documentation of contacts, interview content or observations, and supervisory approval.

Save Close



Case Information

Case Name: FLONTEST, PARENT (1643371) Worker: SARBER, STEPHANE (1011798) *Assessment Date: 03/30/2011 *Assessment Reason: Investigation

- Actions
 - Approval
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- Documents
 - Safety Assessment & Safety Plan
 - Safety Plan

Safety Assessment Safety Threats Description of Safety Threats Analysis/Safety Plan

Safety Threats

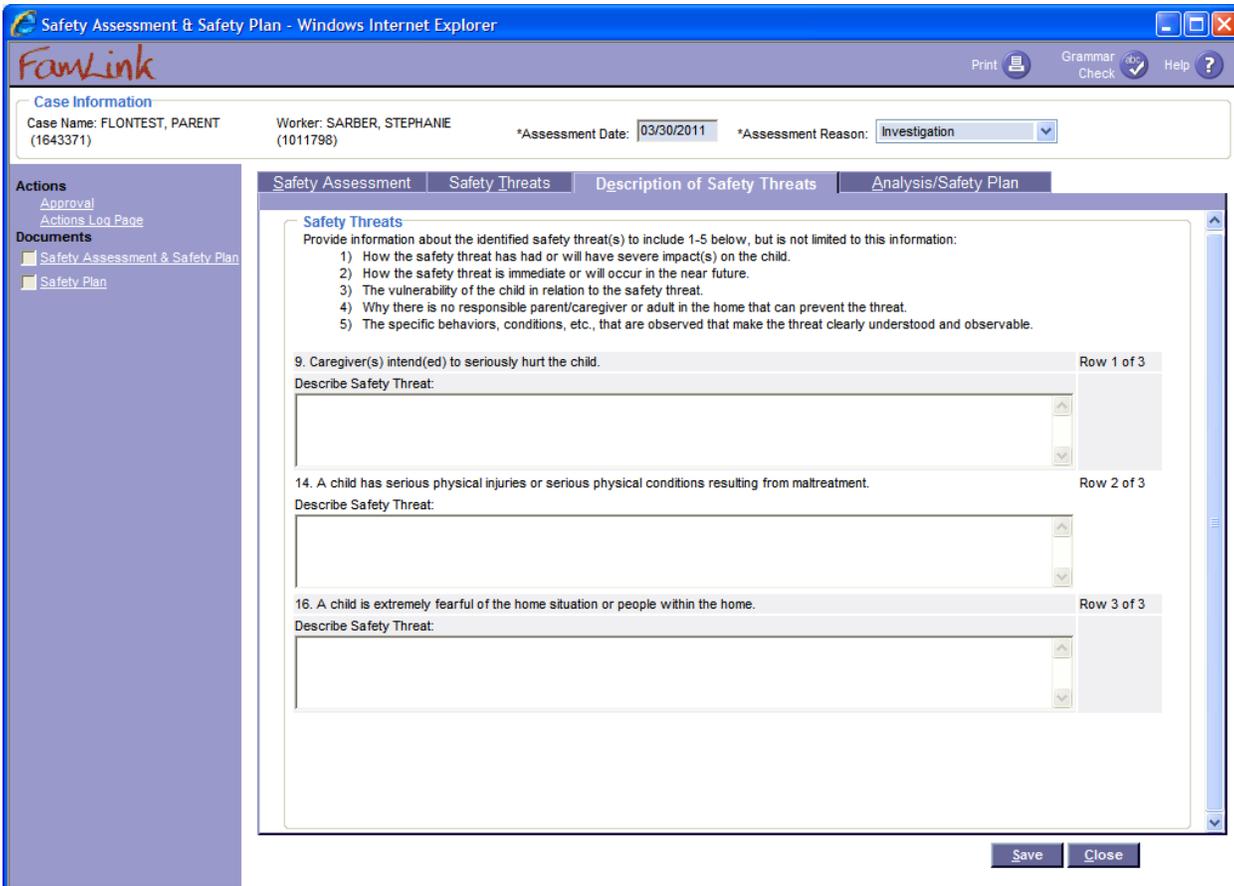
	Yes	No
6. Caregiver(s) perceive child in extremely negative terms.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
7. Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs which presents an immediate threat of serious harm to a child.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
8. Caregiver's attitudes, emotions or behaviors threaten severe harm to a child, or caregiver(s) fear they will maltreat the child and are requesting placement.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
9. Caregiver(s) intend(ed) to seriously hurt the child.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
10. Caregiver(s) lack the parenting knowledge, skills, or motivation necessary to assure a child's safety.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
11. Caregiver(s) overtly rejects CA intervention, refuses access to a child, or there is some indication that the caregiver(s) will flee.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
12. Caregiver(s) are not meeting, cannot meet or will not meet the child's exceptional physical, emotional, medical, or behavioral needs.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
13. Caregiver(s) cannot or will not explain child's injuries or maltreating condition(s) or explanation is not consistent with the facts.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
14. A child has serious physical injuries or serious physical conditions resulting from maltreatment.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
15. A child demonstrates serious emotional symptoms, self-destructive behavior and/or lack of behavioral control that results in provoking dangerous reactions in caregivers.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
16. A child is extremely fearful of the home situation or people within the home.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
17. Child sexual abuse is suspected, has occurred, or circumstances suggest sexual abuse is likely to occur.	<input type="radio"/> Yes	<input checked="" type="radio"/> No

Safety Assessment and Conclusion

Safety Decision: Unsafe
One or more safety threats have been identified; the child is UNSAFE. Proceed with the Safety Plan Analysis to determine the appropriate type of Safety Plan.

Save Close

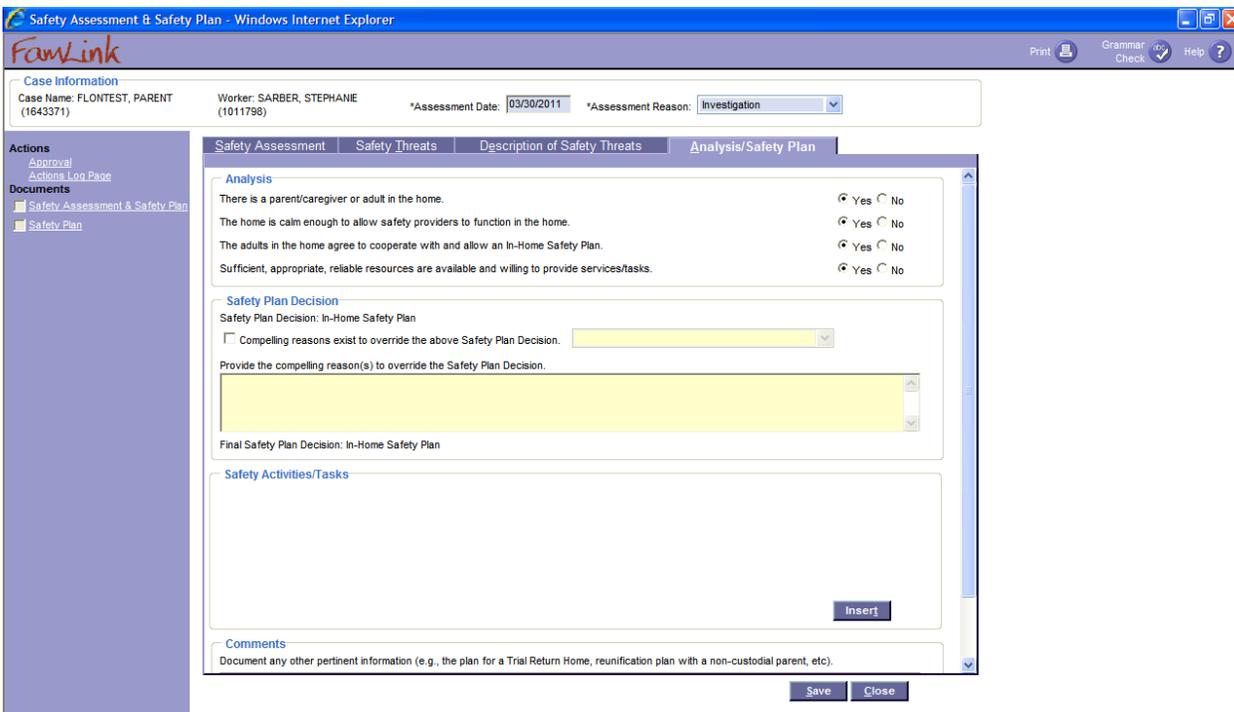
All Selected Safety Threats will populate in the "Description of Safety Threats" Tab with a narrative box.



This screenshot shows the 'Description of Safety Threats' tab in the FamLink application. The interface includes a top navigation bar with 'Safety Assessment', 'Safety Threats', 'Description of Safety Threats', and 'Analysis/Safety Plan'. The 'Description of Safety Threats' tab is active, displaying a list of identified safety threats. The first three threats are visible:

- 9. Caregiver(s) intend(ed) to seriously hurt the child. Row 1 of 3
- 14. A child has serious physical injuries or serious physical conditions resulting from maltreatment. Row 2 of 3
- 16. A child is extremely fearful of the home situation or people within the home. Row 3 of 3

Each threat has a corresponding 'Describe Safety Threat:' text area. A 'Save' button is located at the bottom right of the tab.



This screenshot shows the 'Analysis/Safety Plan' tab in the FamLink application. The interface includes a top navigation bar with 'Safety Assessment', 'Safety Threats', 'Description of Safety Threats', and 'Analysis/Safety Plan'. The 'Analysis/Safety Plan' tab is active, displaying a series of analysis questions and decision points:

- Analysis:**
 - There is a parent/caregiver or adult in the home. Yes No
 - The home is calm enough to allow safety providers to function in the home. Yes No
 - The adults in the home agree to cooperate with and allow an In-Home Safety Plan. Yes No
 - Sufficient, appropriate, reliable resources are available and willing to provide services/tasks. Yes No
- Safety Plan Decision:**
 - Safety Plan Decision: In-Home Safety Plan
 - Compelling reasons exist to override the above Safety Plan Decision. [Dropdown menu]
 - Provide the compelling reason(s) to override the Safety Plan Decision. [Text area]
 - Final Safety Plan Decision: In-Home Safety Plan
- Safety Activities/Tasks:** [Text area]
- Comments:** Document any other pertinent information (e.g., the plan for a Trial Return Home, reunification plan with a non-custodial parent, etc).

'Save' and 'Close' buttons are located at the bottom of the page.

Safety Assessment & Safety Plan - Windows Internet Explorer

FamLink Print Grammar Check Help

Case Information
 Case Name: FLONTEST, PARENT (1643371) Worker: SARBER, STEPHANE (1011798) *Assessment Date: 03/30/2011 *Assessment Reason: Investigation

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Safety Assessment | Safety Threats | Description of Safety Threats | Analysis/Safety Plan

Analysis

There is a parent/caregiver or adult in the home. Yes No
 The home is calm enough to allow safety providers to function in the home. Yes No
 The adults in the home agree to cooperate with and allow an In-Home Safety Plan. Yes No
 Sufficient, appropriate, reliable resources are available and willing to provide services/tasks. Yes No

Safety Plan Decision

Safety Plan Decision:
 Compelling reasons exist to override the above Safety Plan Decision.
 Provide the compelling reason(s) to override the Safety Plan Decision.

Final Safety Plan Decision:

Safety Activities/Tasks

Comments
 Document any other pertinent information (e.g., the plan for a Trial Return Home, reunification plan with a non-custodial parent, etc).

Save Close

FamLink -- Webpage Dialog

You have answered "No" to one or more of the Analysis questions. An In-Home Safety Plan is not appropriate for this family.

Close

Safety Assessment & Safety Plan - Windows Internet Explorer

FamLink Print Grammar Check Help

Case Information
 Case Name: FLONTEST, PARENT (1643371) Worker: SARBER, STEPHANE (1011798) *Assessment Date: 03/30/2011 *Assessment Reason: Investigation

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Safety Assessment | Safety Threats | Description of Safety Threats | Analysis/Safety Plan

Analysis

There is a parent/caregiver or adult in the home. Yes No
 The home is calm enough to allow safety providers to function in the home. Yes No
 The adults in the home agree to cooperate with and allow an In-Home Safety Plan. Yes No
 Sufficient, appropriate, reliable resources are available and willing to provide services/tasks. Yes No

Safety Plan Decision

Safety Plan Decision: Out-of-Home Safety Plan
 Compelling reasons exist to override the above Safety Plan Decision.
 Provide the compelling reason(s) to override the Safety Plan Decision.

Final Safety Plan Decision:

Safety Activities/Tasks

Comments
 Document any other pertinent information (e.g., the plan for a Trial Return Home, reunification plan with a non-custodial parent, etc).

Save Close

Safety Activities/Tasks are added through the Insert button. This is building the Safety Plan.

Safety Assessment & Safety Plan - Windows Internet Explorer

FamLink

Case Information
Case Name: FLONTEST, PARENT (1643371) Worker: SARBER, STEPHANIE (1011798) *Assessment Date: 03/30/2011 *Assessment Reason: Investigation

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Safety Plan

Safety Assessment Safety Threats Description of Safety Threats Analysis/Safety Plan

The adults in the home agree to cooperate with and allow an In-Home Safety Plan. Yes No
Sufficient, appropriate, reliable resources are available and willing to provide services/tasks. Yes No

Safety Plan Decision
Safety Plan Decision: Out-of-Home Safety Plan
 Compelling reasons exist to override the above Safety Plan Decision. In-Home Safety Plan

Provide the compelling reason(s) to override the Safety Plan Decision.
Court Ordered that the child remain in the home and services be provided under an in-home safety plan.

Final Safety Plan Decision: In-Home Safety Plan

Safety Activities/Tasks

Insert

Comments
Document any other pertinent information (e.g., the plan for a Trial Return Home, reunification plan with a non-custodial parent, etc).

Save Close

Safety Activities/Tasks Pop-up.

Safety Activities/Tasks -- Webpage Dialog

FamLink

Safety Activities/Tasks

Hold down the 'CTRL' key for multi-selection

*Safety Threats: 9. Caregiver(s) intend(ed) to seriously hurt the child.
14. Child has serious injuries or conditions resulting from maltreatment.
16. Child is extremely fearful of the home situation or people within the home.

*Activities/Tasks: [Dropdown menu]

*Start Date: 00/00/0000 Target End Date: 00/00/0000

*What Will Be Done: [Text area]

*By Whom: [Text area]

*Frequency: [Text area]

Continue Close

Safety Activities/Tasks -- Webpage Dialog

FamLink Print Grammar Check Help

Safety Activities/Tasks
Hold down the 'CTRL' key for multi-selection

*Safety Threats: 9. Caregiver(s) intend(ed) to seriously hurt the child.
14. Child has serious injuries or conditions resulting from maltreatment.
16. Child is extremely fearful of the home situation or people within the home.

*Activities/Tasks: Supervision and Observation

*Start Date: 03/30/2011 Target End Date: 04/29/2011

*What Will Be Done: The children will go to grandmother's house every day after school, where the mother will pick them up.

*By Whom: Grandmother will provide supervision after school.

*Frequency: Monday through Friday (all school days)

Continue Close

Safety Assessment & Safety Plan - Windows Internet Explorer

FamLink Print Grammar Check Help

Case Information
Case Name: FLONTEST, PARENT (1643371) Worker: SARBER, STEPHANIE (1011798) *Assessment Date: 03/30/2011 *Assessment Reason: Investigation

Actions
Approval
Actions Log Page

Documents
Safety Assessment & Safety Plan
Safety Plan

Safety Assessment | **Safety Threats** | **Description of Safety Threats** | **Analysis/Safety Plan**

Indicated Safety Threats: 16 A child is extremely fearful of the home situation or people within the home. [Edit](#) [Delete](#) Row 1 of 1

Activity/Task: Supervision and Observation Start Date: 03/30/2011 Target End Date: 04/29/2011

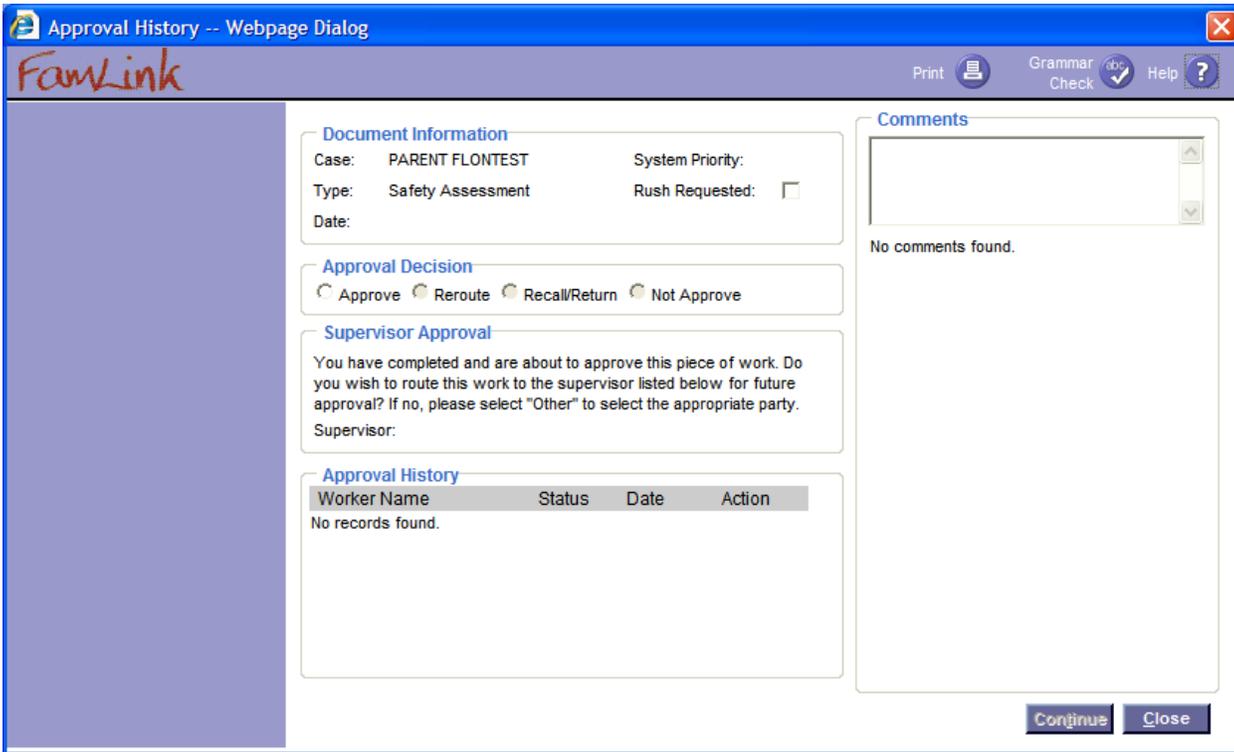
Insert

Safety Plan Decision
Safety Plan Decision: Out-of-Home Safety Plan
 Compelling reasons exist to override the above Safety Plan Decision. In-Home Safety Plan
Provide the compelling reason(s) to override the Safety Plan Decision.
Court Ordered that the child remain in the home and services be provided under an in-home safety plan.
Final Safety Plan Decision: In-Home Safety Plan

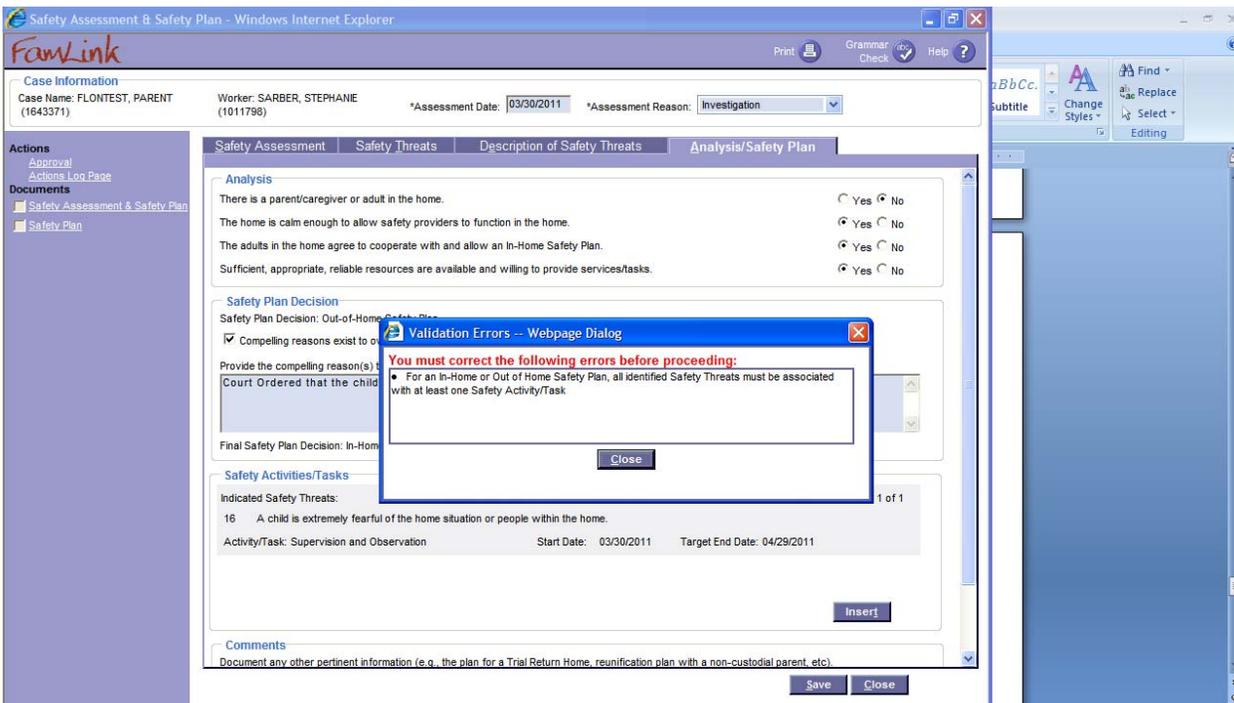
Comments
Document any other pertinent information (e.g., the plan for a Trial Return Home, reunification plan with a non-custodial parent, etc).

Save Close

Safety Assessments created through Create Case Work have an "Approval" on the Safety Assessment piece of work.



You must have a Safety Activities/Tasks for every Safety Threat. One Safety Activities/Tasks can cover more than one Threat. The edit is on approval.



Case Information
 Case Name: FLONTEST, PARENT (1643371) Worker: SARBER, STEPHANE (1011798) *Assessment Date: 03/30/2011 *Assessment Reason: Investigation

Actions
[Approval](#)
[Actions Log Page](#)

Documents
 Safety Assessment & Safety Plan
 Safety Plan

Safety Assessment Safety Threats Description of Safety Threats **Analysis/Safety Plan**

Analysis

There is a parent/caregiver or adult in the home. Yes No

The home is calm enough to allow safety providers to function in the home. Yes No

The adults in the home agree to cooperate with and allow an In-Home Safety Plan. Yes No

Sufficient, appropriate, reliable resources are available and willing to provide services/tasks. Yes No

Safety Plan Decision

Safety Plan Decision: Out-of-Home Safety Plan

Compelling reasons exist to override the above Safety Plan Decision. In-Home Safety Plan

Provide the compelling reason(s) to override the Safety Plan Decision.

Court Ordered that the child remain in the home and services be provided under an in-home safety plan.

Final Safety Plan Decision: In-Home Safety Plan

Safety Activities/Tasks

Indicated Safety Threats: [Edit](#) [Delete](#) Row 1 of 1

9 Caregiver(s) intend(ed) to seriously hurt the child.

14 A child has serious physical injuries or serious physical conditions resulting from maltreatment.

16 A child is extremely fearful of the home situation or people within the home.

Activity/Task: Supervision and Observation Start Date: 03/30/2011 Target End Date: 04/29/2011

Comments

Document any other pertinent information (e.g., the plan for a Trial Return Home, reunification plan with a non-custodial parent, etc).

The Safety Assessments and Safety Plans associated to an Investigative Assessment will display on the outliner under that Investigative Assessment (it will not duplicate display under the separate Safety Assessment Icon, only Safety Assessments not associated with either an Investigative Assessment, a Family Assessment, or an Assessment of Progress will display under the main Safety Assessment Icon.

The screenshot displays the FamLink web application interface. At the top, there is a navigation bar with the FamLink logo and several utility icons: Intake, Case Work, Provider Work, Search, Refresh, Print, Help, and Logout. Below this is a secondary menu with options like Create, Maintain, Addition Search, Utilities, Search, and Help.

The main content area is titled "STEPHANIE SARBER's Desktop" and includes a sub-menu with options: Date Restricted, Participant View, and View Not Approved/Cancelled. The left sidebar contains a tree view with categories: Ticklers (My Ticklers, Escalated Ticklers, Manual Ticklers), Cases (FLONTEST_PARENT (1643371) Actions, CPS Status: Open 03/08/2011 DRUMMOND, SUSAN Central Intake - Region 7 C/O: , Apt.#., Assets/Employment, Assignment, Family Assessment, Intakes, Investigation), and Related People (Providers, Workers, Approvals, Intakes).

The right sidebar, titled "FamLink Messages and Links", contains a message: "Munchkin - 2.9 & Rpts 1.5 system test" with a "This is" status. Below the message, it lists system details: Current build: 19038, Prior build: 19020, and Last PROD data load: 2/3/11. A link for "infoFamLink" is provided. Below this section is another heading: "Region Messages and Links".

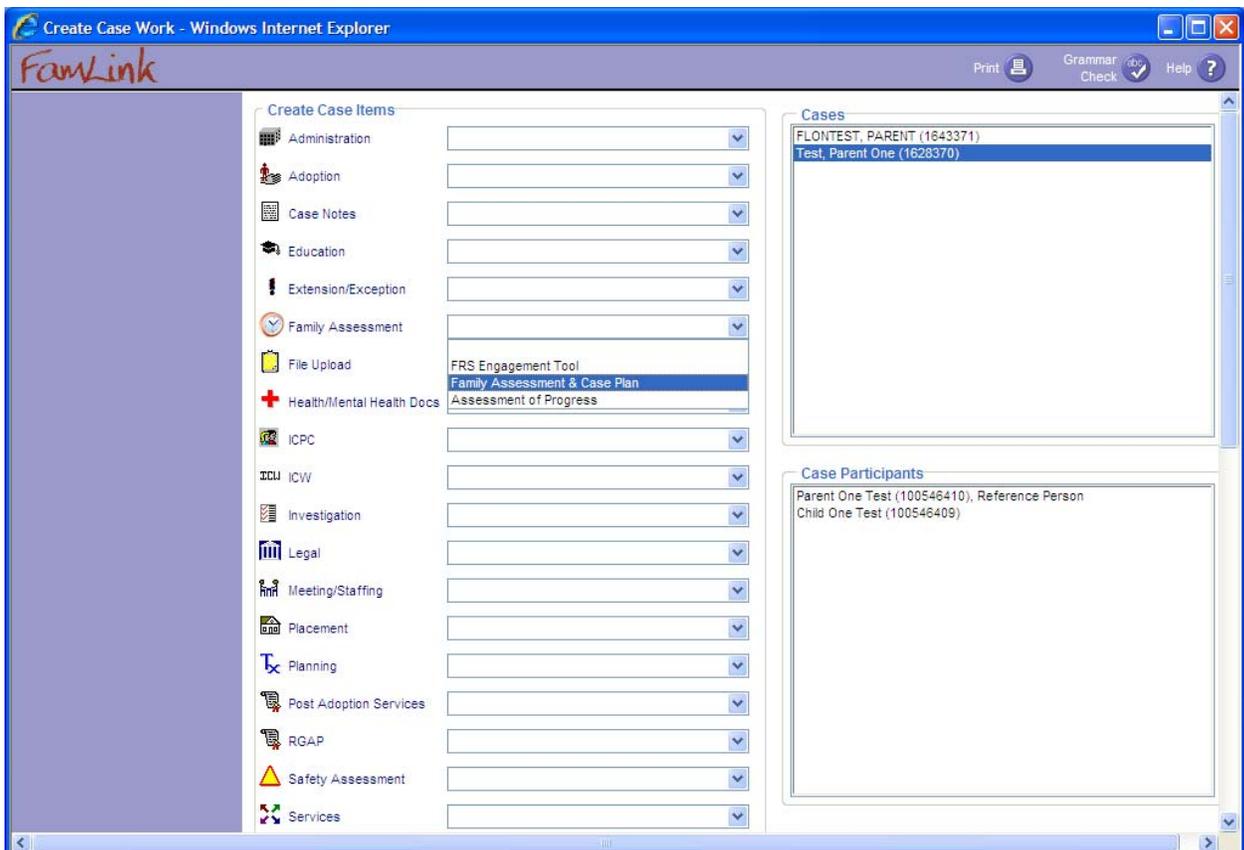
All completed and approved Safety Assessments associated with an Investigative Assessment, will display in the IA on the Disposition Tab, along with the Safety Decision and the Safety Plan type. The Safety Assessment can be viewed from within the IA.

The screenshot shows the 'Investigative Assessment' window in Internet Explorer. The 'Case Information' section at the top includes: Case Name: FLONTEST, PARENT (1643371), Worker: DRUMMOND, SUSAN, Provider Name: (blank), Investigation ID: 71947002, Completion Date: (blank), and Type: CPS. The 'Disposition' tab is active, displaying a 'Safety Assessment' table with the following data:

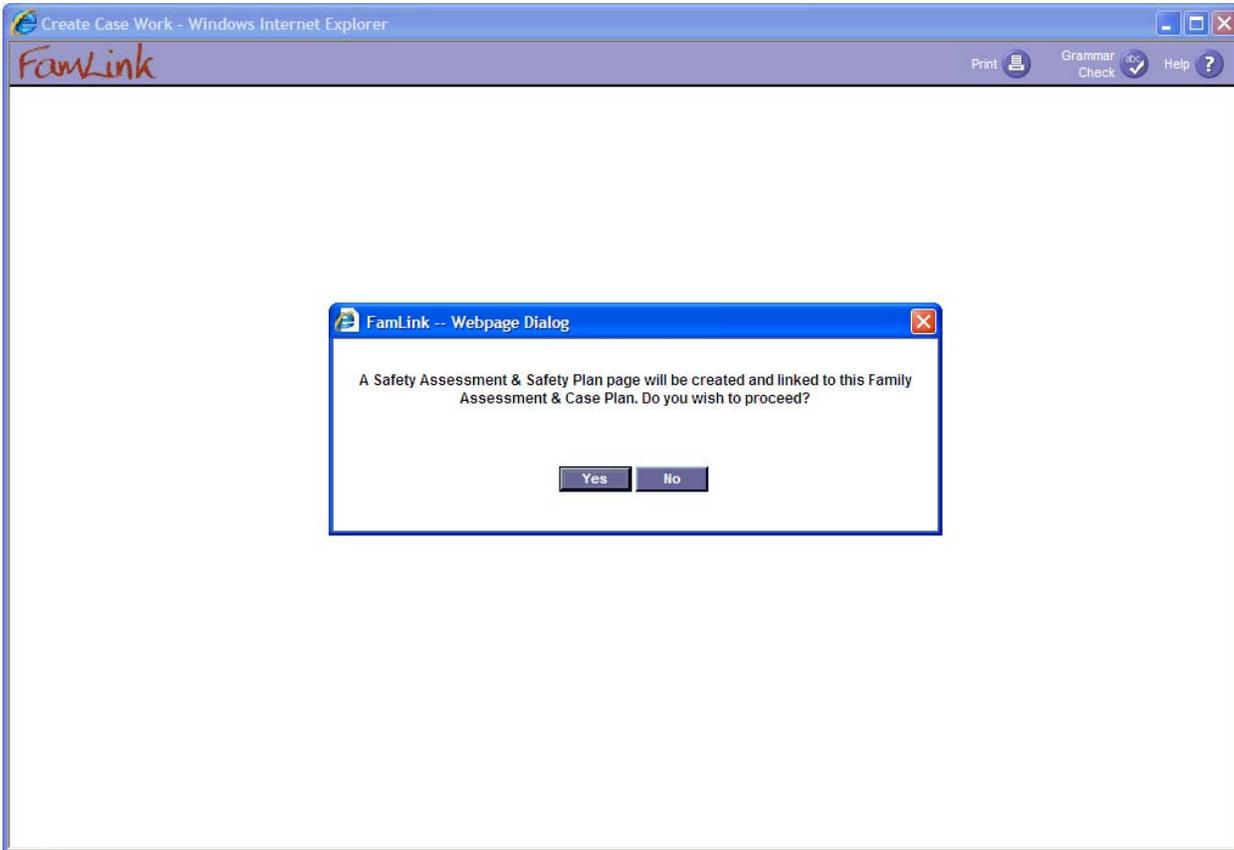
Date	Safety Decision	Final Safety Plan	View
03/01/2011	Safe		View
03/02/2011	Safe		View
03/09/2011	Unsafe	In-Home Safety Plan	View
03/30/2011	Unsafe	In-Home Safety Plan	View

Below the table are sections for 'Risk Score' (with columns for Type, ID, Date, Score) and 'Substance Abuse' (with columns for Name, Alcohol, Drugs, Referral). The 'Substance Abuse' section indicates 'No records found.' To the right, the 'Investigation Disposition' section includes a 'Disposition' dropdown, an 'Explain' text area, and a 'Services' section with a dropdown for 'Beyond the investigation: Is the family being referred for ongoing services that require Children's Administration to monitor?', a 'Program Type' dropdown, and a 'Reasons Services are not being provided to the family by CA:' dropdown. 'Save' and 'Close' buttons are located at the bottom right.

The Family Assessment and Case Plan is created through Create Case Work.



When creating a new Family Assessment (and also the same when creating an Assessment of Progress), you will get a pop-up advising you that a Safety Assessment & Safety Plan page is being created and linked to your Family Assessment. If you say “yes”, then the Family Assessment and Case Plan page is created. If you say “no”, you return to Create Case Work. The system creates this Safety Assessment for you directly linked to the Family Assessment or the Assessment of Progress. This is the only time you do not create the Safety Assessment through Create Case Work.



Family Assessment & Case Plan - Windows Internet Explorer

FamLink Print Grammar Check Help

Case Information

Case Name: Test, Parent One (1628370) *Assessment Date: 00/00/0000 *Assessment Reason: Family Assessment Approval Date:

Worker Name: Program: FVS CFWS FRS Safety Decision: Final Safety Plan Decision:

Actions

- Approval
- Safety Assessment & Safety Plan

Documents

- Family Assessment
- Case Plan

Maltreatment | Family Functioning | Parent/Caregiver Functioning | Child Functioning

Maltreatment/Presenting Problem

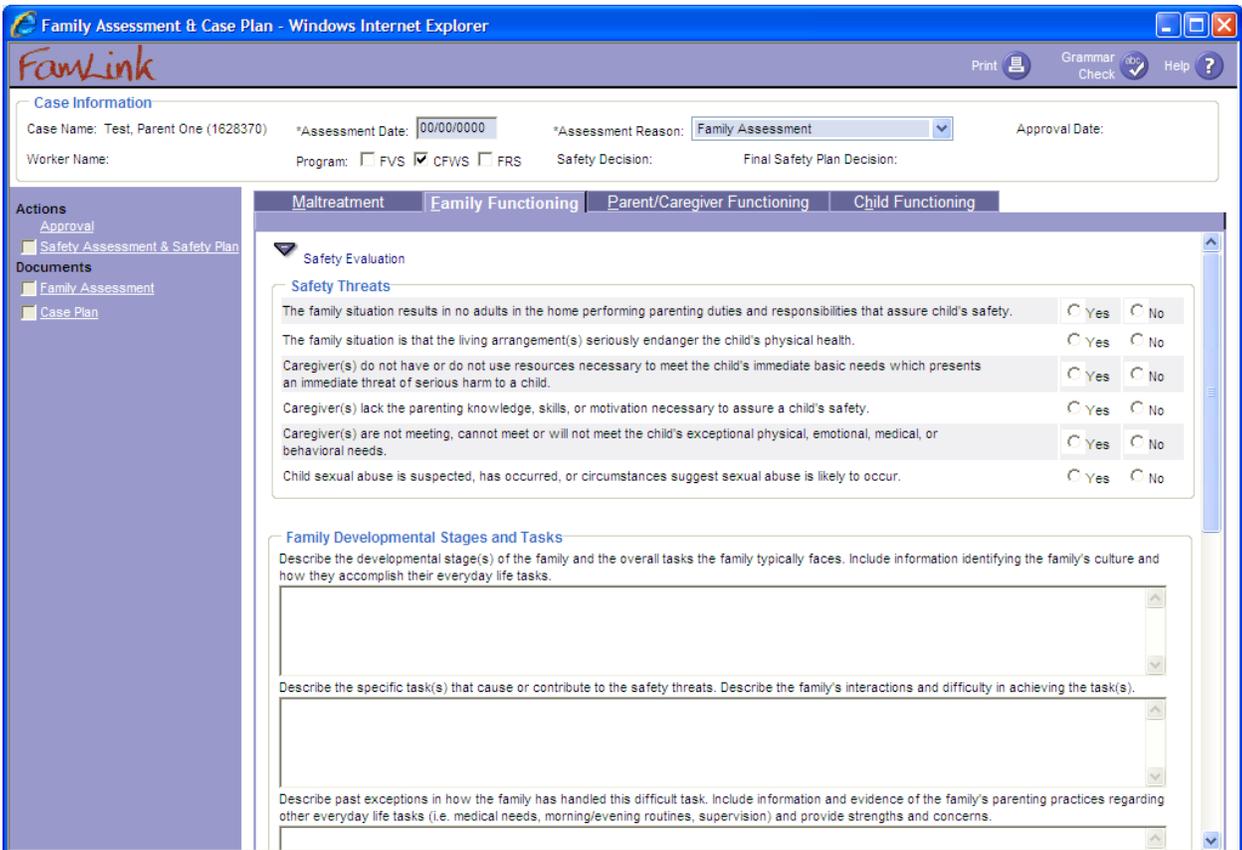
Describe the nature and extent of the maltreatment. Include collateral and other witnesses' description of the threat to safety and maltreatment.

Describe the abuse or neglect, both reported and found, and the impact on the child in terms of physical or emotional impacts.

Sequence of Events

Describe the sequence of events that led up to the maltreatment (this includes information gathered from victims, siblings/other household members, non-offending Caregiver(s), perpetrator, and collateral sources).

The Family Functioning tab, Parent/Caregiver Functioning tab, and the Child Functioning tab all have a Safety Evaluation expando at the top. These are the Safety Threats from the Safety Assessment and Safety Plan page. They can be answered directly in the Family Assessment and Case Plan or the Assessment of Progress and the answers will populate the Safety Threats questions in the Safety Assessment & Safety Plan. The worker will complete the rest of the Safety Assessment and Safety Plan on the Safety Assessment page (accessed through the hyperlink under Actions on the Option Pane). Safety Assessment and Safety Plan page created through the Family Assessment or Assessment of Progress does not have its own approval page, instead it has a completed checkbox in the header that when checked with run completion edits. The Safety Assessment and Safety Plan is actually approved through the approval on the Family Assessment and Case Plan or the Assessment of progress (whichever it is created through). The Safety Assessment and Safety Plan must have the completed checkbox marked in order to approve the Family Assessment and Case Plan or the Assessment of Progress.



Family Assessment & Case Plan - Windows Internet Explorer

FamLink Print Grammar Check Help

Case Information

Case Name: Test, Parent One (1628370) *Assessment Date: 00/00/0000 *Assessment Reason: Family Assessment Approval Date:

Worker Name: Program: FVS CFWS FRS Safety Decision: Final Safety Plan Decision:

Actions

Approval

Safety Assessment & Safety Plan

Documents

Family Assessment

Case Plan

Maltreatment Family Functioning Parent/Caregiver Functioning Child Functioning

Safety Evaluation

Family Developmental Stages and Tasks

Describe the developmental stage(s) of the family and the overall tasks the family typically faces. Include information identifying the family's culture and how they accomplish their everyday life tasks.

Describe the specific task(s) that cause or contribute to the safety threats. Describe the family's interactions and difficulty in achieving the task(s).

Describe past exceptions in how the family has handled this difficult task. Include information and evidence of the family's parenting practices regarding other everyday life tasks (i.e. medical needs, morning/evening routines, supervision) and provide strengths and concerns.

Family Choice of Discipline

Describe the disciplinary approaches used by the parents/caregivers. Include strengths (i.e., uses self control while disciplining child and is fair and consistent) and concerns (i.e., uses violence or threats, discipline is vengeful, physical discipline stems from frustration and/or anger).

Family Assessment & Case Plan - Windows Internet Explorer

FamLink Print Grammar Check Help

Case Information

Case Name: Test, Parent One (1628370) *Assessment Date: 03/30/2011 *Assessment Reason: Family Assessment Approval Date:

Worker Name: SARBER, STEPHANE Program: FVS CFWS FRS Safety Decision: Final Safety Plan Decision:

Actions

Approval

Safety Assessment & Safety Plan

Documents

Family Assessment

Case Plan

Maltreatment Family Functioning Parent/Caregiver Functioning Child Functioning

Family Choice of Discipline

Describe the disciplinary approaches used by the parents/caregivers. Include strengths (i.e., uses self control while disciplining child and is fair and consistent) and concerns (i.e., uses violence or threats, discipline is vengeful, physical discipline stems from frustration and/or anger).

Family Support

Describe the family's support system. Include any negative or positive impacts these supports may have had while the family used them in the past. Describe how these support systems help or may help the family protect the children. Describe areas in the family life where additional supports may benefit the family.

Objectives

Objective: The family will use their "watch kids plan" to ensure that their children are safely supervised at all times.	Target End Date: 09/30/2011	Status: New	Edit Delete Copy Detail
Service: Child Care In Relative Home - Not Placed	Provider: Clements, Tessa J		

Insert

Save Close

Case Plan Objective -- Webpage Dialog

FamLink Print Grammar Check Help

Case Information
 Case Name: Test, Parent One (1628370) Worker Name: SARBER, STEPHANE Family Objective

Actions
[Actions Log Page](#)

Objective
 *Start Date: 03/31/2011 Target End Date: 09/30/2011
 *Objective: The family will use their "watch kids plan" to ensure that their children are safely supervised at all times.
 Tasks:
 1. Mr. and Mrs. Smith will develop and demonstrate a specific plan for supervision by April 15, 2011.
 2. ABC Preservation Services will assist the Smiths in the development of this supervision plan by April 15, 2011. Social worker will make a referral for this service by April 1, 2011.

Services

Service	Provider	Start Date	End Date	Participant	Status	View
Child Care In Relative Home - Not Placed	Clements, Tessa J	03/31/2011		Test, Child One	Approved	View

[Link Services](#) [Create](#)

[Save](#) [Close](#)

Family Assessment & Case Plan - Windows Internet Explorer

FamLink Print Grammar Check Help

Case Information
 Case Name: Test, Parent One (1628370) *Assessment Date: 03/30/2011 *Assessment Reason: Family Assessment Approval Date:
 Worker Name: SARBER, STEPHANE Program: FVS CFWS FRS Safety Decision: Final Safety Plan Decision:

Actions
[Approval](#)
[Safety Assessment & Safety Plan](#)
 Documents
[Family Assessment](#)
[Case Plan](#)

Maltreatment | Family Functioning | **Parent/Caregiver Functioning** | Child Functioning

Safety Evaluation

Safety Threats

Caregiver(s) are acting (behaving) violently or dangerously and the behaviors impact child safety. Yes No

There has been an incident of domestic violence that impacts child safety. Yes No

The domestic violence perpetrator has caused serious harm or threats of harm against the adult victim/caregiver of the child. Yes No

The domestic violence perpetrator has seriously harmed or threatened serious harm to the child. Yes No

The level of violence and/or threats towards either the adult victim or child is increasing so that serious harm is likely to occur. Yes No

There are other indications of increased dangers from the domestic violence perpetrator such as suicide threats or attempts, substance abuse or threats with weapons. Yes No

Caregiver(s) will not or cannot control their behavior and their behavior impacts child safety. Yes No

Caregiver(s) perceives child in extremely negative terms. Yes No

Caregivers' attitudes, emotions and behavior(s) threaten severe harm to a child, or caregiver(s) fear they will maltreat the child and are requesting placement. Yes No

Caregiver(s) intend(ed) to seriously hurt the child. Yes No

Caregiver(s) overtly rejects CA intervention, refuses access to a child, or there is some indication that the caregiver(s) will flee. Yes No

Caregiver(s) cannot or will not explain child's injuries or maltreating condition(s) or explanation is not consistent with the facts. Yes No

Parent/Caregiver
 Test, Parent One [Add/Edit](#)

Individual Adult Patterns of Behavior
 Describe how the parent/caregiver loses control and exhibits behaviors (e.g., substance use/abuse, violent, depression, etc.) that led to a disruption in meeting specific everyday life tasks.
 Describe the individuals' patterns for their loss of control.

[Save](#) [Close](#)

Family Assessment & Case Plan - Windows Internet Explorer

FamLink Print Grammar Check Help

Case Information

Case Name: Test, Parent One (1628370) *Assessment Date: 03/30/2011 *Assessment Reason: Family Assessment Approval Date:

Worker Name: SARBER, STEPHANIE Program: FVS CFWS FRS Safety Decision: Final Safety Plan Decision:

Actions

Approval

Safety Assessment & Safety Plan

Documents

Family Assessment

Case Plan

Maltreatment Family Functioning **Parent/Caregiver Functioning** Child Functioning

Safety Evaluation

Parent/Caregiver

Test, Parent One

Add/Edit

Individual Adult Patterns of Behavior

Describe how the parent/caregiver loses control and exhibits behaviors (e.g., substance use/abuse, violent, depression, etc.) that led to a disruption in meeting specific everyday life tasks. Describe the individuals' patterns for their loss of control.

Describe the information and evidence collected regarding the parent/caregiver that indicates prevention skills are needed or have been learned to manage the identified behaviors. Include behavioral strengths and exceptions to the problem. Evidence may include but is not limited to: professionals (e.g., mental health, substance abuse), law enforcement, relatives, etc.

Objectives

Insert

Save Close

Done Local intranet 100%

Family Assessment & Case Plan - Windows Internet Explorer

FamLink Print Grammar Check Help

Case Information

Case Name: Test, Parent One (1628370) *Assessment Date: 03/30/2011 *Assessment Reason: Family Assessment Approval Date:

Worker Name: SARBER, STEPHANIE Program: FVS CFWS FRS Safety Decision: Final Safety Plan Decision:

Actions

Approval

Safety Assessment & Safety Plan

Documents

Family Assessment

Case Plan

Maltreatment Family Functioning **Parent/Caregiver Functioning** Child Functioning

Safety Evaluation

Parent/Caregiver

Test, Parent One

Add/Edit

Individual Adult Patterns of Behavior

Describe how the parent/caregiver functions in respect to daily life management and general adaptation, independent of their parenting abilities. Include descriptions of strengths and concerns in adult functioning. Identify primary ways of coping with day-to-day life.

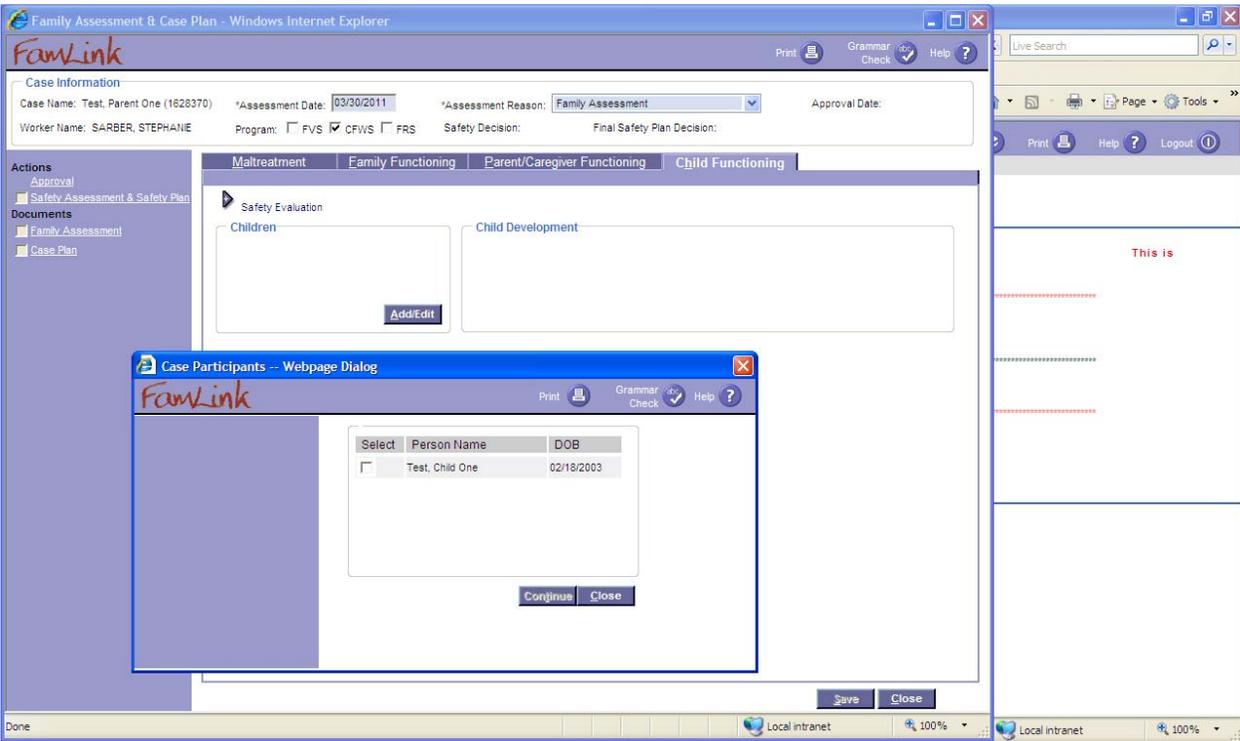
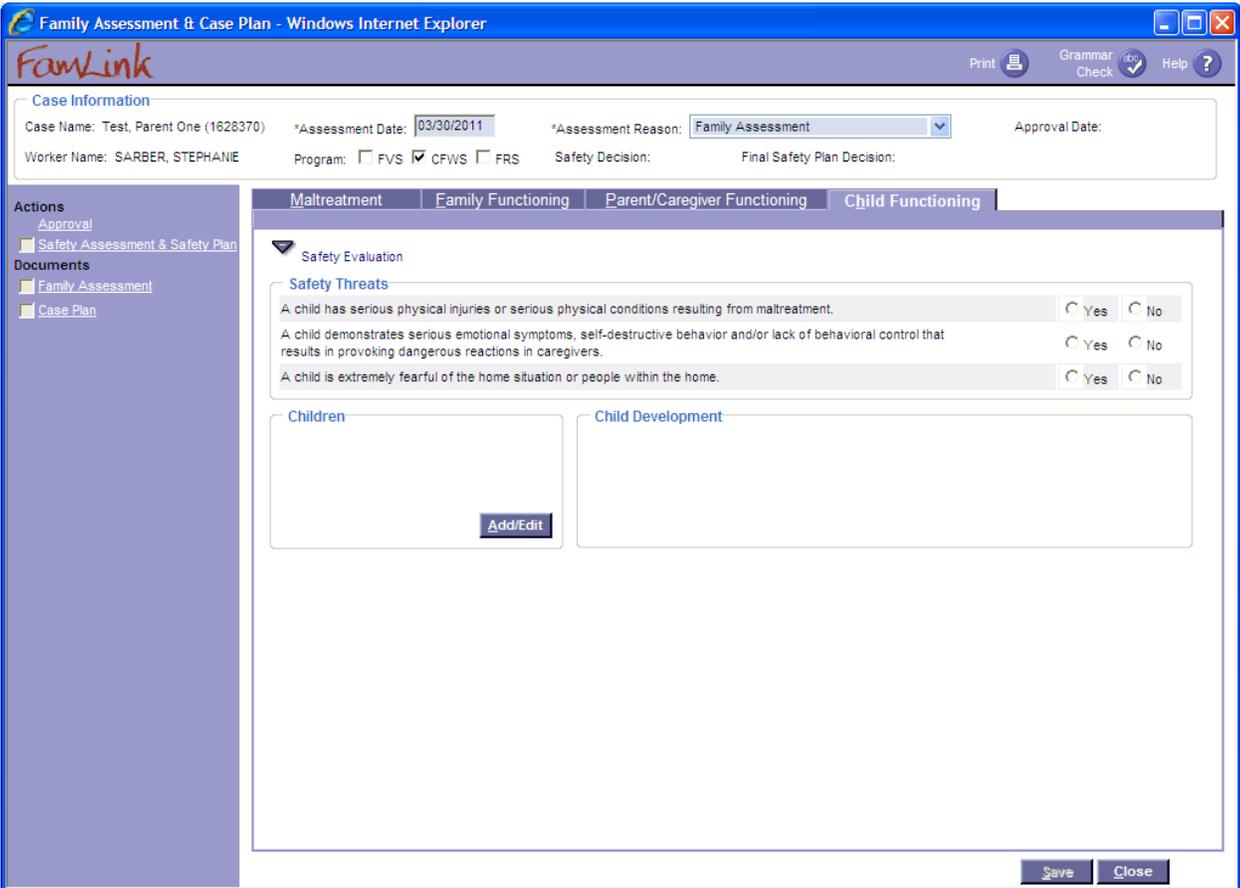
Describe the parent/caregiver's behavioral, cognitive, and emotional capacity to protect their children.

Objectives

Objective: The family will use their "watch kids plan" to ensure that their children are safely supervised at all times.	Target End Date: 04/30/2011	Status: New	Edit Delete Copy Detail
Service	Provider		
Child Care In Relative Home - Not Placed	Clements, Tessa J		

Insert

Save Close



Family Assessment & Case Plan - Windows Internet Explorer

FamLink Print Grammar Check Help

Case Information

Case Name: Test, Parent One (1628370) *Assessment Date: 03/30/2011 *Assessment Reason: Family Assessment Approval Date:

Worker Name: SARBER, STEPHANIE Program: FVS CFWS FRS Safety Decision: Final Safety Plan Decision:

Actions

- Approval
- Safety Assessment & Safety Plan

Documents

- Family Assessment
- Case Plan

Maltreatment Family Functioning Parent/Caregiver Functioning **Child Functioning**

Safety Evaluation

Safety Threats

A child has serious physical injuries or serious physical conditions resulting from maltreatment. Yes No

A child demonstrates serious emotional symptoms, self-destructive behavior and/or lack of behavioral control that results in provoking dangerous reactions in caregivers. Yes No

A child is extremely fearful of the home situation or people within the home. Yes No

Children

Test, Child One

Add/Edit

Child Development

Describe how the child functions on a daily basis. Include behaviors, feelings, cognitive functioning, physical capacity, temperament, relationships, etc. Include information on their ability to accomplish developmentally appropriate tasks.

Objectives

Insert

Save Close

Family Assessment & Case Plan - Windows Internet Explorer

FamLink Print Grammar Check Help

Case Information

Case Name: Test, Parent One (1628370) *Assessment Date: 03/30/2011 *Assessment Reason: Family Assessment Approval Date:

Worker Name: SARBER, STEPHANIE Program: FVS CFWS FRS Safety Decision: Final Safety Plan Decision:

Actions

- Approval
- Safety Assessment & Safety Plan

Documents

- Family Assessment
- Case Plan

Maltreatment Family Functioning Parent/Caregiver Functioning **Child Functioning**

Safety Evaluation

Safety Threats

A child has serious physical injuries or serious physical conditions resulting from maltreatment. Yes No

A child demonstrates serious emotional symptoms, self-destructive behavior and/or lack of behavioral control that results in provoking dangerous reactions in caregivers. Yes No

A child is extremely fearful of the home situation or people within the home. Yes No

Children

Test, Child One

Add/Edit

Child Development

Identify strengths and concerns using behaviorally specific descriptors (i.e. if developmentally on target what is observed that indicates that) and any child related issues which may cause stress on the family (i.e. substance use, running away, health).

Objectives

Objective: The family will use their "watch kids plan" to ensure that their children are safely supervised at all times.	Target End Date: 08/30/2011	Status: New	Edit Delete Copy Detail
Service	Provider		
Child Care in Relative Home - Not Placed	Clements, Tessa J		

Insert

Save Close

Family Assessment & Case Plan - Windows Internet Explorer

FamLink Print Grammar Check Help

Case Information

Case Name: Test, Parent One (1628370) *Assessment Date: 03/30/2011 *Assessment Reason: Family Assessment Approval Date:

Worker Name: SARBER, STEPHANIE Program: FVS CFWS FRS Safety Decision: Unsafe Final Safety Plan Decision:

Actions

Approval

- [Safety Assessment & Safety Plan](#)

Documents

- [Family Assessment](#)
- [Case Plan](#)

Maltreatment **Family Functioning** **Parent/Caregiver Functioning** **Child Functioning**

Safety Evaluation

Safety Threats

A child has serious physical injuries or serious physical conditions resulting from maltreatment. Yes No

A child demonstrates serious emotional symptoms, self-destructive behavior and/or lack of behavioral control that results in provoking dangerous reactions in caregivers. Yes No

A child is extremely fearful of the home situation or people within the home. Yes No

Children

Test, Child One

Child Development

Describe how the child functions on a daily basis. Include behaviors, feelings, cognitive functioning, physical capacity, temperament, relationships, etc. Include information on their ability to accomplish developmentally appropriate tasks.

Objectives

Objective: The family will use their "watch kids plan" to ensure that their children are safely supervised at all times.	Target End Date: 08/30/2011	Status: New	Edit Delete Copy Detail
Service	Provider		
Child Care In Relative Home - Not Placed	Clements, Tessa J		

Save **Close**

I am not adding a second set of the Safety Assessment and Safety Plan screen shots since you already have them in here. The link off of the Family Assessment, then also the Assessment of Progress to the Safety Assessment and Safety Plan that is created with each piece of work takes you to the same Safety Assessment and Safety Plan tool that will be used throughout the case.

Create Case Items

- Administration
- Adoption
- Case Notes
- Education
- Extension/Exception
- Family Assessment: Assessment of Progress
- File Upload
- Health/Mental Health Docs
- ICPC
- ICW
- Investigation
- Legal
- Meeting/Staffing
- Placement
- Planning
- Post Adoption Services
- RGAP
- Safety Assessment
- Services

Cases

FLONTEST, PARENT (1643371)
Test, Parent One (1628370)

Case Participants

Child ZZ Person Merge (100571410)
Parent C Person Merge (100564411)

Create Close

Case Information
Case Name: FLONTEST, PARENT (1643371) *Assessment Date: 03/14/2011 *Assessment Reason: Assessment of Progress Approval Date:
Worker Name: DRUMMOND, SUSAN Program: FVS CFWS FRS Safety Decision: Final Safety Plan Decision:

- Actions**
- Approval
 - Safety Assessment & Safety Plan
- Documents**
- Assessment of Progress
 - Case Plan

Maltreatment | Family Functioning | Parent/Caregiver Functioning | Child Functioning | Recommendation

Maltreatment/Presenting Problem
Describe the nature and extent of the maltreatment. Include collateral and other witnesses' description of the threat to safety and maltreatment.

Describe the abuse or neglect, both reported and found, and the impact on the child in terms of physical or emotional impacts.

Sequence of Events
Describe the sequence of events that led up to the maltreatment (this includes information gathered from victims, siblings/other household members, non-offending Caregiver(s), perpetrator, and collateral sources).

Save Close

Case Information

Case Name: FLONTEST, PARENT (1643371) *Assessment Date: 03/14/2011 *Assessment Reason: Assessment of Progress Approval Date:

Worker Name: DRUMMOND, SUSAN Program: FVS CFWS FRS Safety Decision: Unsafe Final Safety Plan Decision: In-Home Safety Plan

Actions

- Approval
- Safety Assessment & Safety Plan
- Documents
- Assessment of Progress
- Case Plan

Maltreatment Family Functioning Parent/Caregiver Functioning Child Functioning Recommendation

Safety Evaluation

Safety Threats

The family situation results in no adults in the home performing parenting duties and responsibilities that assure child's safety.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
The family situation is that the living arrangement(s) seriously endanger the child's physical health.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs which presents an immediate threat of serious harm to a child.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Caregiver(s) lack the parenting knowledge, skills, or motivation necessary to assure a child's safety.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Caregiver(s) are not meeting, cannot meet or will not meet the child's exceptional physical, emotional, medical, or behavioral needs.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Child sexual abuse is suspected, has occurred, or circumstances suggest sexual abuse is likely to occur.	<input type="radio"/> Yes	<input checked="" type="radio"/> No

Family Developmental Stages and Tasks

Describe the developmental stage(s) of the family and the overall tasks the family typically faces. Include information identifying the family's culture and how they accomplish their everyday life tasks.

Text input area for developmental stages and tasks.

Describe the specific task(s) that cause or contribute to the safety threats. Describe the family's interactions and difficulty in achieving the task(s).

Text input area for specific tasks contributing to safety threats.

Describe past exceptions in how the family has handled this difficult task. Include information and evidence of the family's parenting practices regarding other everyday life tasks (i.e. medical needs, morning/evening routines, supervision) and provide strengths and concerns.

Text input area for past exceptions in handling difficult tasks.

Save Close

New Objectives added at the time of the Assessment of Progress will show with a Status of New.

The screenshot shows the 'Assessment of Progress' window in Internet Explorer. The 'Case Information' section includes: Case Name: FLONTEST, PARENT (1643371), *Assessment Date: 03/14/2011, *Assessment Reason: Assessment of Progress, Approval Date: (empty), Worker Name: DRUMMOND, SUSAN, Program: FVS CFWS FRS, Safety Decision: Unsafe, Final Safety Plan Decision: In-Home Safety Plan.

The 'Family Functioning' tab is active, showing sections for 'Family Choice of Discipline', 'Family Support', and 'Objectives'. The 'Objectives' section contains a table with one row:

Objective	Target End Date	Status	Actions
Objective: test		New	Edit Delete Copy Detail

Below the table is an 'Insert' button. At the bottom of the 'Objectives' section is an expandable section for 'Achieved/Historical Objectives'. 'Save' and 'Close' buttons are at the bottom right.

Prior Objectives that have been achieved or are no longer relevant will move to an Expando on the Assessment of Progress at the tab level called "Achieved/Historical Objectives".

This screenshot shows the 'Achieved/Historical Objectives' section expanded. The table now includes a second row:

Objective	Target End Date	Status	Actions
Objective: test	03/11/2011	Achieved	View Progrs Copy Detail

The 'Insert' button is no longer visible. 'Save' and 'Close' buttons remain at the bottom right.

Case Information

Case Name: FLONTEST, PARENT (1643371)

Worker Name: DRUMMOND, SUSAN

Family Objective

Actions

Actions Log Page

Objective

*Start Date: 03/01/2011 Target End Date: 03/11/2011

*Objective: test

Tasks: test

Services

Service	Provider	Start Date	End Date	Participant	Status	View
Link Services Create						

Family's Perspective

Describe the parent/caregiver's perspective of their progress (include behavioral indicators of change).

adfasdf

Status of Objective

Previous Progress and/or barriers in Achieving Objective:

1st review

Save Close

Case Information

Case Name: FLONTEST, PARENT (1643371)

Worker Name: DRUMMOND, SUSAN

Family Objective

Actions

[Actions Log Page](#)

Services

Service	Provider	Start Date	End Date	Participant	Status	View
---------	----------	------------	----------	-------------	--------	------

[Link Services](#) [Create](#)

Family's Perspective

Describe the parent/caregiver's perspective of their progress (include behavioral indicators of change).

adfasdf

Status of Objective

Previous Progress and/or barriers in Achieving Objective:

1st review

Discuss Progress and/or Barriers in Achieving Objective:

1st review

*Status of Objective:

Date Achieved:

Evaluation History

Evaluation History

Evaluation Date	Status
03/14/2011	New
03/14/2011	Achieved

[Save](#) [Close](#)

Case Information

Case Name: FLONTEST, PARENT (1643371) *Assessment Date: 03/14/2011 *Assessment Reason: Assessment of Progress Approval Date:

Worker Name: DRUMMOND, SUSAN Program: FVS CFWS FRS Safety Decision: Unsafe Final Safety Plan Decision: In-Home Safety Plan

Actions

- Approval
- Safety Assessment & Safety Plan
- Documents
- Assessment of Progress
- Case Plan

Maltreatment Family Functioning **Parent/Caregiver Functioning** Child Functioning Recommendation

Safety Evaluation

Safety Threats

Caregiver(s) are acting (behaving) violently or dangerously and the behaviors impact child safety.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
There has been an incident of domestic violence that impacts child safety.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
The domestic violence perpetrator has caused serious harm or threats of harm against the adult victim/caregiver of the child.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
The domestic violence perpetrator has seriously harmed or threatened serious harm to the child.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
The level of violence and/or threats towards either the adult victim or child is increasing so that serious harm is likely to occur.	<input type="radio"/> Yes	<input type="radio"/> No
There are other indications of increased dangers from the domestic violence perpetrator such as suicide threats or attempts, substance abuse or threats with weapons.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Caregiver(s) will not or cannot control their behavior and their behavior impacts child safety.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Caregiver(s) perceives child in extremely negative terms.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Caregivers' attitudes, emotions and behavior(s) threaten severe harm to a child, or caregiver(s) fear they will maltreat the child and are requesting placement.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Caregiver(s) intend(ed) to seriously hurt the child.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Caregiver(s) overtly rejects CA intervention, refuses access to a child, or there is some indication that the caregiver(s) will flee.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Caregiver(s) cannot or will not explain child's injuries or maltreating condition(s) or explanation is not consistent with the facts.	<input type="radio"/> Yes	<input checked="" type="radio"/> No

Parent/Caregiver

Person Merge, Parent C

Individual Adult Patterns of Behavior

Describe how the parent/caregiver loses control and exhibits behaviors (e.g., substance use/abuse, violent, depression, etc.) that led to a disruption in meeting specific everyday life tasks. Describe the individuals' patterns for their loss of control.

Case Information

Case Name: FLONTEST, PARENT (1643371) *Assessment Date: 03/14/2011 *Assessment Reason: Assessment of Progress Approval Date:
 Worker Name: DRUMMOND, SUSAN Program: FVS CFWS FRS Safety Decision: Unsafe Final Safety Plan Decision: In-Home Safety Plan

Actions

- Approval
- Safety Assessment & Safety Plan
- Documents
- Assessment of Progress
- Case Plan

Maltreatment Family Functioning Parent/Caregiver Functioning Child Functioning Recommendation

Safety Evaluation

Parent/Caregiver

Person Merge, Parent C [Add/Edit](#)

Individual Adult Patterns of Behavior

Describe how the parent/caregiver loses control and exhibits behaviors (e.g., substance use/abuse, violent, depression, etc.) that led to a disruption in meeting specific everyday life tasks. Describe the individuals' patterns for their loss of control.

Describe the information and evidence collected regarding the parent/caregiver that indicates prevention skills are needed or have been learned to manage the identified behaviors. Include behavioral strengths and exceptions to the problem. Evidence may include but is not limited to: professionals (e.g., mental health, substance abuse), law enforcement, relatives, etc.

Objectives

Objective:Test	Target End Date: 03/11/2011	Status: Revised	Progress Delete Copy Detail
Service	Provider		
Objective:This is for merge parent ZZ	Target End Date: 03/01/2012	Status: New	Edit Delete Copy Detail
Service	Provider		

[Insert](#)

[Save](#) [Close](#)

Case Information

Case Name: FLONTEST, PARENT (1643371) *Assessment Date: 03/14/2011 *Assessment Reason: Assessment of Progress Approval Date:
Worker Name: DRUMMOND, SUSAN Program: FVS CFWS FRS Safety Decision: Unsafe Final Safety Plan Decision: In-Home Safety Plan

Actions

- Approval
Safety Assessment & Safety Plan
Documents
Assessment of Progress
Case Plan

Maltreatment Family Functioning Parent/Caregiver Functioning Child Functioning Recommendation

Safety Evaluation
Parent/Caregiver: Person Merge, Parent C
Individual Adult Patterns of Behavior: Describe how the parent/caregiver functions in respect to daily life management and general adaptation, independent of their parenting abilities. Include descriptions of strengths and concerns in adult functioning. Identify primary ways of coping with day-to-day life.

Objectives table with columns: Objective, Target End Date, Status, and actions (Progress, Delete, Copy Detail, Edit, New).

Save Close

Case Information

Case Name: FLONTEST, PARENT (1643371)

Worker Name: DRUMMOND, SUSAN

Person Merge, Parent C

Actions

Actions Log Page

Objective

*Start Date: 03/10/2011 Target End Date: 03/11/2011

*Objective: Test

Tasks: Test

Services

Service	Provider	Start Date	End Date	Participant	Status	View
Link Services Create						

Family's Perspective

Describe the parent/caregiver's perspective of their progress (include behavioral indicators of change).

Test

Status of Objective

Previous Progress and/or barriers in Achieving Objective:

1st revuiv

Save Close

Case Information

Case Name: FLONTEST, PARENT (1643371)

Worker Name: DRUMMOND, SUSAN

Person Merge, Parent C

Actions

[Actions Log Page](#)

Services

Service	Provider	Start Date	End Date	Participant	Status	View
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[Link Services](#) [Create](#)

Family's Perspective

Describe the parent/caregiver's perspective of their progress (include behavioral indicators of change).

Test

Status of Objective

Previous Progress and/or barriers in Achieving Objective:

1st revuiw

Discuss Progress and/or Barriers in Achieving Objective:

Test

*Status of Objective: Revised Objective/ Tasks/Service

Date Achieved: 00/00/0000

Evaluation History

Evaluation History

Evaluation Date	Status
03/14/2011	New
03/14/2011	Continue Current Objective

[Save](#) [Close](#)

Case Information

Case Name: FLONTEST, PARENT (1643371) *Assessment Date: 03/14/2011 *Assessment Reason: Assessment of Progress Approval Date:
 Worker Name: DRUMMOND, SUSAN Program: FVS CFWS FRS Safety Decision: Unsafe Final Safety Plan Decision: In-Home Safety Plan

Actions

- Approval
- Safety Assessment & Safety Plan
- Documents
- Assessment of Progress
- Case Plan

Maltreatment Family Functioning Parent/Caregiver Functioning **Child Functioning** Recommendation

Safety Evaluation

Safety Threats

A child has serious physical injuries or serious physical conditions resulting from maltreatment. Yes No

A child demonstrates serious emotional symptoms, self-destructive behavior and/or lack of behavioral control that results in provoking dangerous reactions in caregivers. Yes No

A child is extremely fearful of the home situation or people within the home. Yes No

Children

Person Merge, Child ZZ

Child Development

Describe how the child functions on a daily basis. Include behaviors, feelings, cognitive functioning, physical capacity, temperament, relationships, etc. Include information on their ability to accomplish developmentally appropriate tasks.

Objectives

Objective: This is for Keep Child ZZ	Target End Date: 03/13/2012	Status: New	Edit Delete Copy Detail
Service	Provider		

Achieved/Historical Objectives

Achieved/Historical Goals

Case Information

Case Name: FLONTEST, PARENT (1643371) *Assessment Date: 03/14/2011 *Assessment Reason: Assessment of Progress Approval Date:

Worker Name: DRUMMOND, SUSAN Program: FVS CFWS FRS Safety Decision: Unsafe Final Safety Plan Decision: In-Home Safety Plan

Actions

- Approval
- Safety Assessment & Safety Plan
- Documents
- Assessment of Progress
- Case Plan

- Maltreatment
- Family Functioning
- Parent/Caregiver Functioning
- Child Functioning
- Recommendation

Assessment of Progress Summary

Describe the overall case progress and any other relevant case information.

sdfasdf

Assessment Recommendations

Case Remains Open for Continued Services

- Trial Return Home - Reunification Recommended
- Continue Out of Home Services
- Continue in Home Services

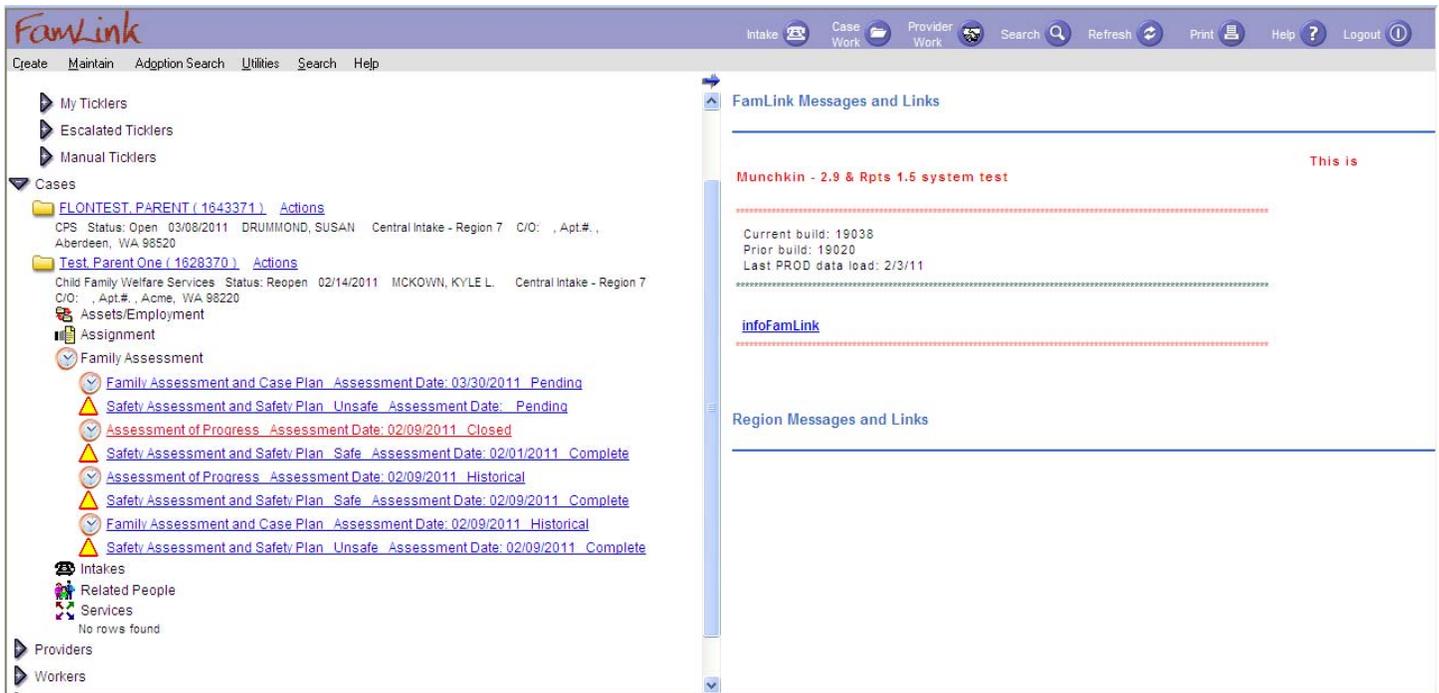
Case Closure is Appropriate

- Safety threats have been eliminated or are being successfully managed by family and/or support network
- The family refuses services and no jurisdiction exists for ordering services through the court
- Other (e.g. All children are legally free or are in completed permanency plans and will not be returning to the home.)

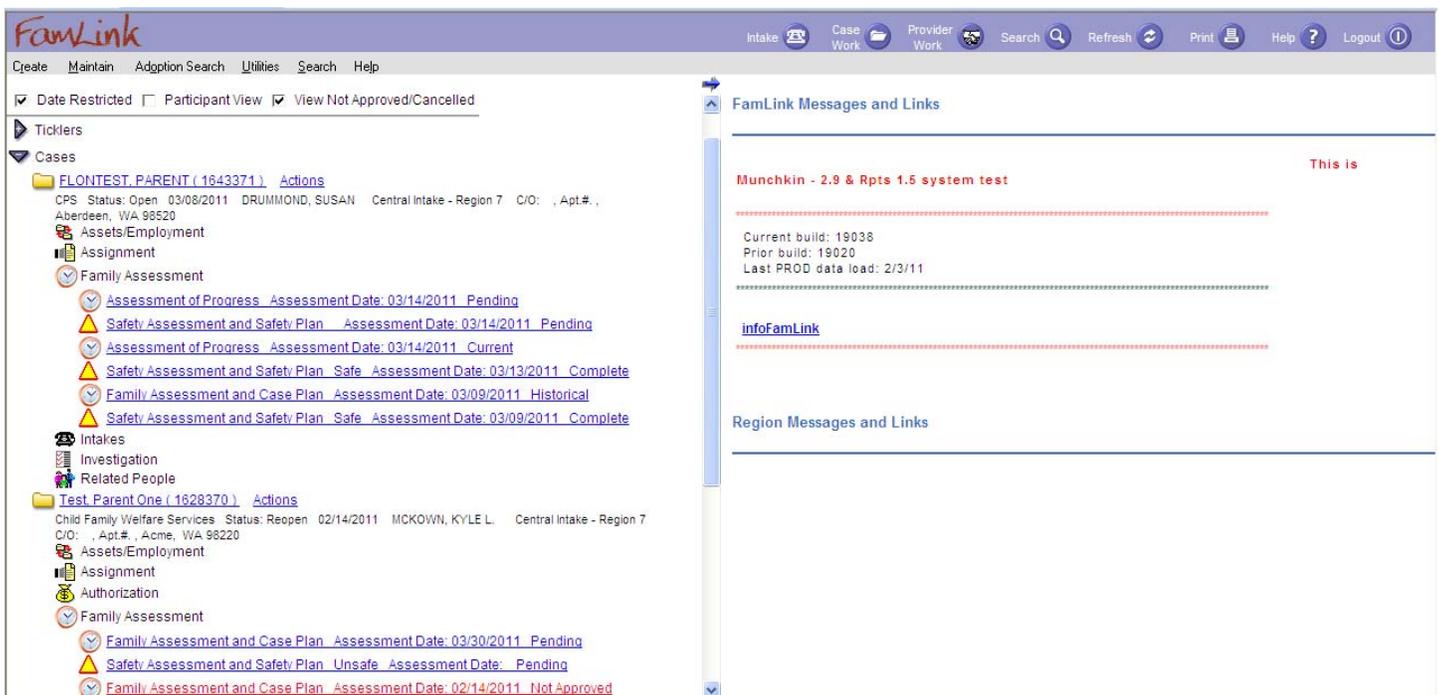
Explain:

Save Close

When a case is closed, the final Family Assessment & Case Plan or Assessment of Progress will change (whichever is the last completed on the case prior to closing) to a status of “closed” on the desktop. If that case is re-opened, a new Family Assessment can be created on the re-opened case and will show with a status of either “pending” or “current”. When the new Family Assessment and Case Plan or the Assessment of Progress is approved, the previous one that had been “current” changes to a status of “historical”.



If a Family Assessment is marked “Not Approved” in the Approval page, then that Family Assessment will not be visible any longer on the desktop outliner, unless the worker selects the “View Not Approved/Cancelled” Checkbox. If the Family Assessment is “Not Approved”, the worker can create a new Family Assessment within the same case episode.





July 7, 2011

Ms. Becky Smith
Ms. Leah Stajduhar
Children's Administration
PO Box 45710
Olympia, WA 98504-5710

Dear Ms. Smith and Ms. Stajduhar:

Please accept my late thanks, on behalf of the Superior Court Judges' Association Family and Juvenile Law Committee, for the supply of "Child Safety: A Guide for Judges and Attorneys." We have distributed the Guides not only to our members, who serve in juvenile courts across the state, but also to the courts that are not represented on the Family and Juvenile Law Committee. I know the Guide will be of great use to them as the new Safety Model is rolled out later this year. Judicial officers are always grateful for benchcards, and the ones included in the Guide will be of special assistance.

The Guides have also been distributed to members of the Best Practices Workgroup of the Commission on Children in Foster Care.

Again, thank you for sharing this valuable tool with the judiciary.

Sincerely,

A handwritten signature in cursive script, appearing to read "Janet Skreen".

Janet Skreen
Senior Court Program Analyst

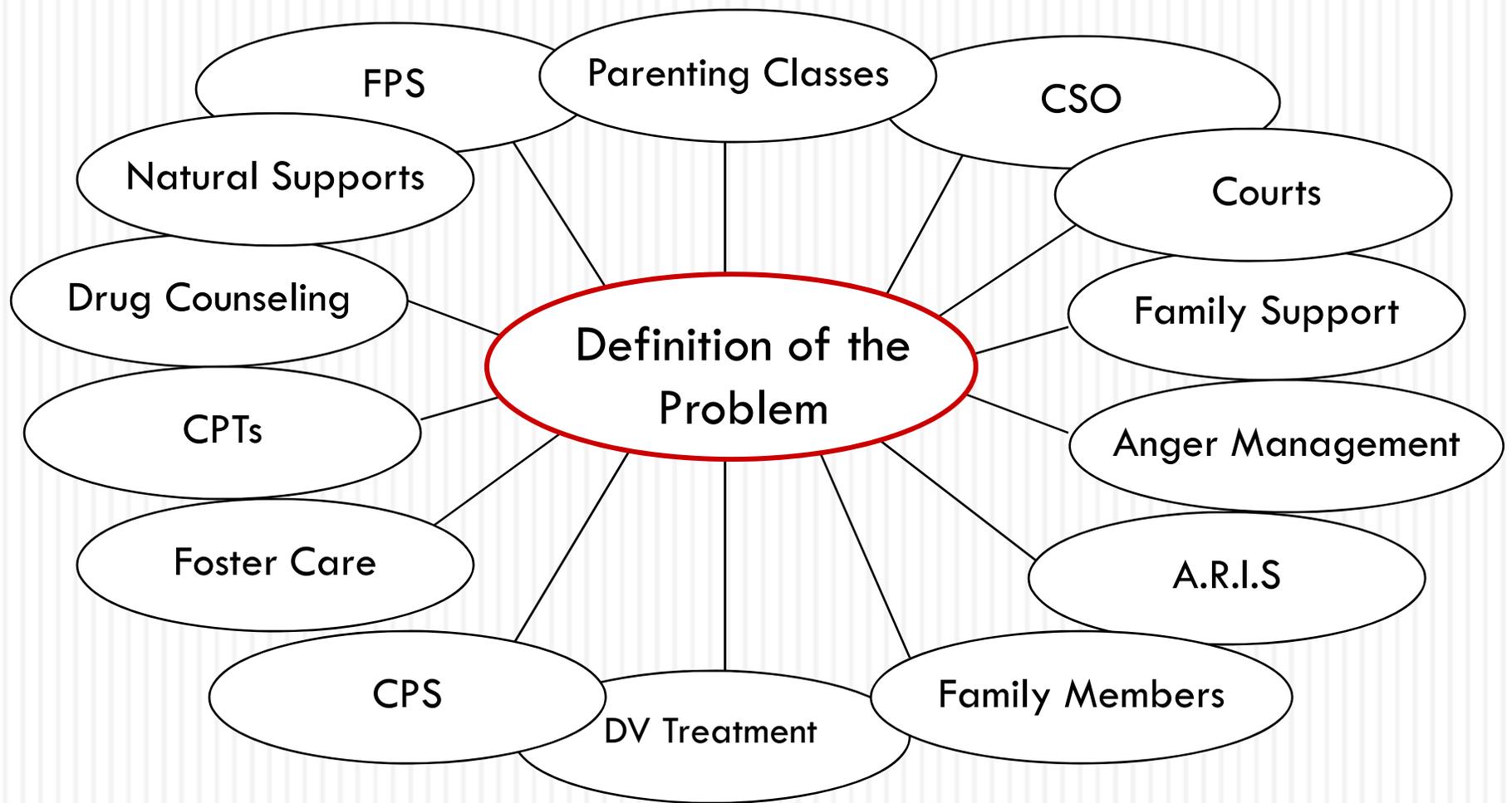
SOLUTION BASED CASEWORK

“Sometimes the simple things are the most radical”

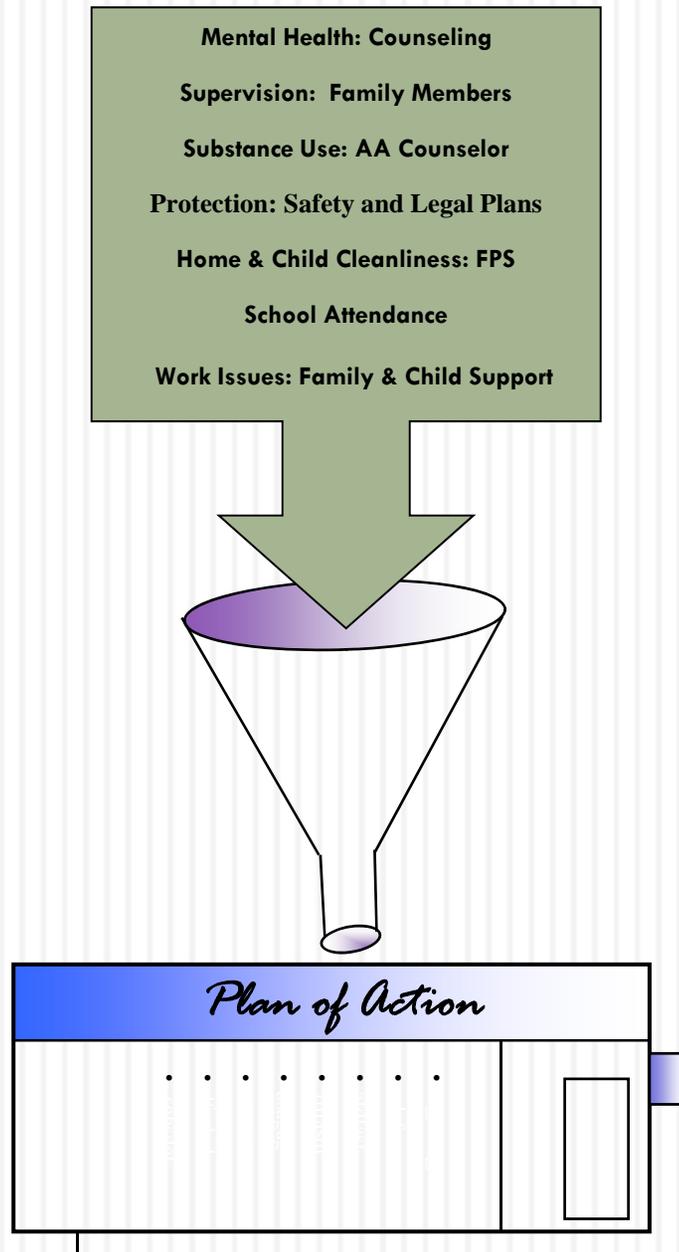
Training Materials Created by the
WA State Children's Administration Practice Model Team
based on the Solution Based Casework Model
In Conjunction with
Dana N. Christensen, Ph.D. & Becky Antle, PhD
Family Therapy Program, Kent School of Social Work
University of Louisville

Why Solution-Based Casework?

- Casework had become too adversarial, too often
- Assessments led to a list of problems, not solutions
- Assessments were too interrogative, no consensus built
- Case planning was worker driven and “owned”
- Assessments weren’t located in the details of family life
- Case planning focused on service completion (compliance versus skill acquisition)
- Federal guidelines required a more managed time frame
- Casework network lacked a common conceptual map



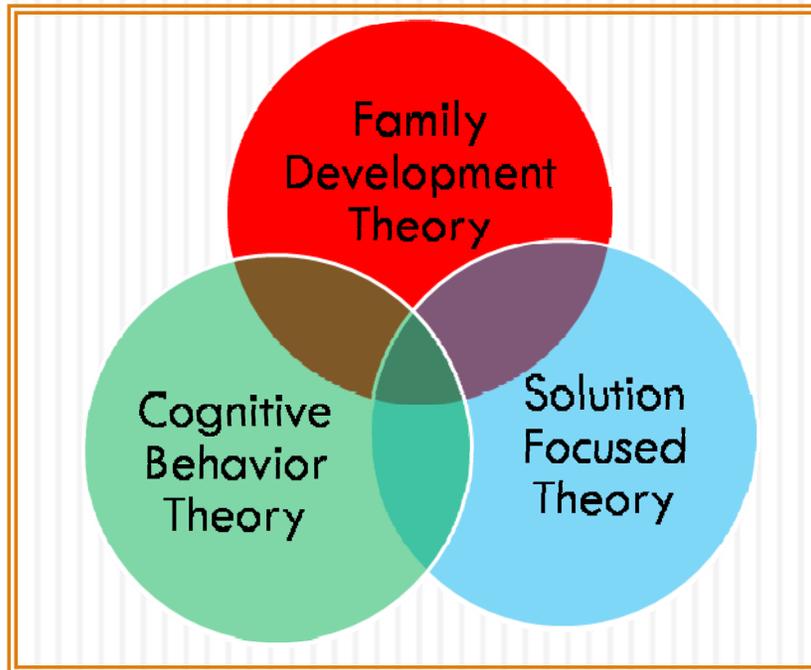
A Family Friendly
Interface that Helps to
Organize Complex
Issues and Multiple
Partners



What is Solution-Based Casework?

- Prioritizes **Partnerships** with Families
- Anchors problem identification in the **everyday situations of family life** (family life cycle)
- Organizes case plans around **Family Level Plans and Individual Level Plans** (skill based vs. service based)
- Documents family members **skill acquisition** at both levels (**FLO and ILO**) of casework intervention

Integrated Framework from:



- **Family Development**
(Carter and McGoldrick, 1999)
- **Relapse Prevention
(Cognitive Behavioral
Theory)**
*(Marlatt & Gordon, 1985, Pithers, 1990,
Beck, 1993)*
- **Solution Focused
Interviewing**
(Berg, 1994, DeShazer, 1988)

Partnership:

**It Changes the Meaning of
Assessment Interviewing**

So How is Assessment Different?

- A conceptual model that defines problems as difficult situations in everyday life.
- Tracks the details of those situations at both the family and individual level.
- Focuses attention on understanding exceptions to the problem as well as the problem situation itself.

How will we organize information?

- What are the family's developmental needs?
- What specific task is giving them problems?
- What is their interaction around the task?

Family
Plan

- Who loses control when it doesn't work?
- What are their patterns for loss of control?
- What specific prevention skills are needed?

Individual
Plan

How do we get organized?

1. Family members are helped to develop plans they can all work on as a family to make family activities or tasks go better, such as plans to:
 - Improve child supervision
 - Keep the house clean
 - Meet family's basic needs
 - Secure safe housing

How do we get organized? (cont.)

2. Individual members who have personal issues related to risk areas are assisted in developing their own Plan of Action, e.g.,
 - What steps can you take to avoid, cope or manage and who will help
 - Remain substance abuse free
 - Manage their temper, feelings and stress
 - Stay motivated during tough times
 - Putting children first

Building Partnership for Safety



Recognition of the common challenges
in everyday life of the family can lead
to better partnership

Acknowledging Family Developmental

Task(s): what they were trying to accomplish helps build safe partnerships

“Assume Good Intentions”

- Separate the task they were trying to accomplish from the risk factors
- Infer client’s own dissatisfaction with a behavior
- Note (highlight) exceptions when actions were better matched with the developmental tasks

Normalizing Everyday Life Routines can lead to safe partnerships

Normalizing Skill Sets:

- Don't wait to normalize, start early
- Track an example of a situation of concern
- Use everyday language versus diagnosis or labeling
- Acknowledge client's view of the system
- Demonstrate you know how difficult their tasks are
- Use 3rd person language to place client in larger group

Recognizing the Threat of Discouragement

Motivation and Hope Skill Sets – Engender Hope

- *Externalize the Problem Pattern outside the client*
 - *As a metaphor*
 - *As a situation*
 - *As a process*
 - *As an inheritance*
 - *As an adversary*

Recognizing Patterns in Everyday Life

Tracking the sequence of events

Help the family describe the problem in
everyday life terms

Search for exceptions to everyday life
patterns

Cultural Considerations about “Families”

- Families are the experts in what works for them
- Cultural resources are as significant as family and individual resources
- “Getting it done” counts in a family’s life, sometimes more than how it gets done
- Being interested and curious is often more helpful than being knowledgeable

Consensus Building



- Investigative consensus summary

Case Planning



Develop a Specific Plan, What's that mean?

- A Plan should be common sense and easily recognized as a “good plan” i.e.. not a lot of psychological mumble-jumble
- Plans are not treatment plans, they are very specific to:
 - the family's everyday life (Family Objective)
 - the individual's specific plan to prevent “relapse” of the problem risk behavior (Relapse Prevention Plan)
- Plans have tasks that we can measure and celebrate
- Plans, particularly individual plans, should target specific evidenced based skill outcomes

How does SBC organize assessment ?

- *What are the family's developmental needs?*
- *What specific task is giving them problems?*
- *What is their interaction around the task?*



- *Who loses control when it doesn't work?*
- *What are their patterns for loss of control?*
- *What specific prevention skills are needed?*

Family
Plan

Individual
Plan

Progress or Compliance?



What is the difference?

Creating the Case Plan...

1. What is the consensus regarding safety?
2. Plans are co-constructed (family and social worker input)

The Case Plan



SMARTT

Specific

Measurable

Assessment-based

Realistic

Responsibility assigned

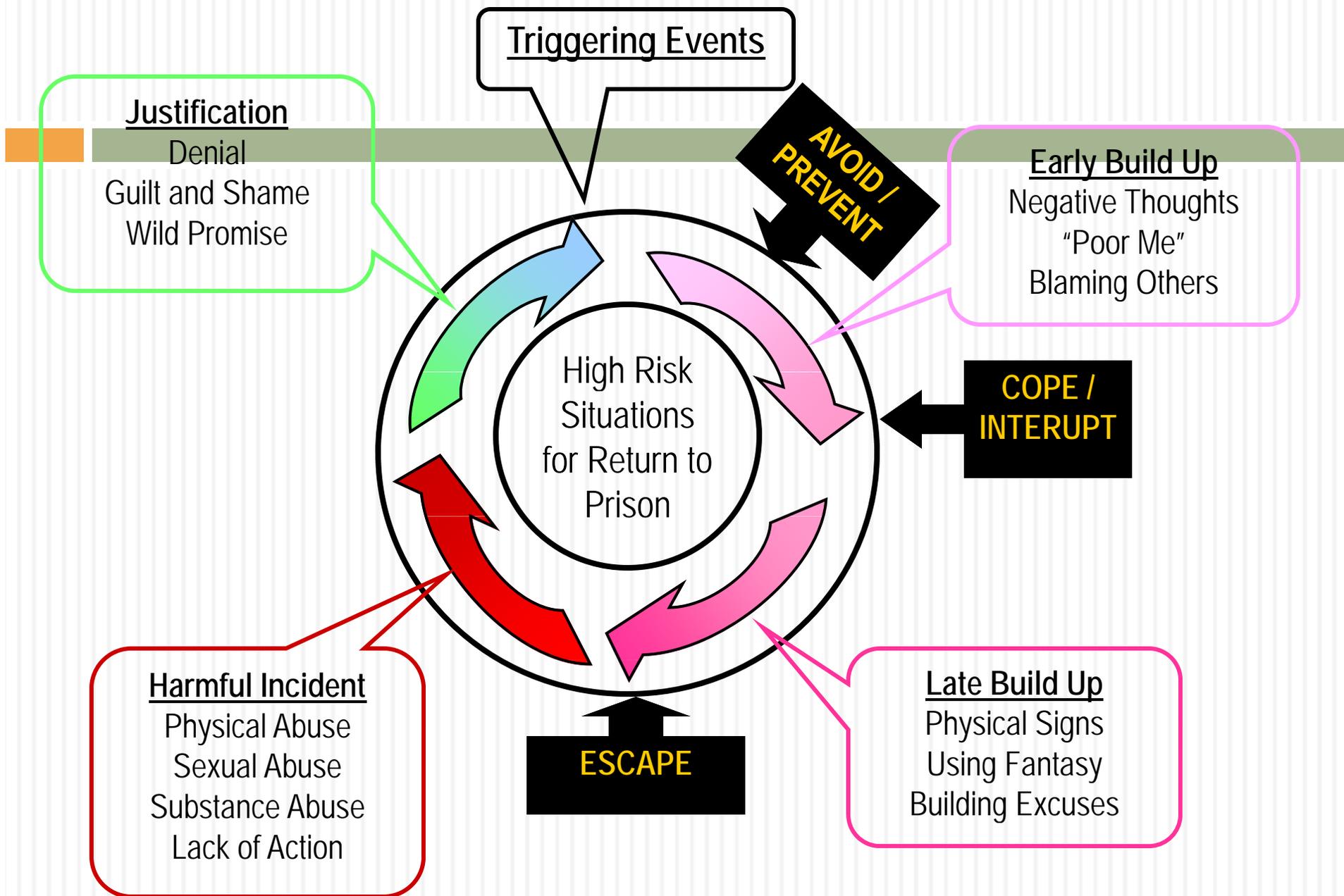
Time framed

Elements of the Initial Case Plan

- 1. Family Level Objectives/Individual Level Objectives
- How does this fit into a Custody Facility Plan and Transitional Support Plan?

Plan to Prevent Relapse of Unwanted Behavior (ILO)

- Knowledge of high risk situations that lead to unwanted behavior
- Awareness of thoughts and feelings that are early warning signals
- A demonstrated ability to prevent or reduce the number of high risk situations they face in life
- A demonstrated ability to use their early warning signals to interrupt their escalation toward unwanted behavior,
- A demonstrated ability to escape and seek external supports if unable to interrupt the escalating pattern



Is the plan working?

- Do the tasks on the plan relate back to the family situation of concern? (safety threat)
- If the family followed the plan, does it look like it would work?
- Is the plan written in an accountable way to capture and measure change?
- Are there some external monitors or “eyes” involved in chronicling change?
- Does every contact come back to the plan?

How do we know if we are documenting change?

- Are we working the plan, or have we gotten side tracked on service cooperation?
- Are we measuring diagnostic change or skill acquisition in risk reduction?
- Are we collecting/sharing/celebrating evidence of success or progress with the important stakeholders?
- Are we planning for case transitions?

Case Consultation



2.1.3

Summary Report

Solution-Based Casework Training for the Family & Offender Sentencing Alternative Program

The Washington Legislature in 2010 approved SSB 6639 that created the Family and Offender Sentencing Alternative Program. The legislation makes some nonviolent offenders who have minor children eligible for supervision and treatment in lieu of prison. This bill was supported by the Department of Social and Health Services and the Department of Corrections.

The Family and Offender Sentencing Alternative provides the opportunity for parents with small children, who are involved in both systems to receive treatment for assessed needs which prevents their children being placed in foster care. The intervention requires collaboration and partnership between the Correction Officer and the Children's Administration social worker in assisting nonviolent offender parents to achieve outcomes in keeping their child(ren) safe and stop the cycle of criminal activity.

Susie Leavell, the Administrator of the Family and Offender Sentencing Alternative Program, requested Solution Based Casework training for Correction Officers working in the program to increase their skills in engaging families in case plans, developing case plans with the family, and measuring outcomes. Staff from Children's Administration staff who were involved in this process were: Marjorie Fitzgerald-Rinehart, Leah Stajduhar, Charlie Watts, Simon Pipkin, Bruce Wood and Carrie Kendig.

A 4 hour training was scheduled and provided by Simon Pipkin and Bruce Wood, SBC Coaches on July 28, 2011 at DOC headquarters. People who attended the training were:

- Susie Leavell FOSA Program Administrator
- Julian McBride Community Corrections Officer 3
- Amy Baddgor Community Corrections Officer 3 in Vancouver
- Judy McCullough Community Corrections Officer 3 in Tacoma
- Ann Watkins Community Corrections Officer 3 in Seattle
- Denise Hollenbeck Community Corrections Officer 3 in Everett
- Kathy Lamb Community Corrections Officer 3 in Spokane
- Shalton Sanders Community Corrections Officer 3 in Yakima

Attachment: **Solution-Based Casework Presentation**



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
CHILDREN'S ADMINISTRATION – FIELD OPERATIONS
1115 Washington St. SE OB2 • PO Box 45710 • Olympia WA 98504-5710

November 10, 2011

TO: Regional Administrators
Deputy Regional Administrators
DCFS Area Administrators
Administrator, Licensed Resources
Area Administrators, Licensed Resources
Children's Administration Staff

FROM: Becky Smith, Director 
Field Operations, Children's Administration

SUBJECT: CHILD SAFETY FRAMEWORK

I am writing to you about implementation of the Child Safety Framework. On November 14, 2011, the Child Safety Framework goes into effect. Over the last four months you have been learning about the core concepts related to this framework and the tools that will support your work.

The FamLink tools that have been updated are Safety Assessment, Safety Plan, Family Assessment, Assessment of Progress and Case Plan. FamLink tools that have been eliminated from use are Reunification Assessment and Transition and Safety Plan. These changes will be available in FamLink starting Sunday, November 13, 2011.

Policies have been updated and a new Child Safety Section has been added to the Practices and Procedure Manual to support the Child Safety Framework as covered in your Day 3 In-Person Training. An online training resource for policy updates has been added to the Child Safety Framework online trainings. These trainings can be accessed at the following link: Child Safety Framework Online Training.

The new Safety Plan policy includes requirements for assessing suitability and reliability of potential safety plan participants not working in their professional capacity. In response to staff concerns the proposed Background Check policy was revised. The chart below outlines the Background Check requirements for safety plan participants:

Participant Role	Required Check(s)	Disqualify Process	Plan Completion
- Parent present (supervised)	- FamLink Check	- Founded Finding waiver approval process at RA level - FamLink history staff with supervisor	Complete Safety Plan with a Completed FamLink check
- Parent not present (unsupervised)	- FamLink Check - BCCU Check	- Founded finding waiver approval process at RA level - FamLink history staff with supervisor - <u>DSHS Secretary's List of Disqualifying Crimes & Negative Actions</u>	Complete Safety Plan with: - Completed FamLink check - BCCU check requested

To address the increase in workload through implementation, Children's Administration is:

- Temporarily increasing the numbers of days from 45 days to 60 days that CPS has to complete an Investigation. This temporary change is effective November 14, 2011 through February 2012.
- FVS and CFWS social workers will have 6 months to integrate the new Family Assessment/Assessment of Progress and Case Plan for open cases. By May 1, 2012 all open FVS or CFWS cases will require the updated Family Assessment/Assessment of Progress and Case Plan.

To support practice the following requirements are effective November 14, 2011:

- Child safety framework practice and tools will be used on all new cases as per policy.
- Complete the updated Safety Assessment on any child who the department is considering transitioning home.
- All social work supervisors will attend a follow-up session the last week of November to support the implementation of this framework.

Thank you for participating in the training to learn about the Safety Framework. After months of planning and working with the National Resource Center on Child Protection, I am pleased that we are ready to begin using these concepts in our work with the children who depend on us.

**Family Engagement Implementation Team
Issue Recommendations & Decision Document
March 2011**

ACTION NEEDED: Supervision of FTDM/FE Facilitators
Decision is needed regarding a consistent and uniform infrastructure to support and supervise FTDM/Family Engagement Facilitators and other family engagement practices and programs within each region.

ISSUE SUMMARY:

The current accountability and practice improvement infrastructure varies from region to region for FTDM/Family Engagement Facilitators. Three regions have SHPC 4 positions that provide practice support, clinical observation and training. In two of the three regions the SHPC 4 also directly supervises the facilitators. The Area Administrators supervise the facilitators in the third region. The three regions without a SHPC 4 use the Area Administrator to provide both practice support and facilitator supervision.

The lack of a consistent, uniform and clinically supportive practice infrastructure has led to practice and process inconsistencies, not only between regions, but in some cases, between offices within regions.

Practice Support Required:

- Clinical practice observation and consultation to assure model fidelity, child safety and placements in the least restrictive, least intrusive setting.
- Ongoing training to meet facilitation skills development
- Quality assurance and accountability by providing routine facilitator observation and feedback for practice improvement.

RECOMMENDATION:

Use Family Engagement Practice Consultants (SHPC4) in all Regions to provide supervision and support to all FTDM/Family Engagement Facilitators in the regions.

SHPC 4 positions will require a close and open working relationship with local office Area Administrators. While direct supervision and practice and skills development will be provided by the SHPC4, a dotted line hierarchical relationship over the day to day operation of the office (i.e. social work practice, priorities, assignments, and goals, but not reassignment to other duties) must exist between the facilitator and the Area Administrator.

STAFFING RESOURCES:

- Regions 1, 3 & 4 have existing SHPC4 positions.
- Regions 2 & 45 should use one current FTE vacancy to establish a SHPC4/FTDM- Family Engagement Program Manager position.
- Region 6 has a SW4 acting as the Regional Family to Family Coordinator. This position could be converted to a SHPC4/FTDM-Family Engagement Program Manager position.

Advantages	Disadvantages
<ul style="list-style-type: none"> • Family Engagement Practice Consultants (SHPC4) would be specifically trained and have a clinical practice, family engagement meeting facilitation focus. • These positions will provide clinical 	<ul style="list-style-type: none"> • Requires three additional or converted positions. • Local regional/office chain of command in order to manage day to day practice concerns discovered through the FTDM

<p>consultation, practice observation and feedback, training and support to FTDM/FE Facilitators, CA staff, regional and local administrators, PBC Lead Agencies, subcontractors, and community partners.</p>	<p>process is challenged without direct AA supervision of facilitators. Will require strong working relationships between AAs and SHPC 4s.</p>
<ul style="list-style-type: none"> • Positions would provide quality assurance and practice consistency for both FTDM/FE and maintain communication between facilitators within a region and at the statewide level. • Clinical practice would be consistently maintained and adapted to changing needs under one statewide approach to FE practice support, training and quality assurance. 	

**Family Engagement Implementation Team
Issue Recommendations & Decision Document
March 2011.**

ACTION NEEDED: Backup Facilitators

To prevent unnecessary cancelations, due to facilitator sick/annual leave, and also to increase access to meetings in a timely manner, backup facilitators are needed in many offices.

ISSUE SUMMARY:

Currently, only some offices have backup facilitators. Facilitators use sick leave and annual leave like other staff and backups need to be identified, trained, and available for coverage when the regular facilitators cannot be used. Additionally, backups can serve an integral role in maintaining access to meetings between facilitators (when one resigns and before the new one starts). Additionally, sometimes just due to workload itself, backup facilitators are essential.

RECOMMENDATION:

The need for backup facilitators needs to be identified in every office. FamLink data is needed that tells us how many placements are happening will not only allow us to staff the main facilitators adequately, but will also provide us with some direction as to how many backups are needed.

Once a need is identified, backup facilitators need to be trained. Some larger offices may need more than one backup. A pre-screening process to determine the suitability of a particular person recommended as a backup facilitator will occur before he or she is trained and will be done between the Supervisor, Area Administrator, and FTDM facilitator Supervisor.

When more staff are trained as backup facilitators than the office's need stipulates, "designated" backups will be identified. Backup facilitators will need to facilitate at least one meeting monthly in order to maintain practice fidelity. If the backup facilitator is consistently unable to facilitate at least one meeting a month (3 or more months of no meetings), a discussion between the Supervisor, Area Administrator, and FTDM facilitator Supervisor will occur to determine the continued suitability of that person as a backup facilitator.

Advantages	Disadvantages
Ability to prevent cancelations due to illness/vacation/furloughs.	Offices need to identify a staff member and allow them to be available for backup meetings (at least 1 monthly).
Ability to increase access to meetings in a timely manner.	

**Family Engagement Implementation Team
Issue Recommendations & Decision Document
March 2011**

ACTION NEEDED: Technical Assistance & Quality Assurance Infrastructure

Decision is needed regarding a consistent and uniform Technical Assistance infrastructure to support regional Family Team Decision Making /Family Engagement (FTDM/FE) Program Managers, Facilitators, regional leadership, social work staff and family engagement practices throughout the state,

ISSUE SUMMARY:

The current accountability and practice improvement infrastructure varies from region to region for FTDM/Family Engagement Facilitators. Three regions have SHPC 4 positions that provide practice support, clinical observation and training. In two of the three regions the SHPC 4 also directly supervises the facilitators. The Area Administrators supervise the facilitators in the third region. The three regions without a SHPC 4 use the Area Administrator to provide both practice support and facilitator supervision.

The lack of a consistent, uniform and clinically supportive practice infrastructure has led to practice and process inconsistencies, not only between regions, but in some cases, between offices within regions.

Practice Support Required:

- Clinical practice observation and consultation to assure model fidelity, child safety and placements in the least restrictive, least intrusive setting.
- Ongoing training to meet facilitation skills development
- Quality assurance and accountability by providing routine facilitator observation and feedback for practice improvement

RECOMMENDATION:

- Development of four, (two west, two east), Family Engagement Technical Assistants, managed and supervised statewide FTDM/Family Engagement lead, to provide technical consultation to Children's Administration FTDM/FE meeting facilitators, regional and local office management and staff, Lead Agency Contractors, their subcontractors and community partners.
- Technical Assistance (TA) would be provided for FTDM placement decision meetings, Family Group Meetings, and all other Family Engagement practices for which facilitation is required or requested.
- The Technical Assistance support infrastructure would be similar to the use of Solution Based Casework coaches.

STAFFING RESOURCES:

- The current Family Team Decision Making/Family Engagement Lead position FTE is on loan from Region 3 since September 2009. It is recommended this become a permanent FTE at CA Headquarters in Olympia.
- The four statewide FTDM/FE Technical Assistant positions should come from a combination of vacancies or conversions of existing Headquarters or regional positions.

Advantages	Disadvantages
<ul style="list-style-type: none"> • Family Engagement Technical Assistants would be specifically trained and have a clinical practice, family engagement meeting facilitation focus. • Able to provide clinical consultation, practice observation and feedback, training and support to; Regional 	<ul style="list-style-type: none"> • Requires four additional, or converted statewide or regional positions.

<p>FTDM/FE Program Mangers, CA staff, regional and local administrators, PBC Master Contractors, subcontractors, and community partners to assure practice consistency in each office across the state.</p>	
<ul style="list-style-type: none"> • Positions would provide quality assurance and practice consistency for FTDM/FE program and practice at the statewide level. • Clinical practice would be much more consistently maintained and adapted to changing needs under one statewide approach to FE practice support, training and quality assurance 	

**Family Engagement Implementation Team
Issue Recommendations & Decision Document
March 2011**

3.1.2

ACTION NEEDED: FTDM Training Plan

- Approval of Training Plan
- Consistent and on-going training for staff on what is a Family Team Decision-Making Meeting, the FTDM process, their role and expertise in a FTDM, the parents'/family's role and expertise in a FTDM, and other's roles before, during, and after a FTDM.
- Availability to train new FTDM/Family Engagement Facilitators in WA State
- Regular refresher trainings for FTDM/Family Engagement Facilitators in WA State in order to ensure consistent FTDM and family engagement practices throughout every Region in WA State

ISSUE SUMMARY:

CA staff have not been oriented and trained in a consistent and organized fashion on Family Team Decision-Making Meetings. This has led to confusion as to the purpose of FTDMs, their role in and preparation for meetings, as well as the family's role. The lack of staff training on FTDMs has contributed to practice inconsistencies around making placement decisions with families.

There continue to be variations and inconsistencies in practice among trained FTDM facilitators throughout WA State due to lack of ongoing training and skill development for facilitators.

RECOMMENDATIONS:

1. **CY 2011 - Mandatory Staff Trainings on Family Team Decision-Making Meetings (Phase I and Phase II).** Phase I would be completed in every Region by May 16, 2011. Phase II training would be completed by the end of September 2011.

Advantages	Disadvantages
Reduced confusion for staff around the purpose of a FTDM, their role before, during, and after a FTDM, the family's role in making a placement decision, and other's roles in a FTDM.	Staff caseload and taking time for additional trainings. Initial training is anticipated to be a maximum 2 hours.
Increased engagement with families because families would truly be involved in the decision making process during the FTDM.	Maximum 2 hours
Phase I training would occur during an All-staff meeting and the training tool would be a PowerPoint and time for staff to ask questions	
Phase II training would be during the summer and program specific (CPS, FVS, CFSW, & Adoption)	

2. **Regular Facilitator Trainings for new FTDM Facilitators and Back-up Facilitators**

Advantages	Disadvantages
All FTDM/Family Group meetings will be conducted by trained facilitators who have participated in an intensive training developed by Annie E. Casey. The training covers family/staff engagement, the FTDM process, child safety, consensus with the family team around placement decisions, and participants' roles in a FTDM, especially community partners	The 4 – 5 days time commitment for the training
Ensuring consistent practice from facilitators during FTDM/Family Group Meetings	

3. Regular Advanced Trainings for FTDM Facilitators

Advantages	Disadvantages
Ensure consistent practice of all FTDM/Family Group Meeting Facilitators in WA State so families in every region experience a similar decision-making process on removals and placement moves for children/youth	Time commitment of additional trainings for facilitators – facilitators not in their office to conduct FTDMs
Ensure FTDM/Family Group Meeting facilitators are trained on how to address Domestic Violence during a FTDM .	There is no curriculum for ongoing FTDM/Family Group Meeting trainings at present. Several are in development around child safety and domestic violence.
Ensure FTDM/Family Group Meeting Facilitators are trained on Solution Based Casework in order to apply our practice model in a FTDM and coach staff to engage families through our practice model	
Learn from other facilitators in WA State on what works for families and staff around FTDMs	

Family Engagement Implementation Team 2011 Strategic Training Plan

Planning Area: TRAINING PLAN

Goal	Activity	Responsible Person	Timeline	Quarterly Review	Outcome
<p>Staff increase knowledge of FTDMs (i.e. their role, the purpose, the family's role, etc.)</p>	<p>1) Phase I Staff Training – utilize FTDM on-line training (Articulate program) for initial training and then have follow-up sessions at office All-Staff meetings after staff have completed the on-line FTDM training. Ensure Area Administrators attend and support "Next Steps" at the end of the training</p>	<ul style="list-style-type: none"> FTDM Regional Lead or designated Area Administrator 	<ul style="list-style-type: none"> January – May 2011. All Staff will be trained by May 31, 2011. The Learning Center will track training attendance 	<ul style="list-style-type: none"> March 2011 June 2011 Sept 2011 Dec. 2011 	<ul style="list-style-type: none"> Increase FTDM competency demonstrated by all CA staff Better engagement with families
<p>Staff increase knowledge of FTDMs (i.e. their role, the purpose, the family's role, etc.)</p>	<p>2) Phase II Staff Training – program specific (CPS, FVS, CFWS, Adoptions</p>	<ul style="list-style-type: none"> FTDM Regional Lead or designated Area Administrator 	<ul style="list-style-type: none"> August – September 2011 	<ul style="list-style-type: none"> March 2011 June 2011 Sept 2011 Dec. 2011 	<ul style="list-style-type: none"> Increase FTDM competency demonstrated by all CA staff Better engagement with families Specific Programs have a chance interact around questions on

<p>Staff increase knowledge of FTDMs (i.e. their role, the purpose, the family's role, etc.)</p>	<p>3) Development Phase II Staff Training</p>	<p>FTDM Training Committee</p>	<p>• May 2011</p>	<p>• March 2011 • June 2011 • Sept 2011 • Dec. 2011</p>	<p>FTDMs in their program • Consistent Training tool for ever Region in WA State</p>
<p>Consistent practice in FTDMs throughout WA State</p>	<p>1) Hold quarterly Advanced Trainings for FTDM facilitators Facilitators = both full-time and back-up facilitators. Trainings would consist of information on Domestic Violence, Solution Based Casework, Safety planning, creating a plan with a family, consensus process with a family/team, least-restrictive placement options, etc.</p>	<p>• FTDM Regional Lead and HQ lead</p>	<p>• Spring and Fall. 2011</p>	<p>• March 2011 • June 2011 • Sept 2011 • Dec. 2011</p>	<p>• Better and consistent safety planning in a FTDM throughout WA State • Better training on best practice when Domestic Violence is a concern with a family • Better training on Solution Based Casework in order to ensure WA State's practice model is utilized during a FTDM • Consistent practice around FTDMs in WA State • Ensuring a "live" placement decision with a social worker and</p>

					<ul style="list-style-type: none"> family Creating better plans with a family – utilizing protective factors identified by the family in the FTDM Plan
<p>Consistent practice in FTDMs throughout WA State</p>	<p>1) Train all supervisors who supervise FTDM Facilitators who have not had the FTDM Facilitator Training</p>	<ul style="list-style-type: none"> FTDM Regional Lead and HQ lead 	<ul style="list-style-type: none"> Complete by the end of June 2011 	<ul style="list-style-type: none"> March 2011 June 2011 Sept 2011 Dec. 2011 	<ul style="list-style-type: none"> Consistent practice around FTDMs in WA State Ensuring a "live" placement decision with a social worker and family. Ensure all FTDM facilitators are observed by a "trained" supervisor

FTDM Online Training - Completion Statistics - 12/12/11

Position Title	Region 1		Region 2		Region 3		Total	
	Number of Staff	Percent of Staff						
Area Administrators	12		16		6		34	
Complete	7	58%	15	94%	6	100%	28	82%
Incomplete	5	42%	1	6%			6	18%
Supervisors	73		112		85		270	
Complete	63	86%	102	91%	76	89%	241	89%
Incomplete	10	14%	10	9%	9	11%	29	11%
Social Worker	407		499		215		1,121	
Complete	304	75%	400	80%	168	78%	872	78%
Incomplete	103	25%	99	20%	47	22%	249	22%
All Positions	492		627		306		1,425	
Complete	374	76%	517	82%	250	82%	1,141	80%
Incomplete	118	24%	110	18%	56	18%	284	20%

From: Odimba, Joel (DSHS/CA)

Sent: Tuesday, January 11, 2011 10:23 PM

To: Green, Natalie (DSHS/CA); Johnson, Bolesha R. (DSHS/CA)

Cc: Revels Robinson, Denise (DSHS); Idczak, Jonah (DSHS/CA); Woodard, Richard (DSHS/CA)

Subject: Jonah Idczak

Dear Natalie and Bolesha;

As a follow up to our conversations about elevating our father engagement work in the region, I am writing to formally designate Jonah Idczak as Region 4 Father Engagement Specialist and re-assign him from King West to Bolesha Johnson, Region 4 QA/Court Services Manager effective February 1, 2011. His classification, pay and official work station will remain unchanged. His PDF will be updated as well as the org chart to reflect the changes.

Thank you for your support of our efforts to improve our engagement work with fathers.

Joel

Joel Odimba, PhD, MSW
Regional Administrator
Department of Social and Health Services
Children's Administration, Region 4
100 West Harrison Street, Suite 400
Seattle, WA. 98119
Phone: (206) 691-2506
Fax: (206) 281-6306
joel.odimba@dshs.wa.gov
<http://www.dshs.wa.gov/ca/general/index.asp>



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 Division of Children and Family Services
 100 West Harrison St., Suite S400
 MS: N17-21
 Seattle, WA 98119-4141

January 18, 2010

James Idczak
 1105 9th Ave W, Apt 2
 Seattle, WA 98119

RE: Reassignment

Dear Mr. Idczak:

This is to confirm your reassignment as Social Worker 3 in the Division of Children and Family Services to Implementation, Children's Administration with the Department of Social and Health Services (DSHS) on position number JK89, effective February 1, 2011.

All conditions of your original position will remain the same with the exception of the following:

Work Shift/Schedule:	Full-time, 8:00 – 5:00, Monday – Friday
Workweek Start Time:	Sunday, 12:00 a.m.
Workweek End Time:	Saturday, 12:00 a.m.
Overtime Eligibility Designation:	Overtime Eligible
Bargaining Unit:	Washington Federation of State Employees (WFSE)
Supervisor:	Bolesha Johnson, Phone: (206) 691-2521
Official Workstation:	100 W Harrison ST Seattle, WA 9819

As a condition of employment, you are a member of the above referenced bargaining unit and you are required to comply with the terms of that agreement.

In the event you have questions concerning your appointment, please contact your Human Resources Representative, Marilyn Nichol at (425) 590-3048.

Best wishes in your appointment.

Sincerely,

Joel C. Odimba, Ph.D.
 Regional Administrator
 Children's Administration
 Region 4

cc: Bolesha Johnson, Supervisor
 Personnel file

April 15, 2011
Permanency Roundtable Design Team
Agenda

9:00 AM	Welcome	Deborah Purce
9:10 AM	Overview <ul style="list-style-type: none"> • Intent • Casey Contract • Casey PRT Practice Consultant • Permanency Roundtable Team Composition • Roles and Responsibilities 	Ron Murphy
9:40 AM	Updates & Insights on Roundtables / Staffings Region 2 Region 3 Region 4	Lynn Biggs & Ken Nichols Randy Hart Lyman Legters & Joel Odimba
10:15 AM	Case Populations to be Reviewed	Group Discussion
10:30 AM	Schedule for Training and Reviews Location and Number of Teams	Group Discussion
10:45 AM	Break	
11:00 AM	Roundtable Members	Group Discussion
11:30 AM	Jurisdictional Teams	Group Discussion
12:30 PM	Communication Plan Training Plan	Group Discussion
1:00 PM	Agenda and date of next meeting	Deborah Purce
1:30 PM	Adjourn	

Permanency Roundtable Design Team Notes

Attendance:

- Nancy Sutton - Regional Administrator
- Joel Odimba - Regional Administrator
- Randy Hart - Regional Administrator
- Ken Nichols - Regional Administrator
- Marty Butkovich - Regional Administrator (by telephone)

Ron Murphy – Casey Family Services Director
Gorge Gonzalez – Casey Family Services
Lyman Lectors – Casey Family Services
Lynn Biggs – Casey Family Services
John March – Area Administrator
Yen Lawlor – Deputy Regional Administrator
Barb Geiger – Area Administrator
Dawn Cooper – Area Administrator
Sandra Kinney – Area Administrator
Jann Hoppler- Program Manager CA
Deborah Purce – Director CA
Scott Steuby – PRT Lead CA

Discussion of Roundtable Members:

Facilitator – CA
Scribe – CA
Master Practitioner – CA
Permanency Consultant – Casey Family Programs or other non-CA practitioner

Members that might also be added:

Cultural Consultant
Veteran Parent
Foster Care Alumni

The facilitator could also be one of the other members.

The scribe completes the Action Plan form and provides it to the social worker and supervisor within 24 hours.

Training

Orientation: required for Roundtable members, presenters and beneficial to a broad audience

Values: required for Roundtable members, presenters and beneficial to a broad audience

Skills: for members and presenters

CA would like to have all “permanency staff” (approximately 500 people) receive the orientation and values training.

Assignments

CA to further analyze the data to see what populations could be identified

Ron Murphy to see what resources Casey can provide - can Casey Family Services support the agenda for statewide roundtables?

Ron Murphy, Lyman a/o Lynn to present to Extended Management Team in June 2011

Decisions made for proposal to Assistant Secretary of CA:

- Proposed Timelines / Case Profiles / Details

- Statewide Permanency Roundtables will occur in September and October 2011
- Approximately 200 cases statewide will be reviewed, with an equal number of cases reviewed in each of the 3 Regions
- Every CA office statewide will have at least one case reviewed over the 2 rounds of Permanency Roundtables
- 75% (Child/youth in placement 15 to 22 months) 25% (Child/youth in placement greater than 4 years)
- We will over sample cases to compensate for unforeseeable problems with conducting the Roundtable for cases
- 2 Rounds of Permanency Roundtables
 - Round 1 – 9 teams running simultaneously for one week
 - Round 2 - 9 teams running simultaneously for one week
 - Each roundtable will review 3 to 4 cases each day / 4 days a week
- Training & Review Sites
 - Trainings to occur at Regional offices and hubs prior to each of the two rounds
 - Regional review sites to be decided upon by local jurisdictional teams
 - Back-up reviewers and social work staff will be identified for reviews – they will attend trainings and prepare cases for review

Next Meeting of Permanency Roundtable Design Team May 12, 2011

- Issues for next Design Team meeting:
 - Final Decision on case profiles to be reviewed at PRT
 - Jurisdictional Teams / Duties for Jurisdictional Teams
 - Local communication and coordination meetings
 - Local orientation of Permanency Roundtables
 - Clerical support
 - Case review schedule
 - Case Summaries for Roundtables
 - Follow-up on Roundtables

Characteristics of Children and Youth with the Longest Lengths of Stay as of August 2011

December 2011

Characteristics of Children and Youth with the Longest

Lengths of Stay as of August 2011

Children’s Administration partnered with Casey Family Programs to expand Permanency Roundtables from two regions to statewide during the Fall of 2011. Children and youth who had been in foster care the longest were identified to be included in the Roundtable process. Permanency Roundtables provide expert consultation and planning to social workers and supervisors to identify and overcome barriers to permanency. A design team co-led by Casey Family Programs and Children’s Administration was convened to make high level decisions regarding the scheduling and training of Permanency Roundtable members, social workers, supervisors and stakeholders.

Two hundred and thirty-four children who had been in care the longest as of August 19, 2011 were identified as the population to be considered for a Permanency Roundtable staffing. This report provides information on the characteristics of the children considered for Permanency Roundtables.

Demographic Characteristics of the Children

The highest number of the children resided in Region 2 (44 percent) and the least number of children resided in Region 3 (22 percent).

**Region of Residence for Children
Considered for a Roundtable Staffing**

Region		Total
Region 1	Number of Children	78
	Percent of Children	33%
Region 2	Number of Children	104
	Percent of Children	44%
Region 3	Number of Children	52
	Percent of Children	22%
Total Number of Children		234

Of the children that were considered for a Roundtable staffing, 53 percent were identified as white; 47 percent were identified as children of color. In Region 2, 60 percent of the children were of color; in Region 1, 35 percent of the children were of color.

Statewide, 19 percent of the children were African American, 17 percent Native American and 10 percent Hispanic.

Race and Ethnicity of Children That Were Considered for a Roundtable Staffing

Race/Ethnicity		Region 1	Region 2	Region 3	Total
African American	Number of Children	4	28	12	44
	Percent of Children	5%	27%	23%	19%
Asian/PI	Number of Children	0	2	1	3
	Percent of Children	0%	2%	2%	1%
Hispanic	Number of Children	12	8	3	23
	Percent of Children	15%	8%	6%	10%
Native American	Number of Children	11	24	4	39
	Percent of Children	14%	23%	8%	17%
White	Number of Children	51	42	32	125
	Percent of Children	65%	40%	62%	53%
Total Number of Children		78	104	52	234

The disproportionality of the children that were considered for Roundtable staffing was not as great as reported for all children placed over two years , with the exception of Asian children, but is still considerable. The disproportionality index indicates the extent of disproportionality of one group compared to another.

Racial Disproportionality Index of Children in Care

	Index of Children in Care Over Two Years (2004 Cohort)*	Index of Children Considered for a Roundtable Staffing
Native American	6.3	1.5
Asian	0.4	1.5
African American	2.8	1.9
Hispanic	1.4	0.6
White	1	1

*Source: Racial Disproportionality in Washington State; Second Edition; 2008.

As expected the majority of the children considered for a Roundtable Staffing were adolescents (13 years old or older); only eighteen percent of the children were under 13 years old. More of the Native American children in the population were adolescents (90 percent); whereas 77 percent of the African American children were adolescents.

**Current Age of Children That Were Considered for a Roundtable Staffing
by Race and Ethnicity**

Age		African American	Asian/PI	Hispanic	Native American	White	Total
Adolescent (13 Years and Over)	Number of Children	34	3	18	35	103	193
	Percent of Children	77%	100%	78%	90%	82%	82%
Child (Under 13 Years)	Number of Children	10	0	5	4	22	41
	Percent of Children	23%	0%	22%	10%	18%	18%
Total Number of Children		44	3	23	39	125	234

Unlike the general foster care population where genders are equally represented, males represented 67 percent of the population considered for Permanency Roundtables. Seventy-four percent of the Hispanic children and youth were male, while the African American and White groups were 66 percent male.

**Gender of Children That Were Considered for a Roundtable Staffing
by Race and Ethnicity**

Gender		African American	Asian/PI	Hispanic	Native American	White	Total
Female	Number of Children	15	2	6	12	42	77
	Percent of Children	34%	67%	26%	31%	34%	33%
Male	Number of Children	29	1	17	27	83	157
	Percent of Children	66%	33%	74%	69%	66%	67%
Total Number of Children		44	3	23	39	125	234

Most of the children that were considered for a Roundtable staffing are not part of a sibling group. Only 8 children have a sibling in the population; for a total of 4 sibling groups.

Legal and Placement Status of Children

All of the children in this population have court established dependencies and 75 percent of the children are legally free. Eighty-seven percent of the Hispanic children and 80 percent of the White children are legally free; 64 percent of Native American children and 66 percent of African American children are legally free.

Current Legal Status of Children That Were Considered for a Roundtable Staffing By Race and Ethnicity

Legal Status		African American	Asian/PI	Hispanic	Native American	White	Total
Dependent	Number of Children	15	1	3	14	25	58
	Percent of Children	34%	33%	13%	36%	20%	25%
Legally Free	Number of Children	29	2	20	25	100	176
	Percent of Children	66%	67%	87%	64%	80%	75%
Total Number of Children		44	3	23	39	125	234

As of August 19, 2011, the children considered for a Permanency Roundtable had been in care the longest of any children in foster care. The range of length of stay is from six years to over fifteen years. Eighty-two percent of African American children have placements greater than seven years; whereas 62 percent of Native American children were placed over seven years.

Length of Placement for Children That Were Considered for a Roundtable Staffing
by Race and Ethnicity

LOS		African American	Asian/PI	Hispanic	Native American	White	Total
6 Years	Number of Children	8	2	7	15	30	62
	Percent of Children	18%	67%	30%	38%	24%	26%
7 Years	Number of Children	9	0	8	13	38	68
	Percent of Children	20%	0%	35%	33%	30%	29%
8 Years	Number of Children	10	0	4	4	23	41
	Percent of Children	23%	0%	17%	10%	18%	18%
9 Years	Number of Children	2	1	2	1	11	17
	Percent of Children	5%	33%	9%	3%	9%	7%
10 Years	Number of Children	4	0	1	2	12	19
	Percent of Children	9%	0%	4%	5%	10%	8%
Over 10 Years	Number of Children	11	0	1	4	11	27
	Percent of Children	25%	0%	4%	10%	9%	12%
Total Number of Children		44	3	23	39	125	234

Only seventeen percent of the children are placed in an adoptive home, or are legally free and in their home of choice. This proportion is believed to be so low as the result of a recent initiative to finalize adoptions. Forty-four percent of the children are placed in foster care or with a relative. It is concerning that a third of this population is placed

in BRS, the most restive placement setting. Forty-one percent of the Native American children and 32 percent of the African American children are placed in a BRS setting; whereas only 17 percent of the Hispanic children are placed.

**Current Placement Setting of Children That Were Considered for a Roundtable Staffing
By Race and Ethnicity**

Placement Setting		African American	Asian/PI	Hispanic	Native American	White	Total
Adoptive Home	Number of Children	1	0	1	1	1	4
	Percent of Children	2%	0%	4%	3%	1%	2%
BRS	Number of Children	14	0	4	16	36	70
	Percent of Children	32%	0%	17%	41%	29%	30%
Foster Care	Number of Children	13	3	4	13	47	80
	Percent of Children	30%	100%	17%	33%	38%	34%
Legally Free and in Home of Choice*	Number of Children	5	0	7	3	20	35
	Percent of Children	11%	0%	30%	8%	16%	15%
Paid Relative	Number of Children	1	0	0	3	4	8
	Percent of Children	2%	0%	0%	8%	3%	3%
Unpaid Relative	Number of Children	4	0	3	1	8	16
	Percent of Children	9%	0%	13%	3%	6%	7%
Other	Number of Children	6	0	4	2	9	21
	Percent of Children	14%	0%	17%	5%	7%	9%
Total Number of Children		44	3	23	39	125	234

*These children are legally free and are in their home of choice. That home could be an adoptive, foster, or relative home. These children are not counted in those categories.

Over half of these children have been placed in their current setting for over one year and fourteen percent have resided in their current setting for more than five years.

Length of Current Placement By Setting

Placement Setting		< 30 Days	30 - 180 Days	181 - 365 Days	1 - 5 Years	> 5 Years	Total
Adoptive Home	Number of Children	0	1	2	1	0	4
	Percent of Children	0%	25%	50%	25%	0%	100%
BRS	Number of Children	7	20	9	33	1	70
	Percent of Children	10%	29%	13%	47%	1%	100%
Foster Care	Number of Children	6	17	6	29	22	80
	Percent of Children	8%	21%	8%	36%	28%	100%
Leg Free/Home of Choice*	Number of Children	0	9	5	14	7	35
	Percent of Children	0%	26%	14%	40%	20%	100%
Paid Relative	Number of Children	0	0	0	6	2	8
	Percent of Children	0%	0%	0%	75%	25%	100%
Unpaid Relative	Number of Children	0	9	4	3	0	16
	Percent of Children	0%	56%	25%	19%	0%	100%
Other	Number of Children	4	8	5	4	0	21
	Percent of Children	19%	38%	24%	19%	0%	100%
Total Number of Children		17	64	31	90	32	234
Total Percent of Children		7%	27%	13%	38%	14%	100%

*These children are legally free and are in their home of choice. That home could be an adoptive, foster, or relative home. These children are not counted in those categories.

Physical neglect and other child abuse was the most common reason identified for the child’s placement (68 percent). Twenty-one percent of the children in this population had no child abuse or neglect identified for their reason of placement. In these cases, the child’s behavior, parent’s inability to care for child or housing issues were identified as the reason for placement. Thirty-one percent of the Native American children were in this category.

**Reason for Placement of Children That Were Considered for a Roundtable Staffing
by Race and Ethnicity**

Reason for Placement		African American	Asian/PI	Hispanic	Native American	White	Total
Physical & Sex Abuse	Number of Children	1	0	0	0	1	2
	Percent of Children	2%	0%	0%	0%	1%	1%
Physical Abuse Only	Number of Children	5	1	1	4	9	20
	Percent of Children	11%	33%	4%	10%	7%	9%
Physical Neglect and Other CAN	Number of Children	29	2	19	23	86	159
	Percent of Children	66%	67%	83%	59%	69%	68%
Sex Abuse Only	Number of Children	0	0	0	0	3	3
	Percent of Children	0%	0%	0%	0%	2%	1%
No CAN Identified	Number of Children	9	0	3	12	26	50
	Percent of Children	20%	0%	13%	31%	21%	21%
Total Number of Children		44	3	23	39	125	234

Seventy-one percent of the children in this population were in their initial placement. Thirty-six percent of the African American and 31 percent of the Native American children had a previous episode of foster care.

**Placement History of Children That Were Considered for a Roundtable Staffing
By Race and Ethnicity**

Prior Removal		African American	Asian/PI	Hispanic	Native American	White	Total
Initial Placement	Number of Children	28	1	18	27	92	166
	Percent of Children	64%	33%	78%	69%	74%	71%
Re-entry into Care	Number of Children	16	2	5	12	33	68
	Percent of Children	36%	67%	22%	31%	26%	29%
Total Number of Children		44	3	23	39	125	234

Over two thirds of the children placed were older than six years and a third were between one year and five years old. African American children in this population were placed at a younger age; with half of the placements occurring before the child' sixth birthday.

**Age of Child When Placement Started of Children That Were Considered for a Roundtable Staffing
By Race and Ethnicity**

Age at Placement		African American	Asian/PI	Hispanic	Native American	White	Total
< 1 Year Old	Number of Children	5	0	1	2	5	13
	Percent of Children	11%	0%	4%	5%	4%	6%
1 - 5 Years Old	Number of Children	17	0	6	8	40	71
	Percent of Children	39%	0%	26%	21%	32%	30%
> 6 Years Old	Number of Children	22	3	16	29	80	150
	Percent of Children	50%	100%	70%	74%	64%	64%
Total Number of Children		44	3	23	39	125	234

Over two thirds of the children in this population have moved over five times. Native American children have had the most stable placements with 18 percent having only one or two different placement locations.

Number of Placement Moves During Their Current Removal for Children That Were Considered for a Roundtable Staffing By Race and Ethnicity

Placement Moves		African American	Asian/PI	Hispanic	Native American	White	Total
1 - 2 Placements	Number of Children	3	0	2	7	5	17
	Percent of Children	7%	0%	9%	18%	4%	7%
3 - 5 Placements	Number of Children	5	2	8	11	34	60
	Percent of Children	11%	67%	35%	28%	27%	26%
6 - 10 Placements	Number of Children	13	0	3	14	43	73
	Percent of Children	30%	0%	13%	36%	34%	31%
> 10 Placements	Number of Children	23	1	10	7	43	84
	Percent of Children	52%	33%	43%	18%	34%	36%
Total Number of Children		44	3	23	39	125	234

Other States' Experiences with Unified Home Studies

July 2011

Compiled by Robbie Downs

SUMMARY: Messages for CA

- Monthly technical assistance calls with whoever wants to be on the call so that people's questions are answered efficiently and effectively (Colorado)
- Need assessment skills training (not just process) (Colorado)
- Train individuals in like groups – i.e., those who work for child placement agencies, those who work for county departments, those who just do home studies for Interstate Compact (Colorado)
- Placing worker leaves packet of fingerprinting notice and licensing information (Illinois)
- Training done across divisions (all workers in same room) (Illinois)
 - CPS worker responsible for leaving information packet
 - CFWS worker does follow-up on getting prints done, encouraging foster parent training attendance and connecting family to licenser. This is the linchpin worker in the process. (*Would CA's FTDMs be helpful here?*)
 - Licenser partners with CFWS worker on transportation to prints, med exams, training
- Get the right participation on workgroup (Illinois)
- Identify the state and federal requirements that apply to all applicants and those that apply only to a specific group such as licensed foster parents (Minnesota)
- Provide a section that clearly identifies the home study recommendations, including how the section is going to address the different programs (Minnesota)
- "Presumptive eligibility policy" means resource staff and local office staff meet with the potential kinship provider in a joint home visit to evaluate the home, share with them the home study process and identify the family's willingness, commitment and level of cooperation (New Jersey)
- Don't underestimate the time that it takes to complete a "good" study (Tennessee)
- Lost some very qualified foster families when the emphasis changed to every foster family was also an adoptive family (Utah)

NOTE: Bolded text is emphasis added by Robbie Downs

Arkansas Tammy Coney Foster Care Manager, 501-682-8990

Implementing SAFE (Structured Analysis Family Evaluation) July 2011

Colorado Sharen Ford, Manager, Permanency Services 303-866-3197:

Colorado has a county based system; over 100 CPAs

- Implemented SAFE home study some 4 years ago. Copyrighted format; different tracks for uncertified, child specific homes with no training requirement and no sq footage requirements
- Since format new to all parties, all started equally with training
- Immunizations: all applicants must have medical exams; all in household must have immunizations with only exception = statement from pastor

Implementation challenges

- Conducting statewide training in a sufficient amount and to minimize travel
- **Arranging for monthly technical assistance calls (with whoever wants to be on the call) so that people's questions are answered efficiently and effectively**
- Having state staff at every training so that state policy questions are handled by state staff and not a trainer that is only handling the training of the material
- Having a budget/decision item that allows for future funding for training in out years

'Would have done this differently' list

- Secured funding for training in out years to include training for "**skilled based - assessment building**"; **realized that some agency staff who were assigned to do home studies needed to enhance their assessment skills**
- Plan funding to train larger numbers. Monthly training initially; then reduced. We got backed up and there were individuals who couldn't perform their job because the training wasn't available. We established a priority list for training to ensure that staff needing the training for their job got in first and could bump a 'private' vendor out
- **Changed legislation to ensure that individuals completing foster care home studies meet the same qualifications as individuals completing adoption home studies**
- Ask for funding for the ongoing licensure of SAFE costs

- **Should have broken individuals into like groups – i.e., those who work for child placement agencies, those who work for county departments, those who just do home studies for Interstate Compact.**

Illinois/Licensing Relatives *Treva Hamilton 312-793-4646 312-636-9438*

83% of child cases are managed by private sector – contractor must provide own placement options.

Incentive: Foster care reimbursement rate

Challenges:

- Training requirement
- Conviction exclusions – seeking legislative change
- Getting relatives to complete fingerprinting and medical exam biggest obstacles
 - Used peer support volunteers to encourage applicants
 - State reimburses applicants and all household members for medical exams when no other option as verified by licensor; workers provide transportation to medical exams
 - Brought medical provider to local office for ‘licensing fairs’
- Getting staff to encourage licensing through policy changes
 - Placement criteria now mimic licensing criteria
 - Require relative to be fingerprinted within 30 days of placement (10 day extension possible); if not met, issue 14 day notice of removal.
 - **Placing worker must leave packet of fingerprinting notice and licensing information**
- Convincing “legacy providers” problematic; families new to system higher rate of success
- Staff mindset of ‘can’t be done’
 - Required each agency send in weekly report of progress and problems with each application
 - Rank each agency with success in licensing
 - Higher ranking agencies receive more cases – successful incentive in Cook County, but problematic in other counties with statewide private agencies.

10 year process

Home of Relative (HMR) initiative workgroup has met monthly for 2 years; continues to meet

Illinois requires 2 visits a month to unlicensed caretakers and once/month visits to licensed

Once fingerprinting required, move to licensing easier

Implementation plan – no additional FTE:

Staff training:

Training done across divisions (all workers in same room)

- **CPS worker responsible for leaving information packet**
- **CFWS worker does follow-up on getting prints done, encouraging foster**
- **Parent training attendance and connecting family to licensor. This is the linchpin worker in the process. (*Would CA's FTDMs be helpful here?*)**
- **licensor partners with CFWS worker on transportation to prints, med exams, training**

Agenda item on the general quarterly CPA meetings

Agenda item for child welfare advisory group

Announcements posted on computer system

Monthly workgroup meetings where successful practices can be shared

Lesson Learned: **get the right folks on workgroup** (all community partners, agency policy person, Director's office rep)

Results:

2008: licensure rate at 29.3%

July 1, 2010: 51.5% licensure rate

06-12-2011: 58.1%

The licensure rate for DCFS is **47.27%**; private agencies rate is **59.10%** with a combined total of **57.9%**.

Minnesota Deborah Beske Brown 651-431-4731

- Implemented single home study for foster care licensing and adoption in 2003.

- Developed by workgroup made up of foster and adoption agencies, including both public and private agencies
- Revised format in 2010 to be consistent with federal requirements
- In 2011, the format was updated on the web site to improve access
- Lessons learned: The single format must:
 - Be able to serve agencies that have access and do not have access to the SACWIS system
 - **Identify the state and federal requirements that apply to all applicants and those that apply only to a specific group such as licensed foster parents**
 - Consider how agencies that provide international adoptions are going to translate the documents
 - **Provide a section that clearly identifies the home study recommendations, including how the section is going to address the different programs**

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_026750#

New Jersey Mary E. Parkinson 732-388-7959, ext.1042

- Uses SAFE Home Study Model with PRIDE training adopted 2005
- 2009 Changed requirements (income, space)
 - **“Presumptive eligibility policy” means resource staff and local office staff meet with the potential kinship provider in a joint home visit to evaluate the home, share with them the home study process and identify the family’s willingness, commitment and level off cooperation**
Once these preliminary requirements have been met, children can be placed with kin and presumptive eligibility board payments can be initiated. New Jersey policy cites are at the end of this document
 - Relative objections from folks who had children for some time overcome with explanation from licensor re: process and training and collaborative solutions to barriers
 - Modified Pride Training (27 hrs) for kinship providers, “Traditions of Care Training” (18 hrs). In addition, training and requirements for Special Home Service Providers (SHSP) who prior to Sept 2010 were contracted to care for medically fragile children, are no longer required to meet separate standards; all resource homes are trained unilaterally and if a child requires special medical care they are placed with a family that has the knowledge, skill set, experience and interest to care specifically for that child’s needs

- In 2005, the board rate for kinship providers was increased to the same rate as regular resource home providers
- 2010, 47% licensed resource family homes have a kinship connection; 2006 less than 28%

Initial resistance from kinship providers because they were required to meet the higher standards of our regular resource family homes

SEE P 9-20 for presumptive eligibility policy and forms.

Lessons learned

- **Imperative to involve the resource workers in the home study process as early as possible when potential home identified by the local office**
- **Joint visits occur when a home is identified with resource and local office staff**
- **Cross training opportunities with licensing and resource staff to identify each of their job responsibilities and make them more sensitive to each other and the study process building a partnership with them**
- **Impact Team Meetings consisting of local office resource staff, the licensing inspector, Area Case Practice Specialists as well as Central Office staff to review homes that are in the home study process and identify any barriers to licensing the home within 150 day timeline. Local Office Managers and Casework Supervisors participate in these Impact meetings and have the authority to approve financial assistance to help the family come into compliance for licensing. Workers and supervisors of the children in placement have also participated in the Impact meeting and together help direct what is needed to license the home and assist in any barriers the resource worker is faced with such as the providers lack of response or unwillingness to be fingerprinted etc**
- **Some offices have assigned clerical staff as well to assist in obtaining and sending out collateral information**
- **Developed broader requirements that were more family friendly**
- **Reduced the number of training hours required for kinship homes**

Tennessee John L. Johnson 615/253-6351

Now in year 3 of implementing SAFE

Lessons learned:

Number of staff trained on use of the tool did not meet demand – went to outside contractor to get applications completed within 90 days

- **Time that it takes to complete a "good" study underestimated;** SAFE requires min of 2 interviews per adult with multiple questionnaires to score. They now estimate 20-25 hours per home study
- Some of the SAFE questions were particularly intrusive to applicants (sexual relationship and childhood history)
- Placement rates with relatives in Tennessee was 7% 18 months ago to 14% today following statewide push for staff to search for relatives. Change not seen as related to SAFE.

Utah Tammy Coney, Foster Care Manager, 501-682-8990

- Since 1997; kinship families and non-kin families
- Lessons learned:
 - The dual home study has allowed Utah to work on improving stability by promoting "first placement -only placement"
 - Shortened time frames to adoption (average of 17 months in care prior to the adoption)
 - **Lost some very qualified foster families when the emphasis changed to every foster family was also an adoptive family.** Foster families reported that they, at times, felt pressured to adopt when they were not ready or had no desire
 - Too few experienced foster families who can deal with children with higher level needs means more placements into higher cost contracted foster care. We now work with DCFS caseworkers to support foster families, who do not want to adopt, to help transition a child to their permanent family
 - There is still staff who resist assessing kinship families for long term permanency (i.e., adoption), because it is uncomfortable for many kinship families to think in those terms

Wisconsin Katie Sepnieski, Foster Care Program Specialist, 608-266-9024

County based system; much variation in implementation methodology.

Initial workload issue so state contracted with private agency to assist counties with licensing

Have found relatives positive about training and more agency contact

5 levels of licensing effective Jan 2010: Level of Care certification based on specific requirements in:

- Qualifications
- Training
- Caregiver references
- Caregiver experience

Levels:

- Level 1 – 6 hour online training; Level 1 licensing only available to relatives who as of Jan 2010 required to be licensed if licensable
- Level 2 – ‘basic foster care’
- Level 3 –
 - Experience: An applicant must meet at least 3 criteria from 7 types of education, skills, abilities, and work or personal experience with children (1 yr experience as caregiver for specific child; min 5 yrs working with or parenting children; min of 500 hours as a respite care provider for children under the supervision of a human services agency; high school diploma or the equivalent; college, vocational, technical, or advanced degree in the area of a child’s treatment needs, such as nursing, medicine, social work, or psychology; substantial relationship with the child to be placed; Work or personal experience for which the applicant has demonstrated the knowledge, skill, ability, and motivation to meet the needs of a child with a level of need of 3).
 - Training
 - 36 hours of pre-placement training
 - 24 hours of training during initial licensing period, generally 2 years
 - 18 hours of ongoing training in each 12-month period subsequent to initial licensing period
 - Four favorable references

- Level 4 Experience: An applicant must meet at least 4 criteria from 7 types of education, skills, abilities, and work or personal experience with children.
 - Training
 - 40 hours of pre-placement training.
 - 30 hours of training during initial licensing period, generally 2 years.
 - 24 hours of ongoing training in each 12-month period subsequent to initial licensing period.
 - Four favorable references
- Level 5 – by exception; requires foster parent to be program manager for home; requires shift staff

NEW JERSEY PRESUMPTIVE ELIGIBILITY POLICY

1801 Placing Children with Kinship Caregivers

1801.1 Purpose 4-1-2009

As part of the commitment to improve the safety, permanency, and well-being of children under its care, **DYFS always considers relatives and family friends (kinship caregivers) as the first resource for a child who needs placement.** This includes both emergency and planned placements.

This policy reinforces that Resource Family Support Unit (RFSU) staff and Local Office (LO) staff jointly share in the initial assessment of a kinship caregiver. Once the LO Worker decides that a potential kinship caregiver is being considered as a resource parent for a child, it is then the responsibility of the RFSU staff to ensure that the kinship caregiver is willing and able to be licensed, is informed of the home study and licensing process at the time of the initial placement, and agrees to participate fully in the licensing process.

1801.2 Definitions 4-1-2009

"Presumptive Eligibility" means a kinship caregiver preliminarily meets licensing standards and is, therefore, eligible for resource family care payment, on behalf of the child in his or her care, based on the initial assessment, until the home study is completed.

1801.3 Pre-Placement Protocol 4-1-2009

Once a kinship caregiver is identified, and before the child is placed, the Local Office Worker completes the following background checks on all adults and children living in, or who frequent the home:

- Adults:
 - Promis/Gavel, Local Police, Domestic Violence Record checks (HSP should also be consulted). If there is a history of a criminal conviction, a waiver request (DYFS Form 17-1, Waiver Request) must be approved by the Local Office Manager (LOM)/Area Director (AD) before the child is placed. See [II A 2100](#), Waiver Request;
- Adults and Children:
 - Child Abuse Record Information (CARI) check. If there is a history of substantiated abuse/neglect, a waiver request must be approved by the LOM/AD before the child is placed.
 - All NJS searches, including "perpetrator," "person," and "resource" searches. See [II B 212.2](#), Conducting the Review of DYFS Records.

Prior to the child being placed, a RFSW, or on-going Worker, conducts a preliminary inspection of the home to ascertain that it will meet licensure standards.

The LOM must give written approval (DYFS Form 4-19, LOM Approval to Place in a Kinship Home) prior to a child being placed in a kinship home. If the placement is conducted after hours, the LOM gives verbal approval; written approval must be obtained the next business day.

1801.4 Presumptive Eligibility
2009

4-1-

After completing the pre-placement protocol, the Worker contacts the Resource Family Support Unit (RFSU) to conduct a joint initial assessment, which ensures that licensing standards are preliminarily met. Upon placement safety assessment is completed (DYFS Form 22-6, Child Safety Assessment - Resource Homes).

In order to begin presumptive eligibility payments, the following forms must be completed by the RFSW, and signed by all parties as required, as part of the Presumptive Eligibility Packet, **within five working days** of a child's placement:

- DYFS Form 4-10, Kinship Caregiver Standards Agreement;
- [DYFS Form 5-2](#), Resource Family Parent Home Study/Licensing Application (at the initial assessment or within five days of placement);
- DYFS Form 26-15, Authorization for Release of Information.
- DYFS Form 4-11, DYFS Kinship Caregiver Presumptive Eligibility Approval

This packet is submitted thru the Resource Family Casework Supervisor for LOM approval.

Once the LOM has signed the presumptive eligibility packet, it is routed to the RFSU. The RFSW begins the home study process and enters a payment line in NJS. The home study process is completed by the RFSW within 90-100 days. See [II D 1803](#), Resource Family Home Study and Licensing Process.

Note: All adults residing in the home must be scheduled for Sagem Morpho fingerprinting prior to presumptive eligibility approval.

1801.5 Office to Conduct the Home Study 4-1-2009

The Resource Family Support Unit, located in the office that supervises the child, conducts the home study. Any exception to this policy must be approved in writing by the LOM. See [II D 1803](#), Resource Family Home Study and Licensing Process.

1801.6 Additional Forms 4-1-2009

- DYFS Form 4-18, Fact Sheet - Differences between Adoption and KLG, Acknowledgement Receipt.
- DYFS Form 11-3, Pre Placement Assessment (Health)

DYFS Form 4-10, DYFS Kinship Caregiver Standards Agreement 4-1-2009

[Double click here to view or print the DYFS Form 4-10.](#) (Attached for your convenience)

WHEN TO USE IT

Complete this form when determining whether a relative or family friend caregiver meets Presumptive Eligibility/compliance with the Kinship Caregiver Standards. The Resource Family Support Worker (RFSW) completes this form when conducting the initial home visit with the Worker, before placing the child in the home.

See [II D 1505](#).

HOW TO USE IT

The RFSW completes the entire form with the kinship caregiver(s). The RFSW:

- Assesses compliance with the Kinship Caregiver Standards outlined in Part I by interviewing the kinship caregiver(s), other household members, and touring the home.
- Documents compliance with the agreement in Part II.

- Determines whether the kinship caregiver(s) is/are able and willing to provide care for a child based on the results of the assessment.
- Documents a corrective action plan in Part III, with the kinship caregiver(s), when necessary.

TIPS FOR COMPLETING THE FORM

The kinship caregiver(s), the RFSW, the Supervisor, the Casework Supervisor, and the LO Manager sign and date the form.

DISTRIBUTION

- Original - Child's case record.
- Copy - Kinship caregiver's case file.
- Copy - Resource Family Support Unit

STATE OF NEW JERSEY

DEPARTMENT OF CHILDREN AND FAMILIES

DIVISION OF YOUTH AND FAMILY SERVICES

DYFS KINSHIP CAREGIVER STANDARDS AGREEMENT

CASE NAME: _____ **NAME OF CHILD/REN:** _____

CASE ID #: _____ **NAME OF KINSHIP CAREGIVER:** _____ **DATE:** _____

DATE OF PLACEMENT: _____

PART I - STANDARDS COMPLIANCE

Check the box to indicate compliance with the standard.

CAREGIVER CHARACTERISTICS

<input type="checkbox"/>	<u>Child is willing to stay with caregiver.</u>

<input type="checkbox"/>	<u>Caregiver understands the need for, and is able to protect, the child from exploitation, neglect and abuse.</u>

<input type="checkbox"/>	<u>Caregiver agrees not to release the child to anyone except as authorized by DYFS.</u>

<input type="checkbox"/>	<u>Caregiver is willing and able to meet the child's medical needs.</u>

<input type="checkbox"/>	<u>Caregiver is capable of providing for the child's basic education.</u>

<input type="checkbox"/>	<u>Caregiver is able to insure that the child is adequately clothed and fed.</u>

<input type="checkbox"/>	<u>Caregiver has been instructed that agency policy prohibits the use of corporal punishment.</u>

<input type="checkbox"/>	<u>Caregiver has been instructed regarding the law and agency policy on confidentiality regarding the child's history, DYFS involvement, etc.</u>

<input type="checkbox"/>	<u>Caregiver is at least 18 years of age.</u>

FAMILY HEALTH / CRIMINAL / CHILD ABUSE-NEGLECT / DYFS HISTORY

<input type="checkbox"/>	<u>Caregiver states that no member of the household objects to the placement of the child in the home.</u>

<input type="checkbox"/>	<u>Caregiver states that no member of the household evidences behavior or personal conduct that may present potential</u>
<u>danger to the child.</u>	

<input type="checkbox"/>	<u>Caregiver states that no member of the household uses illegal drugs, abuses prescriptive drugs, or engages in excessive alcohol use.</u>

<input type="checkbox"/> Household size/situation is within the caregiver's ability to meet/manage the needs of family members.
<input type="checkbox"/> Caregiver states that no member of the household has a communicable/contagious disease or illness that could pose a threat to the health of the child.
<input type="checkbox"/> <u>Each adult member of the household has furnished information of any criminal convictions or offenses for which</u> <u>they have been charged. (Do not include minor traffic violations.) There are no convictions of a violent nature.</u>
<input type="checkbox"/> <u>Caregiver discloses any criminal convictions of each juvenile member of the household, age 14 or over.</u>
<input type="checkbox"/> <u>CHRI has been submitted on all adults residing in the home. (All non-ASFA crimes require waiver approval)</u> <u>Attach results.</u>
<input type="checkbox"/> <u>PROMIS/GAVEL checks have been completed on all adults residing in the home.</u>
<input type="checkbox"/> <u>CARI check and NJ SPIRIT person and resource searches have been completed on all household members (including adults and children). After LO Manager approves, all substantiated DYFS history requires final waiver approval by the Chief, OOL, Resource Families. Attach results.</u>

EMPLOYMENT/SUPERVISION/FINANCES

<input type="checkbox"/> <u>If employed outside the home, the caregiver has a suitable plan to care for and supervise the child during _____ caregiver's absence from the home.</u>
<input type="checkbox"/> <u>Caregiver has sufficient income and support to meet the needs of all household members prior to the placement of the child(ren) without DYFS assistance.</u>

PHYSICAL CHARACTERISTICS OF THE HOME

<input type="checkbox"/> <u>There are adequate sleeping arrangements for the child (child has his or her own bed) including privacy appropriate to the age of the child, and there are two means of egress from the child's bedroom.</u>
<input type="checkbox"/> <u>Number of bedrooms in the home: _____</u>

<input type="checkbox"/> Measurements of each Bedroom: #1: _____ #5: _____	#2: _____	#3: _____	#4: _____
<input type="checkbox"/> The home and grounds appear to be free of health, safety and fire hazards. _____			
<input type="checkbox"/> The home has operable plumbing and running hot and cold water. _____			
<input type="checkbox"/> The home has a working stove and refrigerator and hot water not to exceed 100 degrees. _____			
<input type="checkbox"/> The home has an operable heating system. _____			
<input type="checkbox"/> Firearms or weapons are secured in a locked steel gun vault. Ammunition is locked and stored separately from guns.			
<input type="checkbox"/> Poisons, drugs and dangerous cleaning supplies are labeled and inaccessible to children. _____			
<input type="checkbox"/> Pets and domestic animals present no risk. <input type="checkbox"/> Doors and windows used for ventilation have screens but no immoveable bars on the windows.			
<input type="checkbox"/> The home has one working smoke detector on each floor and the caregiver has a reasonable fire safety plan.			
<input type="checkbox"/> The home has carbon monoxide detectors in bedrooms that are adjacent to rooms that contain fuel burning appliances or an attached garage where a vehicle is kept.			
<input type="checkbox"/> The home can adequately accommodate the number of children and does not exceed four children in placement or six			
<input type="checkbox"/> The home has a fence around any pool and appropriate protection from any water or safety hazard in an area accessible by children.			
<input type="checkbox"/> The home is free of any structural damage such as exposed wiring or holes in the walls, floors, ceilings.			

children

Comments: _____

PART II - AGREEMENT

As a kinship caregiver, you will be required to comply with the 150-day licensing process applicable to all resource family homes in order for the child to be placed with your family and remain in your home. This includes visits/inspections to your home and interviews with all household members. To ensure you understand what is required, please review and initial each of the following: (For homes with one kin applicant, indicate N/A for Kin 2)

____ (Kin 1) ____ (Kin 2) I understand that to begin the process of approving and licensing my home, DYFS will need to conduct a criminal history check on all household members 18 years of age and older. This will include a local police check, Human Service Police Check, Promis/Gavel (a check of court records), domestic violence records check and State and Federal fingerprint checks. I hereby give consent to a criminal history check.

____ (Kin 1) ____ (Kin 2) I understand that DYFS will also need to conduct a child abuse history record (CARI) check on all household members. I hereby give consent to a CARI check on myself and all household adult members, including a CARI check in another state if I, or any household member, has resided outside of New Jersey within the last five years.

____ (Kin 1) ____ (Kin 2) I understand that, should a criminal background or CARI check reveal a crime or incident involving child abuse/neglect, DYFS may be unable to approve the placement of the child or allow the child to remain in my home.

____ (Kin 1) ____ (Kin 2) I understand that I must inform the Division if there any household members 14 years of age or older who have a criminal history.

____ (Kin 1) ____ (Kin 2) I understand that I will need to fully complete and submit a Resource Parent Application to DYFS within 5 business days and comply with the requirements necessary for DYFS to complete a home study on myself and family members residing in my home.

____ (Kin 1) ____ (Kin 2) I understand that I will be required to complete pre-service training for resource parents prior to my home being licensed. I further understand that if I do not complete the required hours of training, DYFS may not allow the child to be placed in and/or remain in my home.

____ (Kin 1) ____ (Kin 2) I understand that I cannot use any type of physical, severe or excessive discipline with the child in my care. I understand that I cannot use any words, threats or actions which are physically and/or emotionally damaging to the child. I further understand that I need to utilize age-appropriate, fair and consistent discipline methods with the child.

____ (Kin 1) ____ (Kin 2) I understand that I am responsible to meet the child's basic needs, including educational, physical health, dental health, medication, and mental/behavioral health-related needs. I must keep DYFS informed about the child's health-related needs at all times.

____ (Kin 1) ____ (Kin 2) I understand that I must keep information about the child and birth family confidential. I may share information about the child/birth family only with individuals who require the information to provide care, a service, or treatment to the child in my care.

____ (Kin 1) ____ (Kin 2) I understand that I must abide by all policies and procedures regarding resource family homes and for children who are under the care and supervision of DYFS.

____ (Kin 1) ____ (Kin 2) I understand that the child is entitled to support services while he/she resides in my home. These supports include a monthly board payment and clothing allowance, Medicaid, and child-specific supports as needed.

____ (Kin 1) ____ (Kin 2) I understand that DYFS and the Office of Licensing will need to conduct an inspection of my home to ensure basic safety standards and licensing regulations are met.

____ (Kin 1) ____ (Kin 2) I understand that should my home not meet standards, depending on the circumstances, DYFS may not be able to place the child and/or allow the child to remain in my home. Whenever possible, however, DYFS and the Office of Licensing will work with me to bring my home into compliance with licensing standards and DYFS policies.

By signing this agreement, I am expressing my understanding of the Office of Licensing regulations and DYFS policies regarding kinship family care and of our respective roles. I further agree to meet my stated responsibilities and complete the process for licensure within 150 calendar days.

Kinship Caregiver 1	Date	Kinship Caregiver 2
Date		

Resource Family Support Worker	Date	Resource Family Supervisor
		Date
		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

Resource Family Casework Sup.	Date	LO Manager, or designee
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

Check if Part III, Corrective Action Plan to Meet Standards, is completed and attached to this form.

PART III - CORRECTIVE ACTION PLAN TO MEET STANDARD(S)

The following condition(s) needs to be corrected for this home to be in full compliance with the kinship caregiver standards:

Standard Not Met	Action to Meet Standard	Responsible Party or Parties to Meet Standard	Date to be Completed

By our signatures, I/we agree to meet the stated responsibilities in taking action to meet the licensing standards.

Date of Placement _____

Signature of Kinship Caregiver 1
Date

Date

Signature of Kinship Caregiver 2

Address of Caregiver (*street, city and zip code*)

Signature of Resource Family Support Worker, or designee

Date

Signature of Resource Family Supervisor

Date

Signature of Resource Family Casework Supervisor

Date

Signature of Local Office Manager

Date

LO

LO Address

LO Telephone Number

Children's Administration Unified Home Study Workgroup

Recommendations

6/22/2011

The CA workgroup consisted of staff representing both the Division of Licensed Resources (DLR) and Division of Children and Family Services (DCFS) from every region. The workgroup met several times between September 2010 and March 2011. The workgroup will reconvene for consultation or modification of these recommendations following meetings with caregivers, stakeholders and community partners seeking their input. The workgroup worked from a consensus model. These recommendations were reviewed and approved by the workgroup.

The workgroup focused on meeting the following goals. The unified home study will:

1. Provide a consistent quality assessment for all families who want to care for dependent children.
2. Improve outcomes for children in out-of-home care by ensuring the same safety standards for placement, that providers are both willing and able to care for children, reduce disruptions when children are legally free and a provider cannot meet the Adoption Home Study Requirements)
3. Improve CA relationships with out-of-home caregivers
4. Encourage more relative caregivers for CA dependent children to become licensed
5. Achieve efficiencies for staff and families by reducing duplicative processes and activities
6. Save state funds that currently go toward duplicate fingerprint-based background checks.

Training Recommendations

1. Provide supervisor training in advance of implementation
2. One half to a full day of cross training for all licensing, adoptions, and relative home study staff to address changes in the home study, background check requirements, and expectations.
3. Provide expedited licensing training to adoptions staff who have not attended the licensing track week
4. Provide expedited adoptions training to licensing staff who have not attended adoptions track week
5. Relative home study staff who have not attended licensing or adoptions track week prior to implementation will attend the next licensing track week, which will be changed to reflect the Unified Home Study criteria.

Changes to the home study format

To better reflect DSHS values, the workgroup recommended adding the following questions to the family home study:

1. The Department's goal is to safely reunify children with their parents. Describe how you will support and participate in a child's safe reunification (return) to their parents or guardians?
The workgroup believes some form of this question should go into the Family Home Study and the Personal Information Form 15-276

2. How would you support and participate in a child's move to another home to support permanency even if you don't agree.
3. What kind of support would you need to help prepare a child to move to their permanent home?
4. Add "reunification," and "permanency" to the adoption questions to introduce the concept of concurrent planning.
5. What is your willingness and ability to have siblings placed with you? If siblings can't be placed with you, how will you support siblings' connections to one another?
6. Describe how you would work with birth parents to help a child in your care.

Background Check and other Requirements

To ensure that we are consistently checking the same background information in each home study (to provide fair and equitable home studies focused on safety and well being), the workgroup made the following recommendations:

1. Have background check specialists for every unit to conduct background checks
2. Complete the financial, marital, and medical requirements (currently required by adoptions for all home studies) Fingerprint based criminal background checks for the initial home study. BCCU criminal/DSHS background checks for the initial home study, updates, and renewals. (current practice, federal law)
3. FamLink history checked for the initial home study, updates, and renewals (current practice)
4. CA/N history checks for other states the applicant has lived in for the initial home study (current practice, federal law)
5. Accurint checked for initial home studies, updates, and renewals (if funding is available) –
6. Internet search (name, date of birth, and email addresses) for initial home studies when there is a need for an administrative approval and when there are red flags at updates and renewals (inconsistent practice in adoptions now)
7. Barcode search for initial home studies, updates, and renewals (inconsistent practice now)
8. Vital statistics search for initial home studies, updates, and renewals (inconsistent practice now)
9. Washington State Courts (SCOMIS) search for initial home studies, updates, and renewals (inconsistent practice now)
10. Interview Adult children and send a reference letter for initial home studies (current best practice, not required in policy)
11. Change all reference letters to include the following language, "Children's Administration has an ongoing commitment to children. We ask that if you have any concerns about the safety or wellbeing of children in this home, please contact (licensor) at (licensor's phone number)." (new)
12. For ICPC homes check with the sending social worker for initial home studies, updates, and renewals (current practice)
13. Adoptions references sent out prior to adopting a child. (current practice)
14. Conduct a minimum of 3 face to face contacts with each applicant prior to approving the initial home study. If more than one applicant (e.g. two adults in the home), each applicant must be interviewed alone at least once. At least two of these contacts must occur at the applicant's home. (DLR requirement = 2, Adoptions = 4, Relatives= 1)
15. The current licensing checklist will be used to assess safety in placement homes.
16. Caregivers will be required to have first aid/CPR training and a TB test.
17. The group recommends requiring fingerprint based criminal background checks for all foster parents who were licensed before the Adam Walsh Legislation of 2006 went into effect (July

2007) when their licenses are renewed. This would impact 2853 foster homes (if funding is available).

18.

See the background check grid on page 4

Updating Adoption Home Studies and Renewing Foster Licenses

The workgroup recommended the following for updates for adoptions and renewals for foster care licenses:

1. Adoption Updates only: Update the Adoption Home Study Form (for the purpose of adoption it needs to be child specific).
2. Background check requirements (see above)
3. Two Social Worker References (current DLR practice)
4. Facilities Checklist (current practice)
5. Training Requirements up to date (current practice)
6. Review compliance agreements/intakes (Current practice)
7. Policy Agreements (Form 10-290) (current practice)
8. History of Waivers/Administrative Approvals (current practice)

Relative placements who choose not to become licensed

1. Integrate the relative home study policy into the Family Home Study policy, so it is all in one place in Policy.
2. Once the home study is completed, the relative provider is assigned to the CFWS social worker
3. Home study updates are not required unless the relative becomes an adoptive placement or chooses to become licensed.

Emergency and Relative Placements

DCFS and DLR must be in close communication when there are emergency placements made with relatives, to make sure that we are getting those home studies started in a timely manner. The workgroup recommends:

1. It will be the placing social worker's responsibility to request the NCIC purpose code x check.
2. If there is a hit on the NCIC purpose code X check, a placement should not be made until a home study has been completed and appropriate Administrative Approvals or waivers have been obtained.
3. Once an emergency placement has been made, a request for a relative home study must be sent to DLR within 5 days.
4. Develop a standard form to request relative home studies
5. Include information about whether a home study has been requested in case transfer check lists

Background Check Grid

Source	Initial	Licensing Renewal	Adoption Update
Fingerprint Based Criminal History	X		
BCCU Check	X	x	X
FamLink History Check	X	x	X
CA/N History for other states	X		
Accurint	X	x	X
Internet Search	When indicated	when indicated	when indicated
Barcode	X	x	X
Vital Statistics	X	x	X
SCOMIS	X	x	X
Interview Adult Children	X		
Reference letters	X		X
Reference letters from 2 sws		x	X
ICPC sending social worker	X	x	X
financial statement	X	x	X
Medical statement	X	x	X
Marital statement	x	when indicated	when indicated

**All Supervisors Meeting
Kent
December 16, 2011**

<u>TOPIC</u>	<u>LEAD</u>	<u>APPROX. TIME</u>
Unified Home Study	Jeanne McShane	9:30-11:00

Summary of Discussion

We discussed:

- The training content.
- Training as an opportunity for home study staff from DCFS and DLR to share their expertise and build their new team. Staff thought it would be helpful to identify “home study buddies,” who will work together to share their expertise as they work to implement the new process.
- Workload flow and how home study cases and case assignment.
- Transition issues for staff.
- Changes in medical, financial, and marital history forms that reflect improvements recommended by the home study staff in Region 2 North.
- How to prepare other regions for the transition.

**All Supervisors Meeting
Kent
December 16, 2011**

<u>TOPIC</u>	<u>LEAD</u>	<u>APPROX. TIME</u>
Unified Home Study	Jeanne McShane	9:30-11:00
Break	ALL	11:00-11:15
Immunizations	Robbie Downs Jeanne McShane	11:15-12:00
Lunch	ALL	12:00-1:00
Child Safety Framework	Melissa Sayer Colette McCully	1:00-2:15
Break	ALL	2:15-2:30
Washington Administrative Code	Randy Roberts	2:30-3:30

December 16, 2011

All Sups Meeting Attendance

Topics:

- Unified Home Study
- Immunizations
- Child Safety Framework
- WACs

Name	Title
Robbie Downs	DLR Program Manager
Tina Childers	Regional Licensing Supervisor (SW4)
Jeanne McShane	DLR Administrator
Myra Casey	DLR Deputy Administrator
Rich Taylor	Supervisor (SW4)
Randy Roberts	DLR Program Manager
Donna Brantner	Supervisor (SW4)
Terri Brown	Licensing Supervisor (SW4)
Melissa Sayer	DLR Program Manager
Jeff Kincaid	Regional Licensing Supervisor (SW4)
Ron Stewart	DLR/CPS Supervisor (SW4)
Eavanne O'Donoghue	DLR/CPS Supervisor (SW4)
Matt Cleary	Regional Licensing Supervisor (SW4)
Joe Rissone	Regional Licensing Supervisor (SW4)
Kristina Wright	Regional Licensing Supervisor (SW4)
Scott Minnick	Licensing Supervisor (SW4)
Judi Hardy	Licensing Supervisor (SW4)
Diana Chesterfield	DLR Area Administrator
Linda Kalinowski	DLR Area Administrator
Linda Tosti-Lane	DLR/CPS Supervisor (SW4)
Ruben Reeves	Licensing Supervisor (SW4)
Shannon Freeman	Licensing Supervisor (SW4)
Maria Tovar	Licensing Supervisor (SW4)

**Family Engagement Implementation Team
Issue Recommendations & Decision Document
March, 2011**

5.1.1

ACTION NEEDED: Combining Meetings

Shared Planning needs to be restructured from 14 meetings to 3. Family Team Decision Making meeting (FTDM) for placement decisions and Family Progress Meeting (referred to in the RFP as Family Group Meeting) for case planning needs, and LICWAC as needed for tribal cases will be the three shared planning meetings.

Proposed Meeting Structure:

- Facilitated using the Practice Model/Solution Based Casework format for consultation
- Initial meeting would set-up the case plan
- Review and discuss the child's safety, placement issues, and visitation
- Review progress and barriers to the case plan
- Discuss the child's health and well-being issues
- Review/discuss Safety Assessment Progress

ISSUE SUMMARY:

The Family Engagement Implementation Team is tasked with the review of the current meeting timelines and to recommend a process which would improve family engagement, social work practice, and outcomes for children.

During the review process it was noted that many of the meetings are not required by law, federal requirements, or Braam. See the attached chart.

The current Shared Planning meeting structure is confusing to families and social workers, duplicative, and inconsistent in practice throughout the state. Staff are not consistently engaging families in many of the required meetings nor meeting the timelines. Staff state that they have too many meetings and do not understand the structure or requirements of all the meetings.

RECOMMENDATION:

Continue with the use of Family Team Decision Making meetings for placement decisions. All other shared planning meetings would be incorporated/consolidated into one Family Progress Meetings which would occur monthly with the parents and a team supporting the family. The team includes providers, extended family, natural supports (community, cultural groups, tribal members, and friends), foster parents/placement provider, social worker, CASA/GAL, AAG, family attorneys, and the youth (if age appropriate). The Family Progress Meetings would have one structure which is consistent with the principles of the Practice Model. Each meeting would cover **safety, permanency, well-being, placement, progress review, and next steps.**

Advantages	Disadvantages
Monthly meeting would meet requirement to see family.	Might be seen as labor intensive or feel time constraints to meet monthly
Focus will be on quality of case work/practice and family engagement vs. meeting compliance.	Resource barrier as to who will facilitate and how they will be trained
Shift the focus to case timelines instead of timelines for meetings.	Potential pushback from the field during implementation
Family involved in all decisions/case planning.	Scheduling, travel
Consistent review and engagement will move a family faster towards achieving the permanent plan and reduce delays; which in turn will keep motivation high.	
Less confusion for social workers/staff, families, and providers.	
Monthly case plan reviews with the family will catch problems sooner and allow the team to support the family in overcoming barriers.	
Reduce placement moves by involving the foster parent as	

a regular part of the team.	
Creates consistent statewide meeting structure.	
All parties to the case would be involved and informed.	
Drug Court Units and some Native American Units currently meet with the Family and their team at least monthly and have seen greater success	
Allows the Team to frequently review progress towards FLO/ILO	
This structure allows for timely changes to the plan (specific tasks) to ensure that family members are able to work towards objectives within timeframes of reaching permanency	
Holds everyone responsible. Social Worker timeliness in making a referral, providers service delivery, and the family's demonstration of behavioral change	
Providers would know if their services are correctly matching the family's needs in regards to the safety concerns of the department	

Current CA Meeting Requirements

Meeting Type	Mandated	Internal Policy	Notes
Case Conference	Yes		RCW 13.34.067 (Requirements can be met in the Family Progress Meeting)
CHET	Yes		RCW 74.14A.050 (Requirements can be met in the Family Progress Meeting)
EPSDT		X	Reporting needed (Requirements can be met in the Family Progress Meeting)
FCAP		X	(Requirements can be met in the Family Progress Meeting)
LICWAC	Yes		RCW 74.13.080 RCW 74.15.190 RCW 13.34.250 WAC 388-70-610
Mental Health/Substance Abuse	Yes		RCW 13.34.145 (Requirements can be met in the Family Progress Meeting)
Multi-Disciplinary Staffings for Youth Exiting	Yes		RCW 74.13.031(14) RCW 74.13.540 WAC 388-147-0190 PL 106-169 (Requirements can be met in the Family Progress Meeting)
Permanency Planning Staffing	Yes		RCW 13.34.145 (Requirements can be met in the Family Progress Meeting)
Tribal Staffing Case planning	Yes		WAC 388-70-630 ICW Manual 10.01 (Requirements can be met in the Family Progress Meeting)
CPT	Yes		Executive Order 95-04 EO RCW 74.14B.030 WAC 388-15-033 (Requirements can be met in the Family Progress Meeting or Family Team Decision Making meeting)
Adoption		X	(Requirements can be met in the Family Progress Meeting)
BRS Staffing		X	Contract Requirement (Requirements can be met in the Family Progress Meeting)
FTDM		X	Placement Decisions
Multiple Placement Staffing		X	Reporting needed (Requirements can be met in the Family Progress Meeting or Family Team Decision Making meeting)
Notice of meeting		X	Reporting is needed regarding the invitation and notice of meetings to caregivers

Proposed CA Meeting Timelines

Meeting Type	Meeting Timeline	Purpose
Family Team Decision Making Meeting (FTDM)	Prior to Placement/moves and reunification or within 72 hours of placement change	Make placement decision
Family Progress Meeting (FPM) Reference to the RFP as Family Group Meeting	Monthly	Case Planning around safety, permanency, well-being, placement maintenance issues, progress review, and planning next steps needed.
Local Indian Child Welfare Advisory Committee (LICWAC)	Prior to permanency planning and at least every 6 months or as requested	To include Tribal Partners to discuss case planning when the child's tribe(s) is not available.

**Plan to contact LICWAC Teams and begin discussions around meeting format to build consistency statewide. LICWAC and all tribal representatives are welcome and encouraged to participate in Family Team Decision Making Meetings and Family Progress Meetings as they a vital member of the family's support team. There is a possibility to incorporate LICWAC into the FPM if agreed upon by the Tribal teams.

Family Progress Meeting Guideline

(referred to in the RFP as Family Group Meeting)

Timeframe	Facilitated by	Specific Topics to Cover
1 st Month (30)	Trained Facilitator	Initial Case Plan
2 nd Month (60)	Social Worker	CHET/EPST, Progress Review/Next Steps
3 rd Month (90)	Social Worker	Progress Review/Next Steps
4 th Month (120)	Social Worker	Progress Review/Next Steps
5 th Month (150)	Social Worker	Progress Review/Next Steps
6 th Month (180)	Trained Facilitator	Permanency Planning, Progress Review/Next Steps
7 th Month (210)	Social Worker	Progress Review/Next Steps
8 th Month (240)	Social Worker	Progress Review/Next Steps
9 th Month (270)	Trained Facilitator (Prior to PP Court Hearing)	Permanency Planning, Progress Review/Next Steps
10 th Month (300)	Social Worker	Progress Review/Next Steps
11 th Month (330)	Social Worker	Progress Review/Next Steps
12 th Month (360)	Trained Facilitator	Permanency Planning, Progress Review/Next Steps
Every 6 th Month thereafter	Trained Facilitator	Permanency Planning, Progress Review/Next Steps
Other Monthly Meetings	Social Worker	Progress Review/Next Steps

Topics to Cover in every meeting:

- Facilitated using the Practice Model/Solution Based Casework format for consultation
- Initial meeting would set-up the case plan
- Review and discuss the child's safety, placement issues, and visitation
- Review progress and barriers to the case plan and FLO/ILO
- Discuss the child's health and well-being issues
- Review/discuss Safety Assessment Progress

Family Progress Meeting Guideline

(referred to in the RFP as Family Group Meeting)

Other Specific Areas to Cover	How they will be covered in Family Progress Meetings
FCAP (Foster Care Assessment Program key Person)	After the final report (SPAR-Services and Permanency Assessment Report) is received by the Social Worker the monthly meeting will organize and mobilize Key Person(s) to plan around permanency, mental health, and physical health.
Mental Health/Substance Abuse Case Planning	Once the RSN gives Notice of Action or Notice of Determination the monthly meeting will help develop a treatment and assessment plan for children unable to receive services from the RSN.
Youth 17.5 Exiting Care Staffing	Six months and 90 days prior to the youth turning 18 the monthly meeting will cover transition and service planning to aid in a smooth transition into adulthood.
Adoption Staffing	Within 30 days of the referral to the AAG for TPR and no less than 30 days from the court ordering TPR the monthly meeting will explore all possible permanency resources, to determine whether adoption or another permanent plan is in the child's best interest and to expedite the child's permanent plan.
BRS Staffing	Prior to making a referral, 30 days after youth's entry into BRS program, and 30 days prior to youth's planned discharge from BRS program the monthly meeting will discuss needs to stabilize youth in achieving their permanent plan.
Multiple Placement Staffing	Any time a child has three or more placements the monthly meeting will develop a plan to improve placement stability.
Tribal Staffing Case Planning	As requested by the child, parent(s), or Tribe per ICW manual monthly meeting will discuss case planning in accordance with ICWA. (Note case planning will now occur monthly and in Tribal cases they would always be a member of the team.)
LICWAC (Local Indian Child Welfare Advisory Committee)	Should a LICWAC team agree/choose to incorporate their staffing into the monthly meeting; prior to permanency planning reviews and at least every 6 months, it would discuss case planning when the child's tribe(s) is not available.

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

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 Home Training Parenting Resources Working with Laws & Rules Relatives Caring for Kids **Become a: Foster Parent**

News
 News Archives
 Foster Parent 1624 Consultation Team Minutes

December 19, 2011
 Caregivers are an important voice on in the court process for the children placed in their care. CA wants to make sure all caregivers have easy access to the [Caregiver Report to the Court form](#). You can download the document at any time. Use the form to share your information about the child placed in your home and give it to the social worker about 10 days before the court hearing is scheduled. They will make copies and ensure all parties at the hearing receive one. This article provides helpful information for caregivers on completing the report and attending the hearing. [Read more...](#)

November 15, 2011
Medicaid supplies for foster parents
 Does your foster child over age 3 still need diapers? Do you need a wheelchair or other medical supplies for your foster child? Caregivers can discuss any needs for periodic or on-going supplies, services, or equipment to meet the child's health conditions with the child's medical provider. [Learn more...](#)

October 27, 2011

Caregiver Connection Monthly Newsletter
 December 2011 Archives

Foster Parenting
 You can too.

Children's Administration Staff Directories
[Get contact information for Children's Administration staff](#)

Foster Parent Support Groups and Liaisons
[Connect with foster parent liaisons and support groups](#)

Statewide Foster Parent Recruitment Information Center
 For information about becoming a foster parent
 Call 1-888-KIDS-414 (1-888-543-7414)
 Operated by Northwest Resource Associates

Crisis Support Lines
 for Foster Parents & Relative

Done Local intranet 100%

Updated News story reminding Caregivers about Caregiver Report to the Court. This article shares links to the Report again as well as earlier material shared with caregivers in July in this Foster Parent "News" section. (see the continuing pages for the screen shots).

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Washington State Department of Social & Health Services
CA Children's Administration

Caregiver's Report to the Court

Child's Name: Legal Case Number:

Hearing Date: County with Legal Jurisdiction:

Caregiver Name/Person providing information: Child's Assigned Social Worker:

Please return Caregiver Report Form (via email, US Postal Service or in person) to the child's assigned social worker and/or guardian ad litem.

TOPICS:

1. Child's strengths, hobbies, gifts, talents, participation in extra-curricular activities/events:
2. Child's social interaction with caregiver family, peers and siblings:
3. Child's school progress and adjustment:

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4. Child's physical health (state results of medical and dental appointments):

5. Child's emotional health and well-being (counselor or therapist appointment schedule):

CAREGIVER REPORT TO THE COURT
DSHS 15-313 (REV. 10/2011)

6. Child's adjustment to caregiver family and caregiver family expectations:

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9. Your thoughts on how these needs can be addressed:

10. Your thoughts on Department's case plan:

11. Other child/case specific information you wish the court to consider:

Caregiver's Signature: Signature Date:

Caregiver's Printed Name:

CAREGIVER REPORT TO THE COURT
DHS 15-313 (REV. 10/2011)

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Caregiver Connection

July 2011

A monthly publication for Washington state foster and adoptive families and relative caregivers.
WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES, CHILDREN'S ADMINISTRATION



1624 Statewide Regional Foster Parent Representatives

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home 509-928-2040
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http://www.dshs.wa.gov/pdf/ca/CaregiverConnectionJULY2011.pdf - Windows Internet Explorer

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COURT HEARINGS

An important time for your voice to be heard

Children's Administration values the knowledge caregivers have about children placed in their home. We encourage you to share this information, especially at scheduled court hearings, so the judge and others involved in the case can hear information about the child from your perspective. Caregivers have a right to be heard in court about children in their care and no one knows better what is going on with the child in your home than you do!

The child's social worker will let you know the date of the next court hearing. A good time to talk about this is during the monthly visit with the social worker. Also, don't hesitate to ask the social worker if you need to find out when a hearing is scheduled. We want to make sure you have time to plan if you want to attend the hearing. If you have recently received an updated Individual Service & Safety Plan (ISSP), it will state the date/time of the next hearing.

Hearings are scheduled during the work day, and it may not always be possible for you to attend. If you are unable to be present at the hearing, you can still share your information about the child with the court. The Caregiver's Report to the Court <http://asd.dshs.wa.gov/FormsMan/formDetails.aspx?ID=7188> is the document each caregiver can use to record information about the child. Keep your report concise; judges don't have a great deal of time for each case. This report should be given to your social worker to file with the court, or you can bring it with you when you come to court. If you bring the report with you to the court hearing, come early so copies can be made of the document.

Here are some helpful hints on how to make sure your voice is heard:

1. Be aware of court dates and locations - ask for this information at the child's monthly Health & Safety visit; check the date on the current ISSP. Don't hesitate to contact the worker to obtain this information.

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2. Make sure you know the court's Legal Number for the child's case; you can ask the social worker for this information. It is contained on the ISSP just after the child's name.

3. Provide accurate and factual information about the child. Describe what you have observed and discuss the child's needs.

Continued on page 2

Marci Miess
marcimiess@hotmail.com
360-880-5330

Continued from front cover

4. Be organized, prepared and concise; make your most important points first.
5. Be respectful, sincere and polite; avoid being judgmental - especially about other people involved in the case.
6. Send a copy to the social worker, so they can make copies to bring to the court hearing
7. Bring your report with you when you come to the hearing.
8. Let the social worker know you are there, and let him/her know if you wish to be introduced to the court.
9. Courts may schedule many hearings at the same time; the judge will decide which cases to hear first, so be prepared you may have to wait.
10. Most judges like to hear directly from caregivers; however, it is your decision on how you would like to be heard - you do not have to speak, it is fine to simply submit your report.

Helping you find resources WIN 2-1-1

WIN 2-1-1 is an easy-to-remember phone number you can call for assistance in locating health and human service information to help meet a need. Information about these services is also available through a searchable online database at: <http://www.resourcehouse.com/win211>. Once you reach the website, click on "Start a Search" to find the online directory of health and human service programs and resources like food banks (food pantries), emergency shelters, transportation, health clinics, rent or utilities assistance, legal help, etc. You can even save the searches you've completed! If you need additional assistance, you can also call 2-1-1 to speak directly with an Information & Referral Specialist. Knowledge about this exceptional data base can be particularly helpful for youth who are about to leave care, or whose guardianships may be coming to an end.

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Washington State Department of Social & Health Services
CA Children's Administration

Caregiver's Report to the Court

Child's Name: Legal Case Number:

Hearing Date: County with Legal Jurisdiction:

Caregiver Name/Person providing information: Child's Assigned Social Worker:

Please return Caregiver Report Form (via email, US Postal Service or in person) to the child's assigned social worker and/or guardian ad litem.

TOPICS:

1. Child's strengths, hobbies, gifts, talents, participation in extra-curricular activities/events:
2. Child's social interaction with caregiver family, peers and siblings:
3. Child's school progress and adjustment:

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4. Child's physical health (state results of medical and dental appointments):

5. Child's emotional health and well-being (counselor or therapist appointment schedule):

CAREGIVER REPORT TO THE COURT
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9. Your thoughts on how these needs can be addressed:

10. Your thoughts on Department's case plan:

11. Other child/case specific information you wish the court to consider:

Caregiver's Signature: Signature Date:

Caregiver's Printed Name:

CAREGIVER REPORT TO THE COURT
DHS 15-313 (REV. 10/2011)

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From: Hay, Tammy A. (DSHS/CA)
Sent: Tuesday, September 27, 2011 12:44 PM
To: Allison, Doug (DSHS/CA); Waller, Melanie (DSHS/CA); Rust, Monica (DSHS/CA); Hamasaki, Heather (DSHS/CA); Campbell, Michael (DSHS/CA); McConnell, Jonna (DSHS/CA); Daniels, Sandee (DSHS/CA); Tyers, Michael (DSHS/CA); Norman, Jeff (DSHS/CA); Thompson, Dianne (Reg5) (DSHS/CA); Polanco, Ann (DSHS/CA); Lewis, Peggy J. (DSHS/CA); Ainslie, Kevin (DSHS/CA); Kelly, Tim (DSHS/CA)
Cc: Hay, Tammy A. (DSHS/CA); Odimba, Joel (DSHS/CA); Butkovich, Martin J. (DSHS/CA); Sufton, Nancy (DSHS/CA)
Subject: Contract PIP Instructions
Attachments: Region 2 Service Inventory.xlsx; Region 1 Service Inventory.xlsx; Region 3 Service Inventory.xlsx

Good afternoon,

Thank you for your participation in the Performance Improvement Plan (PIP) workgroup regarding CA's contracted services. As we have discussed, our task is to assess CA's service array and indicate availability statewide.

Our efforts will be focused on conducting an inventory of services that support children to remain safely in their own home. Based on the information from our meetings and direction from leadership, here are the protocols for assessing CA's contracted service.

1. Each office will be individually assessed using the Services Inventory tool (attached).
 - a. There is an Excel file for each region and tabs for each office for that region. Use only this document to record results.
 - b. The instruction and definitions for the inventory are on a tab at the beginning of each Excel file.
2. Workgroup members will support each office's Area Administrator and relevant supervisors to complete the inventory.
 - a. Please work with each office to assist them in completing the inventory. As discussed, your direct work with each office is necessary for technical support and quality of information.
3. The inventory is due **November 21**

If you have any questions please contact Tim Kelly or Doug Alison.

Thank you,

Tammy Hay
Chief - Office of Budget, Forecasts and Contracts
Children's Administration
360.902.7865

potential for wait lists if you referred everyone that was eligible and needed the service) , etc. that may indicate the quantity of the service available in the jurisdiction.

3. What is the QUALITY of this service in your office? Category will be rated utilizing the following scale:

0 = Poor. 1 = Occasionally Good. 2 = Sometimes Good. 3 = Promising Practice or Often Good. 4 = EBP or Always Good.

Important notes:

1. It is very important for the facilitator to ask if there have been formal evaluations of the quality of the service, such as consumer satisfaction surveys or other. The recorder should note this information in the space provided on the service sheet.
2. This is meant to reflect a services ability to support a child to safely remain in their own home. Features of a successful service include aspects such as: Family engagement throughout the case, effective therapeutic techniques, transition planning.
3. Only consider a service an EBP when they providing a service identified by CA as an EBP and are engaged and model compliant.

4. How CULTURALLY RESPONSIVE is the service?

Culturally Responsive Services: Services respect the rights, values, and cultures of families; services build on the strengths of the family's culture; services are accessible linguistically.

Rate the service utilizing the following scale:

0 = Poor. 1 = Occasionally Good. 2 = Sometimes Good. 3 = Often Good. 4 = Always Good.

Important note: It is very important for the facilitator to ask if there are cultural populations where barriers to engagement have been identified.

While conducting the assessment of the services (as discussed above) always work to make data-driven decisions in regards to your assessment of individual services.

Definition of Service Types

- 1= Intensive Family Preservation - These services address safety threats to children allowing them to safely remain in their home and are different from FPS as they are able to respond to CA referrals 24/7
- 2 = Family Preservation - Counseling and other in-home services that address safety threats to children supporting them to remain safely in their home
- 3 = Parent Education - Educational or Skills training services that address safety threats to children supporting them to remain safely in their home
- 4 = System Supports/Enhancements - Contracts that support or enhance the services families or children to receive, but do not directly address threats to child safety

Guidance/Definitions for Completing Assessment Tool

1. How ACCESSIBLE is the service to children and families in your jurisdiction?

0 = Extremely Poor Accessibility. 1 = Approximately 25% Accessibility. 2 = Approximately 50% Accessibility. 3 = Approximately 75% Accessibility. 4 = Universal Accessibility.

Important note: In regards to accessibility, the work group should consider such issues as location of providers and transportation issues, etc. This is different than the lack of services related to budget reductions.

2. What is the QUANTITY of the service in the jurisdiction? Is there enough of this service available to meet current needs in your office?

0 = Meets None of the Need. 1 = Meets Some of the Need. 2 = Meets Half of the Need. 3 = Meets Most of the Need. 4 = Meets All of the Need.

Important note: Please consider any relevant data available from service providers or public agencies in regards to wait lists (or

5. Minority and Women owned Business

A count of provider that are Minority and Women owned Business

Enter the number of providers of this services that are a minority or women owned business.
If none, leave blank.

In-Home Services Inventory - Services that address safety threats to a child on an open case

	<u>1. Accessibility.</u>	<u>2. Quantity.</u>	<u>3. Quality.</u>	<u>4. Cultural Responsiveness.</u>	<u>5. Minority & Women Owned Business.</u>
IFPS - HomeBuilders		1			
FPS		2			
CFI		2			
EIP		2			
Incredible Years		3			
PCIT		3			
FFT		2			
Project Safe Care		3			
Triple P		3			
Wraparound (A contract for a Wraparound process of supporting a family through services)		4			
Community Navigation		4			
Dependency 101		4			
CHAP		2			
FAST		1			
BRS In-Home		2			
EFSS		2			
<i>Add services as they meet the definition</i>					

Summary Report					
Training Attendance by CA Managers Gathering Information for Service Inventory					
COMPLETION STATUS		Region			Grand Total
		1	2	3	
Complete	Number of Staff	4	4	4	12
	% of Staff	100.00%	100.00%	100.00%	100.00%
Incomplete	Number of Staff	0	0	0	0
	% of Staff	0.00%	0.00%	0.00%	0.00%
Total Number of Staff		4	4	4	12
Total % of Staff		100.00%	100.00%	100.00%	100.00%

From: Hay, Tammy A. (DSHS/CA)
Sent: Tuesday, September 27, 2011 12:44 PM
To: Allison, Doug (DSHS/CA); Waller, Melanie (DSHS/CA); Rust, Monica (DSHS/CA); Hamasaki, Heather (DSHS/CA); Campbell, Michael (DSHS/CA); McConnell, Jonna (DSHS/CA); Daniels, Sandee (DSHS/CA); Tyers, Michael (DSHS/CA); Norman, Jeff (DSHS/CA); Thompson, Dianne (Reg5) (DSHS/CA); Polanco, Ann (DSHS/CA); Lewis, Peggy J. (DSHS/CA); Ainslie, Kevin (DSHS/CA); Kelly, Tim (DSHS/CA)
Cc: Hay, Tammy A. (DSHS/CA); Odimba, Joel (DSHS/CA); Butkovich, Martin J. (DSHS/CA); Sutton, Nancy (DSHS/CA)
Subject: Contract PIP Instructions
Attachments: Region 2 Service Inventory.xlsx; Region 1 Service Inventory.xlsx; Region 3 Service Inventory.xlsx

Good afternoon,

Thank you for your participation in the Performance Improvement Plan (PIP) workgroup regarding CA's contracted services. As we have discussed, our task is to assess CA's service array and indicate availability statewide.

Our efforts will be focused on conducting an inventory of services that support children to remain safely in their own home. Based on the information from our meetings and direction from leadership, here are the protocols for assessing CA's contracted service.

1. Each office will be individually assessed using the Services Inventory tool (attached).
 - a. There is an Excel file for each region and tabs for each office for that region. Use only this document to record results.
 - b. The instruction and definitions for the inventory are on a tab at the beginning of each Excel file.
2. Workgroup members will support each office's Area Administrator and relevant supervisors to complete the inventory.
 - a. Please work with each office to assist them in completing the inventory. As discussed, your direct work with each office is necessary for technical support and quality of information.
3. The inventory is due **November 21**

If you have any questions please contact Tim Kelly or Doug Alison.

Thank you,

Tammy Hay
Chief - Office of Budget, Forecasts and Contracts
Children's Administration
360.902.7865

While conducting the assessment of the services (as discussed above) always work to make data-driven decisions in regards to your assessment of individual services.

Definition of Service Types

- 1= Intensive Family Preservation - These services address safety threats to children allowing them to safely remain in their home and are different from FPS as they are able to respond to CA referrals 24/7
- 2 = Family Preservation - Counseling and other in-home services that address safety threats to children supporting them to remain safely in their home
- 3 = Parent Education - Educational or Skills training services that address safety threats to children supporting them to remain safely in their home
- 4 = System Supports/Enhancements - Contracts that support or enhance the services families or children to receive, but do not directly address threats to child safety

Guidance/Definitions for Completing Assessment Tool

1. How ACCESSIBLE is the service to children and families in your jurisdiction?

0 = Extremely Poor Accessibility. 1 = Approximately 25% Accessibility. 2 = Approximately 50% Accessibility. 3 = Approximately 75% Accessibility. 4 = Universal Accessibility.

Important note: In regards to accessibility, the work group should consider such issues as location of providers and transportation issues, etc. This is different than the lack of services related to budget reductions.

2. What is the QUANTITY of the service in the jurisdiction? Is there enough of this service available to meet current needs in your office?

0 = Meets None of the Need. 1 = Meets Some of the Need. 2 = Meets Half of the Need. 3 = Meets Most of the Need. 4 = Meets All of the Need.

Important note: Please consider any relevant data available from service providers or public agencies in regards to wait lists (or

potential for wait lists if you referred everyone that was eligible and needed the service), etc. that may indicate the quantity of the service available in the jurisdiction.

3. What is the QUALITY of this service in your office? Category will be rated utilizing the following scale:

0 = Poor. 1 = Occasionally Good. 2 = Sometimes Good. 3 = Promising Practice or Often Good. 4 = EBP or Always Good.

Important notes:

1. It is very important for the facilitator to ask if there have been formal evaluations of the quality of the service, such as consumer satisfaction surveys or other. The recorder should note this information in the space provided on the service sheet.
2. This is meant to reflect a services ability to support a child to safely remain in their own home. Features of a successful service include aspects such as: Family engagement throughout the case, effective therapeutic techniques, transition planning.
3. Only consider a service an EBP when they providing a service identified by CA as an EBP and are engaged and model compliant.

4. How CULTURALLY RESPONSIVE is the service?

Culturally Responsive Services: Services respect the rights, values, and cultures of families; services build on the strengths of the family's culture; services are accessible linguistically.

Rate the service utilizing the following scale:

0 = Poor. 1 = Occasionally Good. 2 = Sometimes Good. 3 = Often Good. 4 = Always Good.

Important note: It is very important for the facilitator to ask if there are cultural populations where barriers to engagement have been identified.

5. Minority and Women owned Business

A count of provider that are Minority and Women owned Business

Enter the number of providers of this services that are a minority or women owned business.
If none, leave blank.

In-Home Services Inventory - Services that address safety threats to a child on an open case

	<u>1. Accessibility.</u>	<u>2. Quantity.</u>	<u>3. Quality.</u>	<u>4. Cultural Responsiveness.</u>	<u>5. Minority & Women Owned Business.</u>
IFPS - HomeBuilders					
	Service Type				
		1			
FPS		2			
CFI		2			
EIP		2			
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