



Washington State

**Child and Family
Services Review**

**Program
Improvement Plan**

***Fourth Quarterly Report
July - September 2012***

Submitted October 31, 2012

**Quality Assurance Report
Child Safety Framework**

At the August meeting of the Children's Administration Continuous Quality Improvement Board, Keli Drake and Leah Stajduhar presented a report on the status of the Child Safety Framework. The agenda of the meeting and the report are attached.

A detailed plan for continuing to support implementation and improvement of our Child Safety Framework practice, based on the information in the report, is being developed.



Children's
Administration

**Quality Begins
with Each of Us!**

Continuous Quality Improvement (CQI) Board

Agenda

August 15, 2012

9:00 – 3:00

Kent CSO Office

1313 West Meeker Street Suite 100
Kent, WA 98032-4623
Phone: (206) 341-7428

Attendees:

Facilitator: April Potts

Time	Topic / Presenter	Discussion	Action Items
9:00	April Potts All	Welcome Good News Stories Charter Question (Will not review in detail at meeting) Agenda Review	
9:30	All	Development of Ground Rules for Meetings	
9:45	Cheryl Rich	FTDM - What 's working well - Data and reporting - Discussion, Feedback, and Recommendations	
10:45	All	Break	
11:00	Keli Drake	Safety Framework - What's working well - Data and Reporting - Discussion, Feedback, and Recommendations	
12:00	All	Lunch - on your own. Thai Chili: 5.5 Stars 120 Washington Ave N, Kent (253) 850-5887	May break and eat while we work - depending on time

		Jimmy John’s Gourmet Sandwiches: 5.5 Stars 229 Washington Ave N, Kent (253) 852-8000 Teriyaki	
1:00	Brenda Villarreal Diane Inman	Sibling Contacts - What’s working well - Data and Reporting - Discussion, Feedback, and Recommendations	
2:45	All	Closing - Feedback for the day - Next Meeting	

Goals for Meeting:

- Establish Ground Rules
- Review and discuss reports on the following:
 - Safety Framework
 - FTDM
 - Sibling Contacts
- Make necessary recommendations - **Avoid recommendations just for the sake of recommendations.**

Never Confuse Motion with Action - Ernest Hemingway

Quality Assurance Report Child Safety Framework

**Presented to the Children's Administration
Continuous Quality Improvement Board
August 16, 2012**

OVERVIEW

This report is a combination of data collection, analysis, and recommendations to address how Children's Administration can improve the implementation of the Child Safety Framework and thereby increase the likelihood of child safety at all levels. Much of the information in this report reflects early implementation of the Child Safety Framework and thus provides a baseline for later measurement periods. We have a foundation from which to critically observe the data, link it to other pieces of information and see what patterns and trends emerge to develop strategies for improvement.

The data elements used during this quarter to gauge Child Safety Framework implementation include:

- **Recurrence of Abuse**—The percentage of children with a founded Child Protective Services intake within a 6-month period, who have another founded Child Protective Services intake within 6 months of the initial referral; excludes referrals concerning children in placement.
- [Children's Administration Central Case Review Tool](#) —Nine of the 76 questions in Children's Administration Central Case Review process focus on safety across all programs.
- **Data on the Frequency of Case Consultations** —The frequency of case consultations in relation to good information gathering, safety assessments and safety/case planning.
- **Monthly Report of Dependency Filings.** The Administrative Office of the Courts data on number of dependency filings.
- **Length of Stay for Children Reunified.** Length of stay for children in out-of home care that are reunified with parents.

The data elements, sources, reporting frequency and availability used to evaluate implementation of the Child Safety Framework include:

Data Currently Used in the Child Safety Framework Quality Assurance Plan				
Data Element	Source of Data	Frequency of Reporting	Person Responsible for Providing	When Available
1. Direct Measure of Safety				
Recurrence of Abuse	FamLink	Semi-annual	David Marshall	In report
2. Measures of Consistent Implementation of the Safety Framework and Child Safety				
Safety Measures from Central Case Review	Central Case Review Team	Quarterly for the offices reviewed	Lyn Craik	In report
Frequency of Case Consultations using Integrated Practice Model / Child Safety Framework Tools	Regional Reports of Case Consultations	Quarterly	Carlos Carrillo	In report

Consistent Application of the Child Safety Framework	Targeted Case Review by HQ and Field Implementation Leaders	Semi-Annual	Targeted Case Review Team Lead	October 2012
3. Related Measures				
Monthly Visits with Parents	FamLink	Monthly	InfoFamLink Report	December 2012
Dependency Filings	Office of Administrator of the Courts	Monthly	Matt Orme	In report
Length of Stay for Children who are Reunified	FamLink	Semi-Annual (every six months)	Casey Family Programs	In report

MEASURES

The three types of measures used to monitor the Child Safety Framework:

1. Direct Measure of Safety:
 - a. Recurrence of Abuse
2. Measures of Consistent Implementation of the Child Safety Framework:
 - a. Safety Measures from Central Case Review
 - b. Frequency of Case Consultations using Integrated Practice Model / Child Safety Framework tools
 - c. Consistent Application of the Child Safety Framework
3. Related Measures reviewed to understand the impact of the Child Safety Framework:
 - a. Monthly Visits with Parents
 - b. Dependency Filings
 - c. Length of Stay for Children who are Reunified

1. Direct Measure of Safety

A. Recurrence of Abuse

The definition of the measure is:

The percentage of children with a founded Child Protective Services intake within a 6-month period, who have another founded Child Protective Services intake within 6 months of the initial referral; excludes Division of Licensed Resources/licensing intakes.

The data shows the rate of re-victimization within 6 months of initial referral in 6 month increments beginning with the July-December 2002 timeframe through the July – December 2011 timeframe.

Expected Outcome: *The recurrence of abuse is anticipated to drop as the Child Safety Framework is consistently applied across the State.*

Findings:

Table 1
Statewide Rates of Re-Victimization within 6 Months of Initial Referral

DATE	Initial referral received	Target	Rate	Number Re-Abused	Total Number
2002	Jul-Dec		13.1%	360	2,749
2003	Jan-Jun	12.9%	12.8%	406	3,171
	Jul-Dec	12.9%	11.9%	375	3,155
2004	Jan-Jun	12.9%	11.5%	401	3,483
	Jul-Dec	12.9%	12.2%	407	3,335
2005	Jan-Jun 2005	12.9%	12.3%	435	3,537
	Jul-Dec 2005	12.9%	9.9%	349	3,540
2006	Jan-Jun 2006	12.9%	9.2%	321	3,493
	Jul-Dec 2006	12.9%	7.7%	251	3,264
2007	Jan-Jun 2007	12.9%	8.4%	295	3,509
	Jul-Dec 2007	12.9%	7.1%	226	3,166
2008	Jan-Jun 2008	12.9%	6.6%	228	3,449
	Jul-Dec 2008	12.9%	6.3%	214	3,394
2009	Jan-Jun 2009	12.9%	8.1%	274	3,401
	Jul-Dec 2009	12.9%	7.9%	241	3,035
2010	Jan-Jun 2010	12.9%	7.1%	245	3,466
	Jul-Dec 2010	12.9%	6.3%	206	3,275
2011	Jan-Jun 2011	7.8%	8.2%	278	3,386
	Jul-Dec 2011	7.8%	6.3%		3,000

Data Source: David Marshall, An Research and Data Analysis Senior Research Manager, compiled a report entitled, "**Are we keeping children safe from repeated maltreatment?**" The report extracted data from FamLink on 04-02-2012. See May 2012 Government Accountability and Performance report for further data notes.

This measure is a key indicator of the success of the child protection system. A decline in re-victimization shows success in keeping children safe.

Strengths: In 2005, Children's Administration implemented quicker response times to accepted Child Protective Services intakes which are shown on the chart to have dramatically affected the re-victimization rate from over 12% to under 10%.

Re-victimization was at 13.1% in the latter half of 2002. Since that time, it has declined to fewer than 10%. Children's Administration recorded its lowest rates of recurrence in July – December 2010 and July – December 2011. The Child Safety Framework began in November of 2011.

The national median of re-victimization is 6.7%. The federal standard is 5.4%. In April 2012, Children's Administration reduced its target for repeat maltreatment to 7.8%.

Challenges: During the January – June 2011 cohort, there was a considerable increase in initial referrals of physical abuse for the children who experienced re-abuse which up until this time, often focuses the investigation on the incident rather than assessing all the safety issues. The Child Safety Framework was designed and implemented, in part, to address this by providing tools for family assessment and planning.

There is a periodic increase in repeat maltreatment (See Jan – Jun 2007, Jan-Jun 2009, and Jan-Jun 2011) which we have not been able to explain. The Department’s Research and Data Analysis section is conducting further analysis of this pattern.

The Child Safety Framework provides the tools for safety assessment and planning that will help social workers better identify and manage threats to child safety. For this reporting period, the Child Safety Framework was implemented statewide in November 2011. Therefore, July – December 2011 does not reflect performance of the implementation of the Framework. Information that is relevant to implementation of Child Safety Framework will not be available until at least spring 2013.

2. Measures of Consistent Implementation of the Child Safety Framework

A. Safety Measures from Central Case Review

The Central Case Review Tool changed with the implementation of the Child Safety Framework. The Central Case Review results provide a rich source of data that is easily accessible, has a clear definition of compliance and is readily available from the Children’s Administration intranet site and Central and Peer Review System. Central Case Review Team posts each office’s Central Case Review reports including strengths, areas of concern and recommendations. The Central Case Review is a consistent tool utilized by the same team statewide. Possible reviewer bias has been minimized through on-going training, communication and feedback. The team becomes familiar with office practice, regional and statewide trends and has a wealth of data regarding practice and implementation of the Child Safety Framework.

Data Source: The Children’s Administration Central Case Review Team compiles a quarterly report for offices reviewed which include safety measures. The [Central Case Review Tool](#) has 76 questions. This report contains 1st and 2nd quarter information from calendar year 2012. The Safety Items from the Central Case Review for all programs include:

Question 5. *Were actions taken to offer or provide appropriate services for the family targeted at the safety threats to protect the child(ren) and safely prevent removal?*

Question 6. *Were actions taken to offer or provide services to safely prevent entry or re-entry into foster care prior to removal, when child(ren) returned home, or when other children remained in the home?*

Question 7. *If the child was removed from the home without offering or providing services, was removal necessary to ensure the child’s safety?*

Question 8. *When all children remained in the home, were safety threats adequately identified, assessed and controlled?*

Question 9. *Were safety threats adequately identified, assessed and controlled during the time the child was in out-of-home care, returned home and for the child’s siblings who remained in the home?*

Question 10. *Were safety threats regarding the child’s foster home or home of an unlicensed caregiver adequately identified, assessed and controlled?*

Question 11. *Was there adequate safety assessment and planning regarding other adults who resided in parent/guardian’s home in a caregiver capacity to the child or with frequent unsupervised access to the child?*

Expected Outcome: **Safety Measure compliance will increase as the Child Safety Framework is consistently applied across the State.**

Findings:

As of July 30, 2012, 10 offices have been reviewed in 2012. These offices are:

First Quarter

- Colville
- Ellensburg
- Martin Luther King
- Mount Vernon
- Pierce East

Second Quarter

- Bellingham
- Lynnwood
- South King County
- Richland
- Vancouver

Summary reports, with narrative findings and recommendations are available for [7 CA Offices](#). The **Quality of Child Protective Services Practices** is consistently seen as an area needing improvement. Safety Framework recommendations are evident in the case reviews of all 7 offices.

Table 2 – Federal Children and Family Services Review Item 3

Services to Protect Child and Prevent Placement

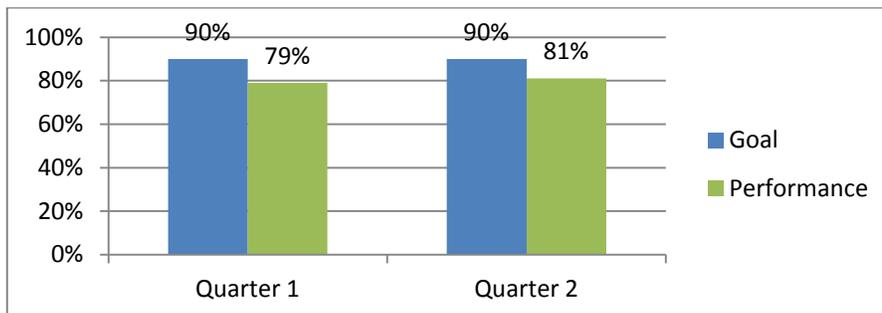
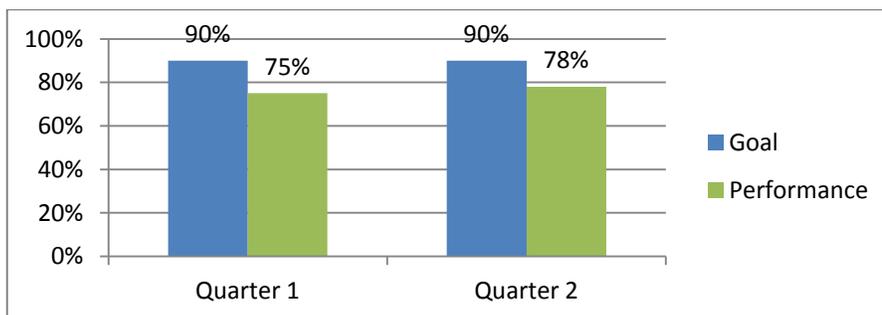


Table 3 – Federal Child and Family Services Review Item 4

Assessing and Addressing Safety Threats

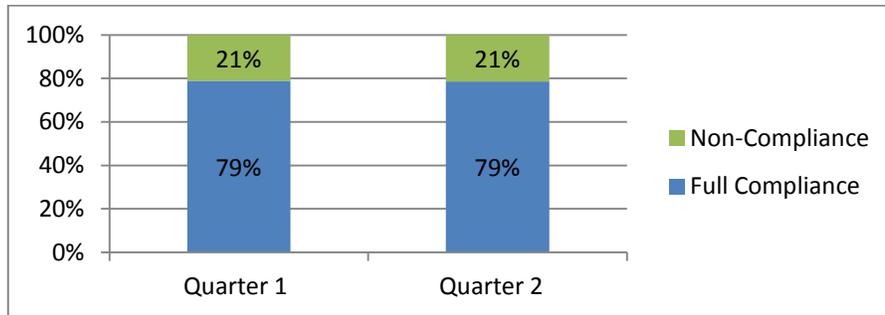


Although, performance on the two federal measures of safety in the Central Case Review improved slightly from the first to the second quarter, continuing improvement is needed to reach to the federal goal of 90% compliance.

The following practice areas are also measured by the Central Case Review process:

Table 4 – Central Case Review Question 5

Were actions taken to offer or provide appropriate services for the family targeted at the safety threats to protect the child(ren) and safely prevent removal?



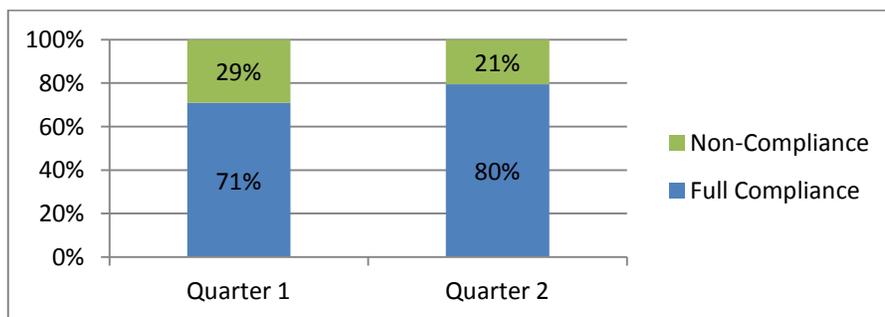
33 cases were reviewed in Quarter 1; 42 cases were reviewed in Quarter 2

Performance was consistent for the two quarters at 79% compliance. This practice area was:

- Identified as an area needing improvement in Family Voluntary Services and Child and Family Welfare Services Cases for the **MLK Jr., Mt. Vernon, Vancouver, and the Pierce East Offices**
- Identified as a strength in the **Colville, Lincoln and Ferry County Offices**
- Identified as an area needing improvement in all program areas for the **Ellensburg Office**

Table 5 – Central Case Review Question 6

Were actions taken to offer or provide services to safely prevent entry or re-entry into foster care prior to removal, when child(ren) returned home, or when other children remained in the home?



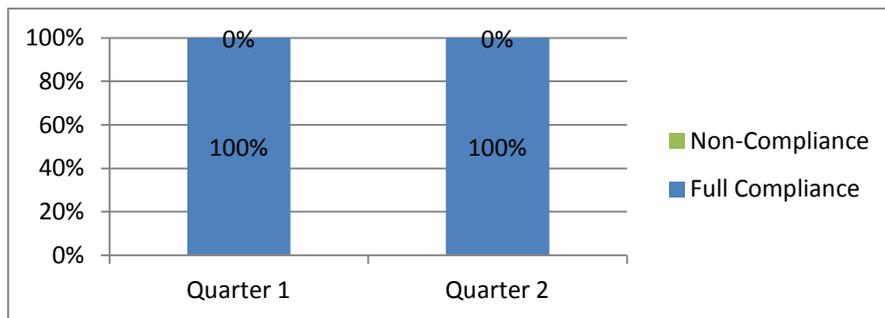
31 cases were reviewed in Quarter 1; 44 cases were reviewed in Quarter 2

Performance improved from 71% compliance in the first quarter to 80% in the second quarter. This practice area was:

- Identified as a strength for FVS in the **Richland Office**
- Identified as a strength for FVS and CFWS in the **Ellensburg Office**

Table 6– Central Case Review Question 7

If the child was removed from the home without offering or providing services, was removal necessary to ensure the child’s safety?



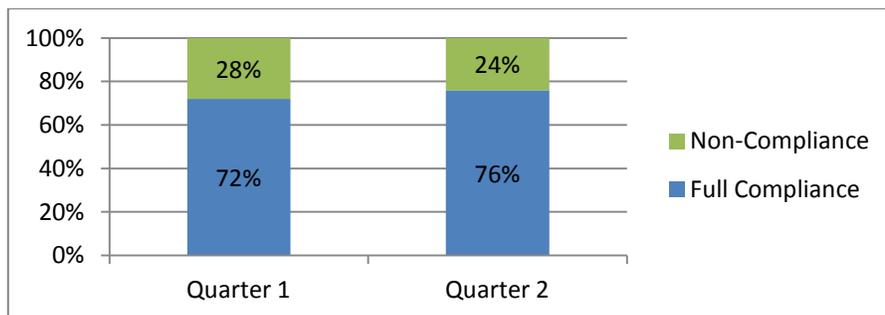
17 cases were reviewed in Quarter 1; 18 cases were reviewed in Quarter 2

Performance in both quarters was 100% compliance. This practice area was:

- Identified as a strength in the **Richland, Pierce East, and the Vancouver Offices**
- Identified as a strength in the **Colville, Lincoln and Ferry County Office**

Table 7 – Central Case Review Question 8

When all children remained in the home, were safety threats adequately identified, assessed and controlled?



36 cases were reviewed in Quarter 1; 45 cases were reviewed in Quarter 2

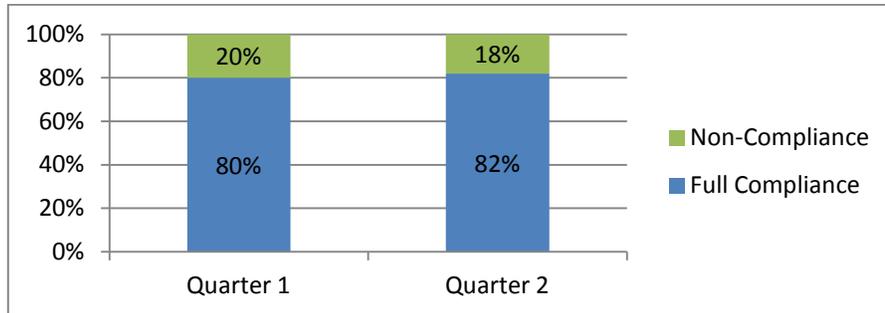
Performance improved from 72% compliance to 76% in the second quarter. This practice area was:

- Identified as a strength in Family Voluntary Services and Child and Family Welfare Services the **Richland Office**.

- Identified as an area needing improvement in Family Voluntary Services and Child and Family Welfare Services for the **MLK Jr., Vancouver, Mt. Vernon, and Pierce East Offices**
- Identified as an area needing improvement in all program areas for the **Ellensburg**

Table 8 – Central Case Review Question 9

When all children remained in the home, were safety threats adequately identified, assessed and controlled?



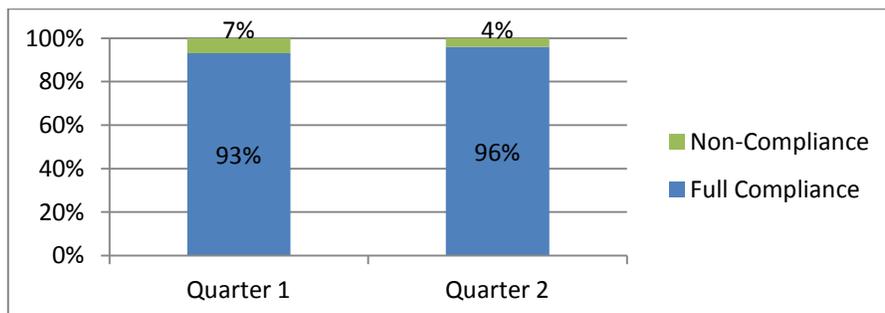
70 cases were reviewed in Quarter 1; 84 cases were reviewed in Quarter 2

Performance increased from 80% compliance in the first quarter to 82% in the second quarter. This practice area was:

- Identified as a strength in Family Voluntary Services and Child and Family Welfare Services for the **Richland Office**.
- Identified as an area needing improvement in Family Voluntary Services and Child and Family Welfare Services for the **MLK Jr., Vancouver, Mt. Vernon, and Pierce East Offices**
- Identified as an area needing improvement in all program areas for the **Ellensburg Office**

Table 9 – Central Case Review Question 10

Were safety threats regarding the child's foster home or home of an unlicensed caregiver adequately identified, assessed and controlled?



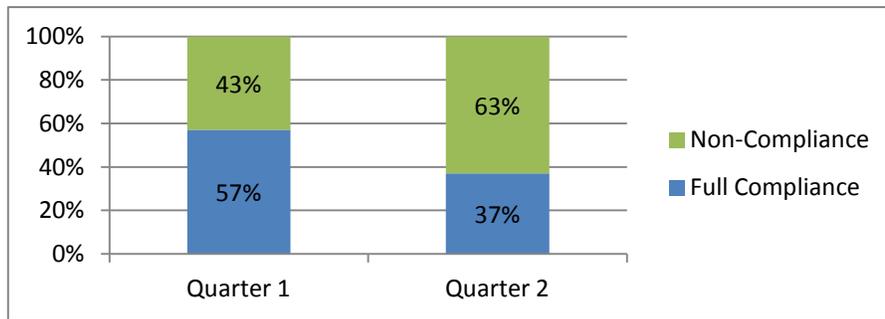
68 cases were reviewed in Quarter 1; 83 cases were reviewed in Quarter 2

Performance increased from 93% compliance to 96% in the second quarter. This practice area was:

- Identified as a strength in the **Richland, Ellensburg, Vancouver, Mt. Vernon and MLK Jr. Offices**

Table 10 – Central Case Review Question 11

Was there adequate safety assessment and planning regarding other adults who resided in parent/guardian’s home in a caregiver capacity to the child or with frequent unsupervised access to the child?



46 cases were reviewed in Quarter 1; 57 cases were reviewed in Quarter 2

Performance fell from 57% compliance in the first quarter to 37% in the second quarter. This practice area was:

- Identified as an area needing improvement in **6 offices (not listed in Mt. Vernon as strength or area needing improvement)**.

Strengths: Performance improved on six of the nine case review measures on safety reviewed in this report.

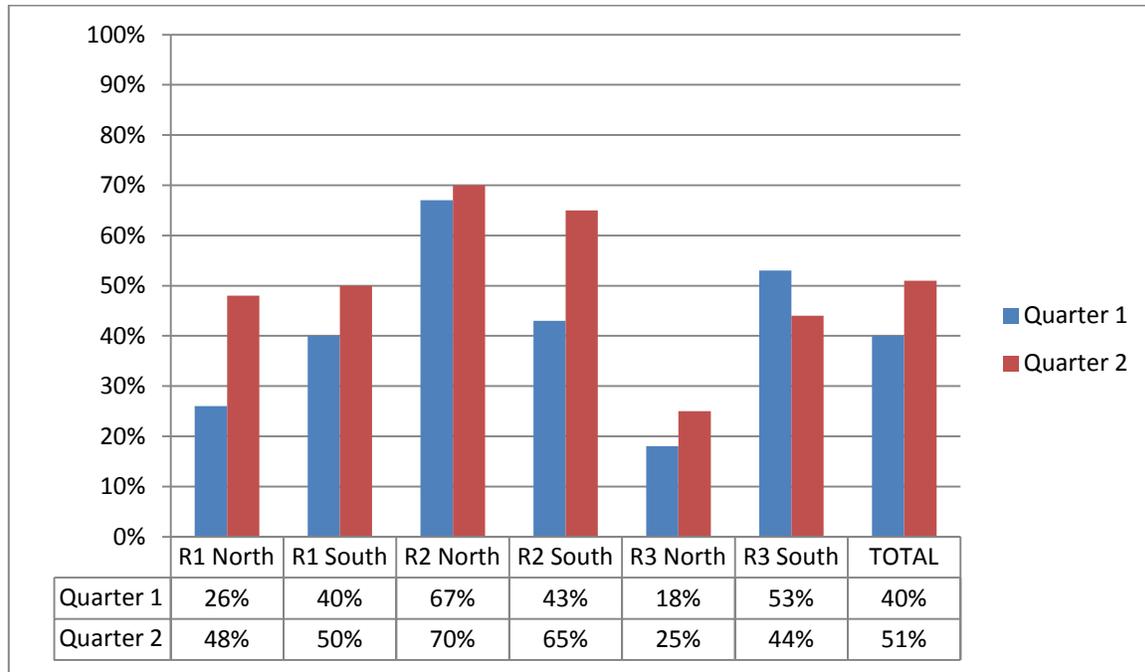
Challenges: A major concern is performance on safety assessment and planning regarding other adults which fell from 57% compliance in the first quarter to 37% in the second quarter.

B. Frequency of Case Consultations using Integrated Practice Model/Child Safety Framework Tools

Expected Outcome: *Increased and integrated use of case consultations will demonstrate an increase in the understanding and use of the Child Safety Framework.*

Findings:

Table 11
Percentage of Social Work Units that Met or Exceeded Two Case Consultations per Month



Data Source: Carlos Carrillo, Solution Based Casework Consultant Supervisor

Strengths: A total of 1,333 Case Consultations were completed by Solution Based Casework credentialed supervisors between April and June 2012. These results exceed the required number of case consultations by 205 and reflect a 11% increase in the number of units that met or exceed requirements (from 40% to 51%).

Challenges: Solution Based Casework Case Consultations are not as frequent as Children’s Administration standard of two consultations per unit per month.

Comment: Data on the frequency of Case Consultations does not improve our understanding of the status of Child Safety Framework implementation.

C. Consistent Application of the Child Safety Framework

Expected Outcome: *Broader understanding of strengths and challenges statewide regarding implementation of Child Safety Framework allowing CQI board to specifically design program improvement strategies.*

Findings: No data is available at this time. During June and July 2012, a targeted case review tool was developed to carry out a targeted case review statewide bi-annually. The targeted case review tools and plan is attached as Exhibits A-E.

3. Related Measures

A. Monthly Visits with Parents

Expected Outcome: *As Monthly visits with parents increase, consistency in the application of Child Safety Framework will also increase including gathering of additional information for safety plan assessment and analysis.*

Findings: No data is available at this time. A FamLink report which is slated to be ready December 12, 2012 will provide data for this measure.

Strengths: Unknown.

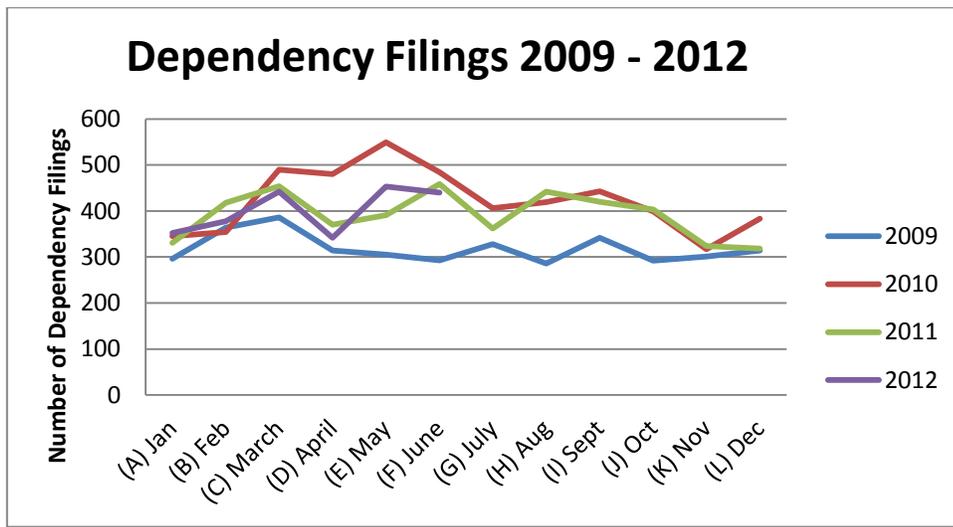
Challenges: The frequency and adequacy of monthly visits with parents is measured by the Central Case Review Team was only approximately 25% in the first two quarters of 2012.

B. Dependency Filings

Expected Outcome: *There is not an expected change in Dependency Filings. This data is included for monitoring only.*

Findings:

Table 11



Data Source: The Office of Administrative of the Courts

Analysis: Statewide the Child Safety Framework appears to have had no discernible impact on dependency filings to date.

C. Length of Stay for Children in Out-Of-Home Care Who are Re-Unified with Their Parents

Expected Outcome: *The goal is to monitor whether the length of stay in out-of-home care for children who are re-unified with their parents will change with the use of Child Safety Framework.*

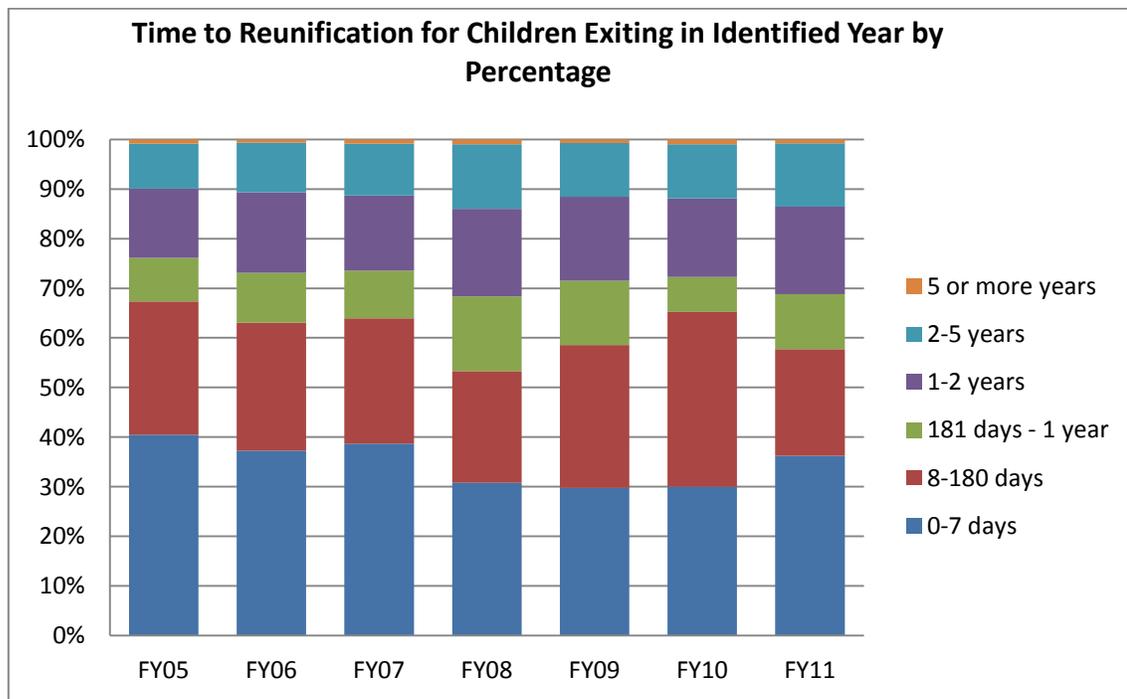
Findings:

Table 12
Percent of Youth Under Age 18 Exiting Care to Reunification, by Length of Stay at Exit

		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11
Reunified with parent, primary caretaker	0-7 days	40.5%	37.3%	38.7%	30.8%	29.8%	30.0%	36.3%
	8-60 days	17.8%	16.8%	16.1%	13.6%	15.8%	23.5%	11.4%
	61-180 days	9.0%	9.0%	9.1%	9.0%	13.0%	11.7%	10.1%
	180 days - 1 year	8.8%	10.1%	9.7%	15.1%	12.9%	7.1%	11.1%
	1-2 years	14.0%	16.2%	15.1%	17.6%	16.9%	15.9%	17.6%
	2-3 years	5.8%	7.2%	7.7%	8.8%	7.1%	6.7%	8.9%
	3-5 years	3.3%	2.9%	2.8%	4.2%	3.8%	4.2%	3.9%
	5-7 years	0.7%	0.4%	0.6%	0.8%	0.3%	0.6%	0.4%
	more than 7 years	0.2%	0.2%	0.2%	0.2%	0.4%	0.3%	0.4%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Data Source: Casey Family Programs based on Washington AFCARS data through data sharing agreement

Table 13



Analysis: Data for FFY 2011 is too early to reflect any impact of the Child Safety Framework.

OVERALL SUMMARY OF FINDINGS

Much of the information gathered to this point provides a baseline for later measurement periods. We have a foundation from which to critically observe the data, link it to other pieces of information and see what patterns and trends emerge to develop strategies for improvement.

Only two data streams are pertinent to the early implementation of the Child Safety Framework.

- The Central Case Review results indicate improved performance in multiple safety practice areas and a reason for concern with safety assessment and planning related to adults other than the primary caregivers.
- The data on dependency filings from the Administrative Office of the Courts indicates that there has been no impact during the early period of implementation of the Child Safety Framework.

From data compilation, and from anecdotal information collected in meetings with Child Protective Services program leads, Child Case Review staff, and field staff it is clear that the implementation of the Child Safety Framework needs continued support to be effective.

Child safety is at the core of every child welfare agency. Our practice model, including the Child [Safety Framework](#), has been shown to increase safety of children when utilized consistently and effectively.

Nearly nine months into the implementation of Children’s Administration’s Child Safety Framework we are inconsistently applying the Framework, struggling with safety planning both in-home and out-of-home and not consistently gathering information needed to complete a comprehensive safety assessment which leads to solid safety and case planning.

RECOMMENDATIONS

Recommendations for Implementation Support and Continuous Quality Improvement

Practice Improvement Recommendation:

- Provide continued statewide comprehensive, ongoing training to safety assessment and planning, including other adults residing in the parent/guardian’s home in the following trainings:
 - Updated Child Safety Framework trainings to CA Staff
 - Child Abuse and Neglect Interviewing Training at Harborview
 - Child Protective Services training academy
 - Training to local offices in response to the Central Case Review action plans.

Some additional ideas for the team to consider:

- Qualitative survey attached to the collaborative office/Central Case Review action planning time that addresses issues in achieving compliance from the office standpoint, resources needed, as well as a “how we do it” from offices complying with safety standards
- Adding Child Safety Framework language to job descriptions and staff performance evaluations, much like what was done with Solution Based Casework creating the expectation that is measurable at the individual, unit and office/area level through performance planning
- Creating pre and post knowledge evaluations for any and all future Child Safety Framework Training

Next Review

Data To Be Included In The Next Review:

Another data element to consider for the next review is the addition of data that allows us to pull safety assessment information pertaining to safety planning, specific identified safety threats, safety threshold questions and in-home and out-of-home planning with the hopes the data may allow us to glimpse specific, measurable patterns geographically and practice-wide.

Data Element	Source of Data	Frequency of Reporting	Person Responsible for Providing	When Available
Creation of a Change Request to FamLink to gather Child Abuse and Neglect codes and Safety Assessment information pertaining to planning, safety threats, safety threshold and in-home/out-of-home planning	FamLink	At-will	Keli Drake	Unknown

Other Data measures that may be beneficial to look at from the Central Case Review quarterly reports include Child and Family Services Review Items:

- 5. Foster Care Re-Entries
- 8. Reunification, guardianship, or permanent placement with relatives
- 17. Assessing needs of mother, father, child, caregiver, and providing services
- 18. Engagement of mother, father, child
- 20. Monthly visits with mother, father and quality of visit

Quality of Child Protective Services – compliance with quality Child Protective Services investigations data elements include:

- 39. Was the Child Protective Services investigation(s) sufficient to identify if there were safety threats, and were all safety threats addressed?
- 41. Were the investigative interviews with the child victims comprehensive, and were all safety threats thoroughly addressed?
- 43. Did the subject interviews comprehensively address all safety threats?
- 49. Was sufficient information to assess child safety gathered and summarized in the Safety Assessment(s)?
- 50. Did the Safety Assessment(s) completed in Child Protective Services accurately identify safety threats to determine if the child was safe or unsafe?
- 51. If the child was unsafe, was a safety plan developed including an accurate analysis to determine whether an in-home or out-of-home safety plan was needed?
- 52. Did the in-home Safety Plan(s), developed by Child Protective Services, control safety threats?
- 53. If an in-home safety plan(s) was developed by Child Protective Services were all safety plan participants assessed for suitability and reliability?
- 54. Were family, providers and natural supports involved in the assessment and planning process?

Family Voluntary Services and Child and Family Welfare Services have similar data measures.

Data measures that was not useful to this quality assurance process:

The frequency of Case Consultation was not a useful data measure and should be eliminated.

**Developing Culturally Relevant Safety and Case Plans – Completion Statistics
August 2012**

Training Content

The Culturally Relevant Safety and Case Plans training was developed to help increase understanding of the use of child safety concepts and case planning with families of diverse cultures. It was required for all CPS, FVS and CFWS staff; Supervisors, Family Team Decision-Making Meeting facilitators and Area Administrators. The content of this training was included in the third quarter PIP report.

Summary Report of Attendance

As of August 2012, the training was provided to 96% of CPS, FVS and CFWS staff, Supervisors, Family Team Decision-Making Meeting facilitators and Area Administrators. This represents 1484 staff members. This is less than the 1729 staff that completed the general Child Safety Framework training due to emphasis placed on staff that participate in safety and case planning. Thus, this training excluded Central Intake Staff and Division of Licensed Resources licensing staff.

Developing Culturally Relevant Safety Plans - Completion Statistics - August 7, 2012

Position Title	Region 1		Region 2		Region 3		Total	
	Number of Staff	Percent of Staff						
Area Administrators	15		15		14		44	
Complete	15	100%	14	93%	14	100%	43	98%
Incomplete	0	0%	1	7%	0	0%	1	2%
Supervisors	66		106		81		253	
Complete	66	100%	101	95%	80	99%	247	98%
Incomplete	0	0%	5	5%	1	1%	6	2%
Social Worker	345		432		419		1,196	
Complete	344	100%	425	98%	380	91%	1149	96%
Incomplete	1	0%	7	2%	39	9%	47	4%
FTDMs	12		18		16		46	
Complete	12	100%	18	100%	15	94%	45	98%
Incomplete	0	0%	0	0%	1	6%	1	2%
All Positions								
Complete	438	100%	571	98%	530	92%	1,539	96%
Incomplete	1	0%	13	2%	41	8%	55	4%

**Incorporating the Practice Model in New Policies and Procedures
September 2012**

Submitted by Simon Pipkin, Practice Model Coach

The Practice Model, including Solution Based Casework, provides a foundation for the approach Children's Administration uses with children and families statewide and is integrated throughout our policies and procedures. It will continue to be integrated in new policies and procedures relevant to working with families, particularly in assessment, case planning, and casework management. The new policy format supports this goal by including specific sections that outline the purpose statement, principles, and policies and procedures that define family centered practice.

Since October 2011, the Child Safety Framework policy was implemented and incorporates principles and practices of the Practice Model. Through Solution Based Casework, a major part of the Practice Model, the Child Safety Framework was enhanced, particularly with the integration of specific assessment and case planning processes.

Solution Based Casework is also incorporated in the policy on monthly face-to-face visits with parents. Regular visits to the parents conducted by the assigned social worker promote partnership with the family. It also provides accurate and ongoing assessment of the health, safety, permanency and well-being of children, and promotes achievement of case goals.

There were other policies updated or introduced since October 2011. However, these changes entail more technical aspects of casework such as form completion, form timeframes or training. These other policies did not include assessment, case planning or casework management involving the family.

The Practice Model will continue to be incorporated into new and revised policy as it is developed.

Revise and Strengthen Social Worker Training Academy

September 30, 2012

Training Academy

Children's Administration's Training Academy for Social Workers has been revised to incorporate content related to the Practice Model, "Solution Based Casework practice with attention to racial disproportionality as well as cultural consideration for tribes and other groups."

Three presentations are attached. The first two are used with line social workers in their initial training. The last is used in the Supervisor Academy.

Developing Culturally Relevant Safety & Case Plans



What is Disproportionality?

Disproportionality

Over-or-under-representation of children of color in foster care compared to their representation in the general population

Disparity

Inequitable treatment, services and outcomes for children of color as compared to those provided and experienced by similarly situated Caucasian children

Findings from State & National Research

- ❖ Children of color are more likely to be reported to CPS than Caucasian children
- ❖ Your perception that the family is non-compliant may result in higher assessment of safety and risk
- ❖ Children of color are more likely to be placed with relatives
- ❖ Relatives receive fewer services than foster parents
- ❖ Caucasian foster parents are offered more services than other ethnic or racial groups

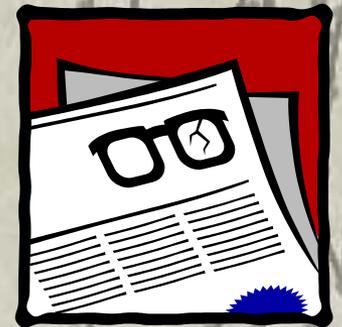
Disproportionality Video

King County Collation on Disproportionality Video



DSHS Cultural Competence

- ❖ A set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals which enables individuals to work effectively in cross-cultural situations
- ❖ It promotes respect and understanding of diverse cultures and social groups and recognized each individual's unique attributes
- ❖ Administrative Policy 7.22





What is Culture?

- ❖ Beliefs are a basic understanding of a group of people about what the world is like or what is true or false
- ❖ Values refer to what a group of people defines as good or bad or what it regards as important
- ❖ Norms refer to rules for appropriate behavior which provide the expectations people have of one another and of themselves

What is Cultural Responsiveness?

The capacity to respond to the cultural differences and issues of a diverse work group, especially within an organization

Those differences may include such subtle items as communication style, problem-solving, values, conflict resolution styles, etc

Culture Video

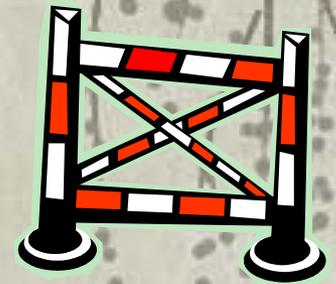


What is culture video



Barriers to Effective Intercultural Communication

- ❖ **Frame of Reference** – Values & experiences color your perceptions of what is right and wrong or acceptable
- ❖ **Ethnocentrism** – A preferred way to respond to the world; cultural superiority
- ❖ **Stereotyping** – Generalizations about some group of people
- ❖ **Prejudice** – Negative attitudes & irrational feelings about people that are based on faulty or inflexible stereotypes



Barriers to Effective Intercultural Communication

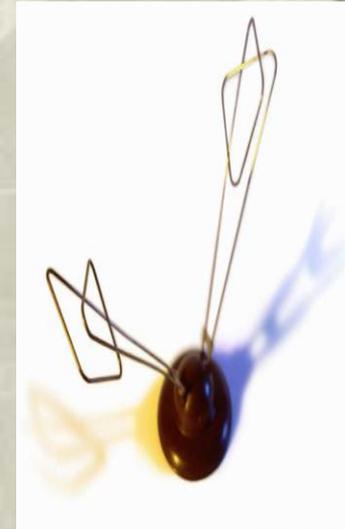
- ❖ **Discrimination**- Behavioral manifestation of prejudice
- ❖ **Racism**- Exclusion of a racial group & denial of that group as having value
- ❖ **Values Differences**- differences in what is considered good and bad and acceptable



Communication Patterns and Assumptions

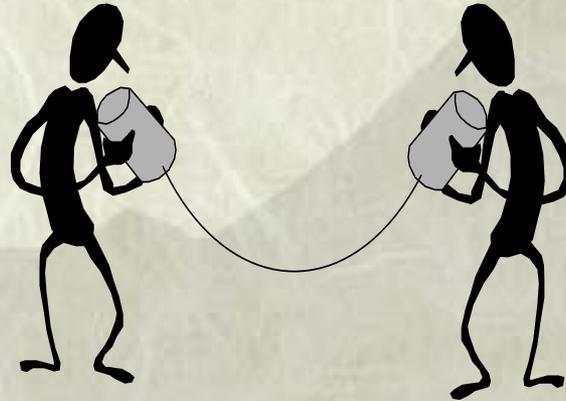
To consider:

- ❖ Directness & Indirectness
- ❖ Animation & Emotion
- ❖ Eye contact & Gestures



How to Communicate Effectively?

- ❖ Displaying respect
- ❖ Empathy
- ❖ Understanding tolerance or intolerance for ambiguity
- ❖ Interaction posture
- ❖ Ability to access culturally appropriate resources



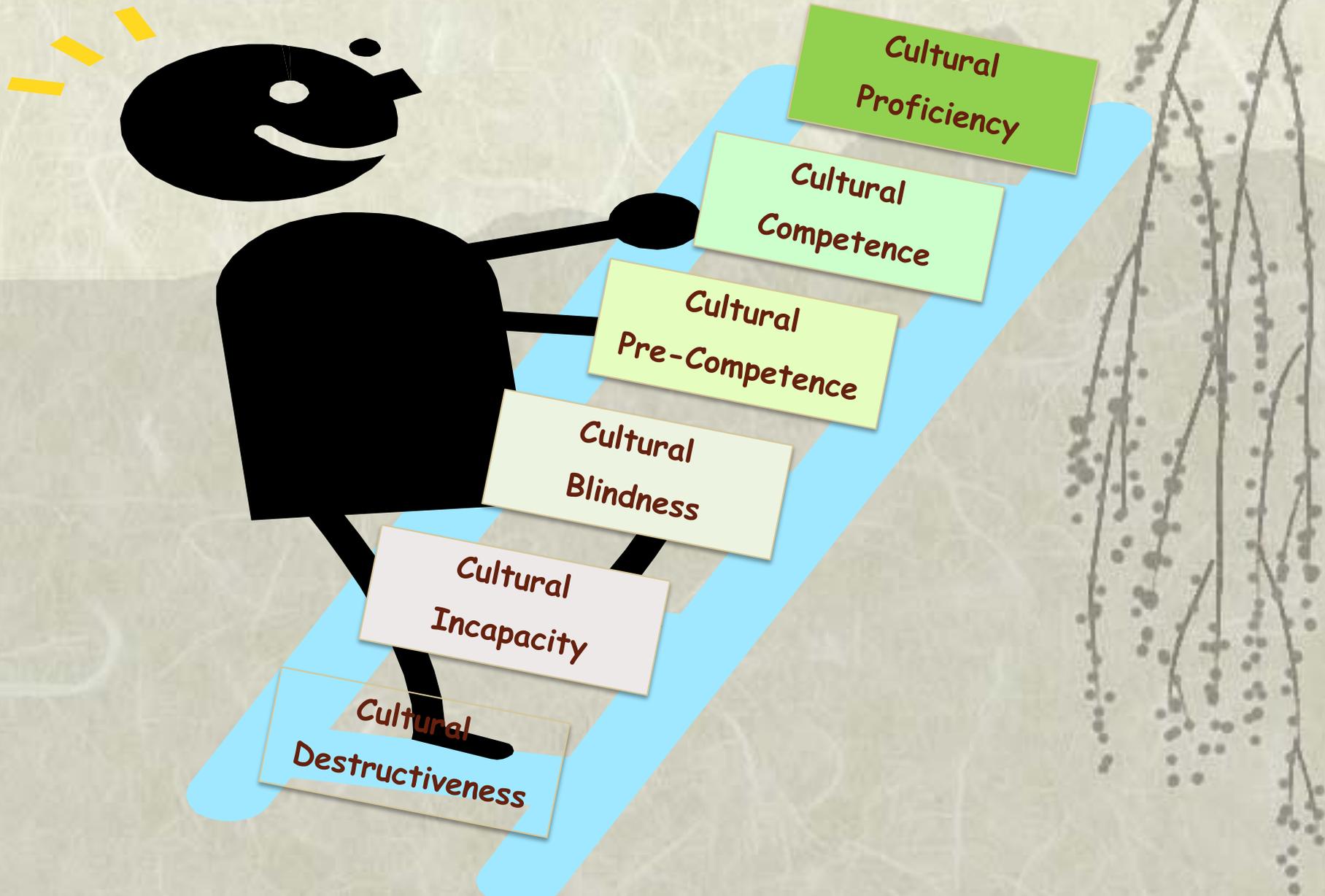
Understanding Culture

- ❖ Everyone has a bias, and recognizing yours is valuable while working with families on safety assessments, case plans and services
- ❖ Embracing differences of people whose cultural context is different than your own



What is your Cultural Competence?

PIP 21.5



Cultural Destructiveness

Cultural Incapacity

Cultural Blindness

Cultural Pre-Competence

Cultural Competence

Cultural Proficiency

Child Safety Framework Elements PIP 2.1.5

Present Danger

Impending Danger

Gather

- 6 Gathering Questions

Assess

- 17 Safety Threats
- 5 Safety Threshold Criteria

Analyze

- 4 Safety Plan Questions

Plan

- Safety Plan

Gather and Assess Cultural Information

- ❖ Weigh all gathered information
- ❖ Assign significance to the information
- ❖ Determine if safety threats exists



Gather Native American Status

Throughout the life of the case

CA staff must:

- ❖ Identify whether a child is of Indian ancestry (throughout the life of a case) as required of the Indian Child Welfare Act (ICWA)
- ❖ Send the inquiry letter, [DSHS 09-539](#), to the tribal ICW director and to tribal enrollment officer to verify the child's Native American Status
- ❖ Provide additional case information upon request of the child's Tribe if the Tribe has intervened as a party in a child custody proceeding

ICWA & Best Interest of the Indian Child

Best interests under ICWA means following:

- ❖ Protect the safety, well-being, development, and stability of the Indian child;
- ❖ Prevent the unnecessary out-of-home placement of the Indian child;
- ❖ Acknowledge the right of Indian tribes to maintain their existence and integrity which will promote the stability and security of their children and families;

ICWA & Best Interest of the Indian Child

Best interests under ICWA means the following:

- ❖ Recognize the value to the Indian child of establishing, developing, or maintaining a political, cultural, social, and spiritual relationship with the Indian child's tribe and tribal community;
- ❖ Where out-of-home placement is necessary, to prioritize placement of the Indian child in accordance with the placement preferences

Developing Culturally Relevant Case Plans

Build family rapport by determining:

- ❖ Who is the family spokesperson
- ❖ How does the family want to be addressed
- ❖ What is the accepted body language and accepted eye contact

Engaging Families in Developing Their Case Plan

Coming to consensus with the family on family and individual objectives by asking:

- ❖ What are the family's ideas about child safety, and their cultural norms?
- ❖ What does the family feel needs to be different for their children to be safe?



Effective Case Plans

Accomplish two things:

1. Describe the behavior that needs to be changed in a understandable and measurable way
2. Serve as a road map for the family on how this will be done



Measuring Skill Acquisition

Skill Acquisition Leads to:

- ❖ Increased parental protective capacities
- ❖ Long term behavioral changes
- ❖ Behavior changes required to manage and control the identified safety threat



Teamwork

Protective Capacities

- ❖ The knowledge, skills and abilities parents have to protect their children
- ❖ Learned in a variety of ways and experiences
- ❖ Expressed in cognitive, behavioral and emotional terms
- ❖ Demonstrated and observed in different situations
- ❖ Specific to the everyday life situations the family has difficulty with



Summary

- ❖ Acquiring cultural competence is a journey not a destination
- ❖ Actively increase your cultural competence by including principles that will enhance our ability to engage and meet the cultural needs of families, Tribe(s) and communities



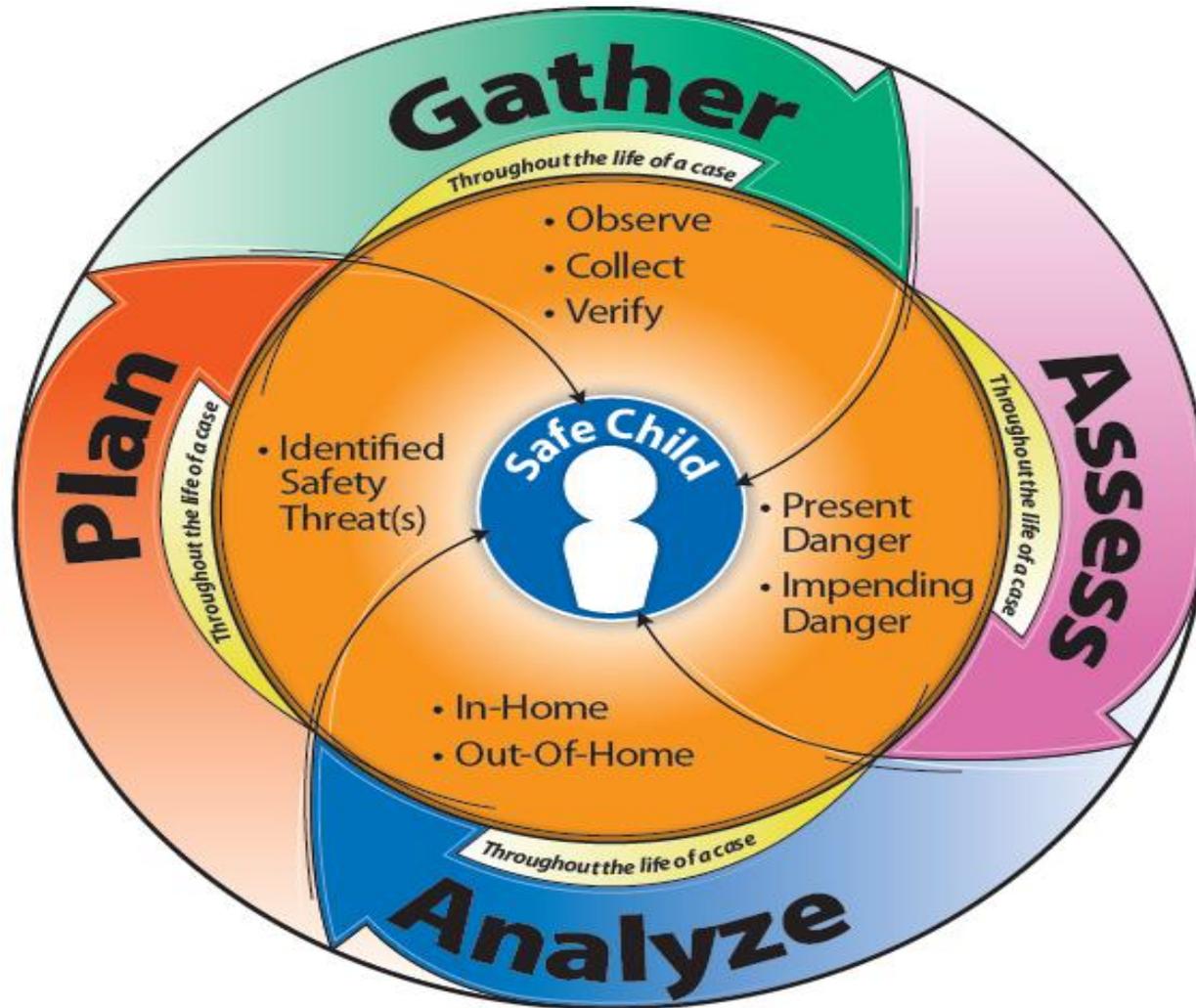
Family Assessment, Case Planning, and Assessment of Progress

Learning Objectives

An understanding of:

- ▶ How our Practice Model addresses child safety
- ▶ How the family assessment, case plan, and assessment of progress are connected to child safety and permanency
- ▶ The application tool in FamLink

Child Safety Framework



CA Practice Model

PIP 2.1.5

▶ CA Practice:



**Solution Based Casework
&
Child Safety Framework**

Safety Framework

6 Information Gathering Questions

Safety Threats/Threshold

Protective Capacities

Safety Plan

Solution Based Casework

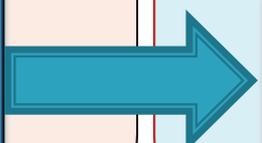
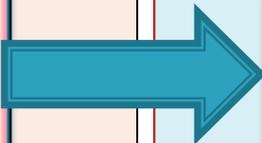
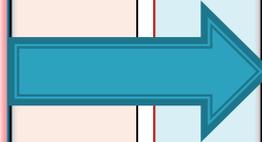
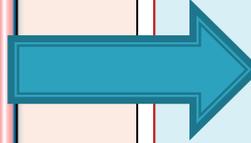
PIP 2.1.5

Family Assessment

Family and Individual Objectives

Functional Strengths

Case Plans



Safety Framework

Conditions for Return Home

Family Functioning

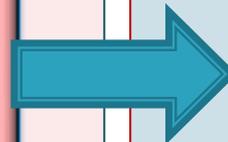
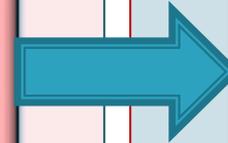
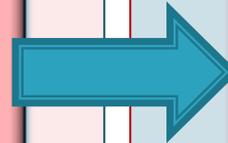
Parental Functioning

Solution Based Casework

Assessment of Progress

Thinking Developmentally

Individual Patterns for Loss of Control



Family Assessment

- ▶ Reinforces use of the Practice Model
- ▶ Contains the Safety Assessment
- ▶ Identifies presence or absence of protective capacities
- ▶ Assesses functioning, culture, and routines of family life
- ▶ Assesses parent/caregiver behavior

4 Family Assessment Sections

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

Section 1

Maltreatment

- ▶ 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 effects

Maltreatment

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(s) and collateral sources)

Section 2 – 1st question

Family Functioning

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.



2nd question

Family Functioning

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).

3rd question

Family Functioning

Developmental Stages and Tasks

- ▶ 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 (e.g., medical needs, morning/evening routines, supervision, etc.) and provide strengths and concerns

4th question

Family Functioning

Family Choice of Discipline

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

5th question

Family Functioning

Family Support

- ▶ Describe the family's support system. Identify 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 child(ren).
- ▶ Describe areas in the family life where additional supports may benefit the family

Family Assessment Exercise

Family Functioning



Section 3

Parent/Caregiver Functioning

Describe how the parent/caregiver loses control and exhibits behaviors

1. How did the **depression** lead to a disruption in meeting specific everyday life tasks?
2. Describe the **individual's** patterns for their loss of control.

Parent/Caregiver Functioning

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.

Parent/Caregiver Functioning

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.

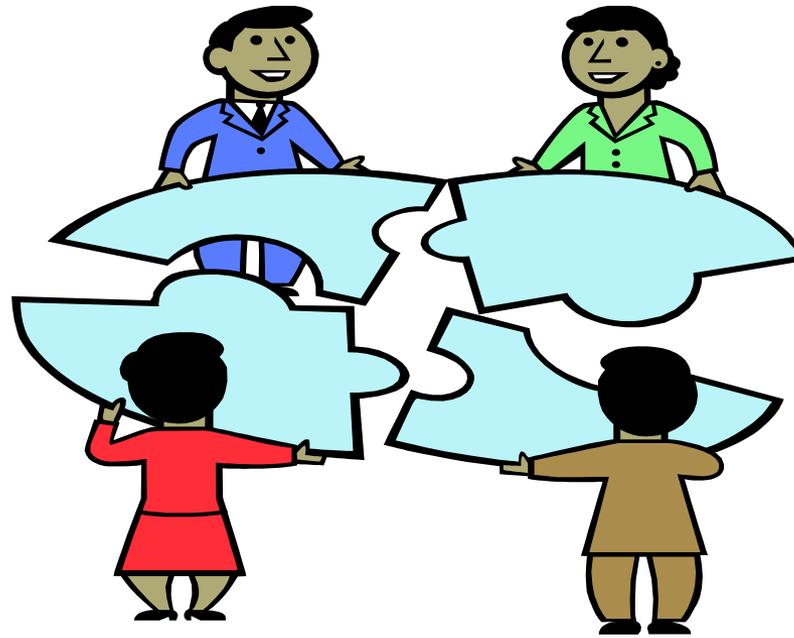
Identify primary ways of coping with day-to-day life.

Parent/Caregiver Functioning

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

Family Assessment Exercise

Parent Functioning



Child Functioning

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.

Child Functioning

Identify strengths and concerns using behaviorally specific descriptors and any child-related issues which may cause stress on the family.

Child Functioning

Describe the child's development:

- ▶ Culture
- ▶ Education
- ▶ Health/Mental Health
- ▶ Independent Living Skills
- ▶ Vocational
- ▶ Peer/Community Relationships

Safety Assessment/Safety Plan

- ▶ Launch the safety assessment
- ▶ Review the identified safety threats
- ▶ Document how the safety threat meets the threshold
- ▶ Document in-home or out-of-home safety plan



Case Plans

Case Plan Overview

- ▶ Co-developed with family
- ▶ Generated from the Family Assessment and Assessment of Progress
- ▶ Specifies what must change to eliminate or reduce safety threats and increase protective capacities
- ▶ Contains culturally appropriate objectives and tasks directly related to safety threats identified on the safety assessment
- ▶ Focuses on long term behavioral change

Case Plans Include

- ▶ Family and Individual Level Objectives directly linked to a safety threat
- ▶ Tasks that identify steps to achieve each objective
- ▶ Child Action Plan (out-of-home care ONLY)

Case Plan Objectives

The Primary **Family** Level Objective

- The family will use the “*family named plan*” to ensure their children will be free from the maltreatment that brought them to our attention.

Case Plan Objectives

The Primary **Individual** Level Objective

- The individual will use the “*individual plan*” to keep individual barriers from interfering with the ability to participate in the family level objective.

Case Plan Exercise

Family & Individual Level Objectives



Tasks of a Case Plan

- ▶ Development of the Plan
- ▶ Social Worker to identify culturally responsive provider/resource who will assist the family in the development
- ▶ Sharing of the Plan
- ▶ Document and Celebrate Progress or Identify Barriers

Partnering with Providers

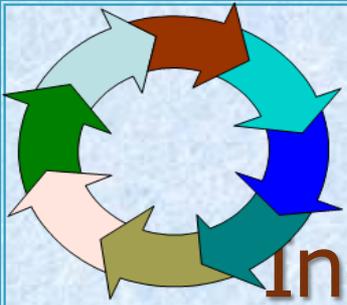
- Making the referral
 - Does EVERYONE understand what is needed in the specific action plan (Family/Individual)?
 - Treatment Outcome Reports (Skill acquisition vs. compliance)
 - Keeping the team informed
 - Ensure treatment produces a product (Action Plan/Relapse Plan)
 - Culturally responsive
- 

Family and Individual Plans

- Developed in collaboration with the family
 - Social Worker and/or Provider to assist
 - Informal Supports to the family can help too
 - Social Worker reviews the plan to ensure in manages the Safety Threats
 - Works with the family and providers to make any needed changes
- 

Family Action Plan Includes...

- ▶ Specific steps for how families will meet everyday life challenges (safety threats)
- ▶ How to measure and document progress



Individual Action Plan demonstrates

Ability to identify difficult situations & triggers

Ability to identify early warning signals

Techniques to avoid high risk situations

Skills to cope with risk situations (not avoided)

Plans to escape situations (not interrupted)

Family/Individual Plan ^{PIP 2.1.5} Exercise

- ▶ Review the family plan and individual relapse plan
- ▶ Identify what makes these plans good
- ▶ What elements are missing

Child Action Plan

- ▶ Objectives describe what CA will do to address the child's well-being needs:
 - Education
 - Medical
 - Social
 - Psychological
 - Cultural
- ▶ Tasks will outline who is responsible for meeting those needs.

Assessment of Progress

Purpose is to:

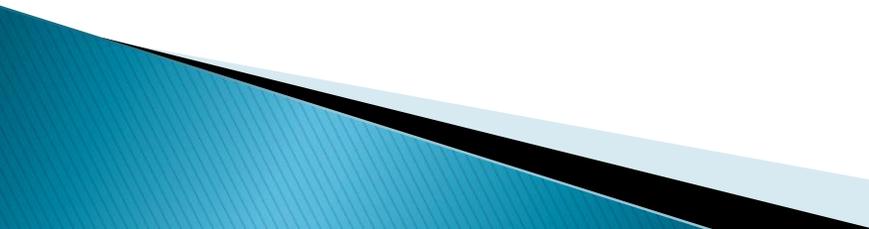
- ▶ Assess family during the current review period
- ▶ Review Case Plan
- ▶ Measure progress towards each objective
- ▶ Revise case plan tasks as needed
- ▶ Recommend case disposition

What is Progress?

Family Level Objective

- ▶ Progress vs. compliance
- ▶ What minimal skills do we need to see?
- ▶ When is enough, enough?

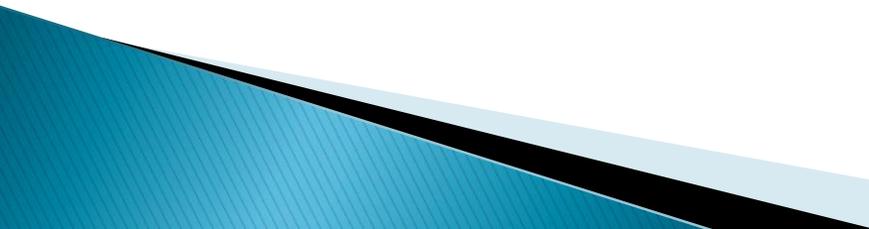
Is the plan working?

- Do the tasks on the plan relate back to the family situation of concern? (Child Safety)
 - If the family followed the plan, does it look like it would work?
 - Is the family's culture reflected in the plan?
 - Is the plan written in an accountable way to capture and measure change?
- 

Is the plan working?

- Are there some external monitors or “eyes” involved in chronicling change?
 - Does every contact come back to the plan?
 - Are we working the plan, or have we gotten side tracked on service compliance?
- 

Is the plan working?

- Are we measuring diagnostic change or skill acquisition?
 - Are we collecting/sharing/celebrating evidence of success or progress with the important stakeholders?
 - Are we planning for case transitions?
- 

Family Assessment Walkthrough



FamLink

Things to remember

- ▶ Problems are defined as situations that have become challenging in everyday life
- ▶ All contacts with families should relate to Case Plan Objectives
- ▶ Case Plans are co-developed with the family
- ▶ Family and Individual plans are where we are measuring progress

....Things to remember

- ▶ Partnerships with providers are key to developing plans and measuring success
- ▶ Attachments required for court
- ▶ FamLink is your opportunity to document all the great work you have done with families

Supervisors

Managing the Practice

What we will cover

- ▶ Helping workers maintain focus
 - ▶ How we will know
 - ▶ Guiding workers in assessing Family and Individual safety threats
 - ▶ Guiding workers in developing case plans with the family
 - ▶ Knowing where to look
- 

Ice Breaker

- ▶ What is Solution Based Casework?
 - ▶ How will you support our practice model?
 - ▶ What are the key questions you can use to keep your staff on track?
- 

Help Your Staff Maintain Focus

- ▶ Supervisors assist their staff to stay focused by:
 - ▶ Steering conversations back to everyday developmental issues
 - ▶ Assisting the worker in tracking the sequence of events
- 

Help Your Staff Maintain Focus

How do we get there?

- ▶ Thinking Developmentally
 - ▶ Tracking Problem Patterns
 - ▶ Keeping Tasks Specific and Documented
 - ▶ Asking About Exceptions
- 

Reviewing the Work

- ▶ How will you know your staff have fully integrated SBC into their day-to-day practice?

 - ▶ What strategies can you use to assist staff in enhancing their practice?
- 

How to Know.....

At a minimum, evaluate practice in:

- ▶ Assessment
 - ▶ Planning
 - ▶ Case Management
- 

What we should see in...

Assessment

- ▶ Nature and extent of the maltreatment
 - ▶ Sequence of events
 - ▶ Safety threats and safety threshold
 - ▶ Developmental life of the family
 - ▶ Individual behavior pattern
- 

What we should see in...

Planning

- ▶ Safety plan manages / controls the threats
 - ▶ Conditions for return home
 - ▶ Primary family level objective tied to safety threats
 - ▶ Individual level objective focused on behavior related to the FLO
- 

What we should see in...

Planning

- ▶ Tasks call for a new plan
 - ▶ Tasks describe how progress will be measured, shared, and documented
 - ▶ Plans lead to skill acquisition versus service completion
 - ▶ Evidence of co-developed plans
- 

What we should see in...

Case Management

- ▶ Plans have been reviewed with the family
 - ▶ Documentation on progress towards objectives
 - ▶ Safety Assessments throughout the case
 - ▶ Evidence of ongoing partnerships
- 

Case Consultations

- ▶ Pulling it all together



The Parallel Process

- ▶ Modeling Good Practice

Getting Real

Let's talk about your situations



Unit Meeting Family Team Decision Making Presentations

Introduction

Throughout May – July 2012, presentations were held by Family Team Decision Making Facilitators or Supervisors in all unit meetings statewide on the purpose and timing of FTDMs, Government to Government relations with tribes, the need to involve tribes early in the process, and awareness of cultural considerations in relation to children and families of all races, ethnicities and tribes in order to reduce racial disproportionality.

Presentations occurred in 185 Child Protective Services, Child Family Welfare Services, and Family Voluntary Services units statewide resulting in a 100% completion rate. All presentations were conducted using a standard set of talking points, which are attached. Questions were solicited at each of the meetings to allow for further clarification.

Family Team Decision-Making Presentations

Region 1 North

Clarkston Office/FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Sheffler, Barb	10 Krouse, Laurel CPS/CFWS	5/23/2012
Colfax Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Sheffler, Barb	77 Rhodes, Joan CPS/CFWS	5/23/2012
Colville Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Boniface, Shannon	1 Hotchkiss, Cheryl CFWS	6/26/2012
Boniface, Shannon	2 Pratt, Wendy CPS	6/26/2012
Boniface, Shannon	3 Grimm, Cheryl	6/26/2012
Moses Lake Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Deluna, Cecilia	1 Jachetta, Juanita CPS	6/21/2012
Deluna, Cecilia	2 Garcia, Christine CFWS/FVS	6/21/2012
Deluna, Cecilia	3 Aiken, Linda CFWS	6/22/2012
Deluna, Cecilia	7 Duvall, Kate, CFWS	6/21/2012
Newport Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Sheffler, Barb	1 Bryant, Stephen CPS/CFWS	5/24/2012
Omak Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Scanlon, Marie	22 Bjur, Paul CFWS	7/12/2012
Scanlon, Marie	44 Danielson, Susan CPS	7/12/2012

Spokane Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Boniface, Shannon	4 Goins, NA CPS	7/20/2012
Boniface, Shannon	6 Knapton, Pam	7/20/2012
Boniface, Shannon	8 Helling, Brett CPS/FVS	6/12/2012
Boniface, Shannon	10 Boyle, Sandy CPS	6/7/2012
Larson, Erik	11 Armstrong, Joseph CPS	7/3/12
Spokane Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Boniface, Shannon	13 Thurik, Paul FVS	6/12/2012
Boniface, Shannon	20 Charlton, Joseph Adopt.	6/12/2012
Larson, Erik	21 Charvet, Gerald CFWS	6/12/2012
Larson, Erik	23 Nahsonhoya, Sally CPS/FVS	7/11/2012
Larson, Erik	24 Picard, Kathy ICW	7/12/2012
Boniface, Shannon	25 Crumet, Larry CFWS	6/14/2012
Boniface, Shannon	26 Volke, Richard CPS	7/24/2012
Hines-Steve, Jackie	27 Peck, Michelle CFWS	5/10/2012
Larson, Erik	35 Waddington, John CFWS	6/6/2012
Boniface, Shannon	60 Tanner, Sharon CFWS	6/11/2012
Boniface, Shannon	64 Holcomb, Rick CFWS	5/9/2012
Boniface, Shannon	65 Stretch, Christina CFWS	6/7/2012
Larson, Erik	70 Ostheimer, Sharon CPS	6/14/2012
Wenatchee Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Scanlon, Marie	1 Hedges, Michelle CPS	5/17/2012
Scanlon, Marie	2 Sterbick, Liza CFWS	5/17/2012
Scanlon, Marie	3 Godfrey, Jennifer CFWS	5/17/2012

Region 1 South

Ellensburg Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Jenkins, Monica	11 Anderson, Pam CPS/CFWS	6/20/2012
Goldendale Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Jenkins, Monica	45 Warren, Eric CPS/CFWS	7/24/2012
Richland Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Barbour, Tim	1 Brown, Ann CPS/FVS	7/10/2012
Barbour, Tim	2 Sullivan, Shannon CPS	7/10/2012
Barbour, Tim	3 Bunyon, Angela CPS	6/27/2012
Barbour, Tim	5 Greenhaigh, Ryan CFWS	6/13/2012

Barbour, Tim	6 Nicholls, Ray CFWS	6/13/2012
Barbour, Tim	10 Williams, Elizabeth CFWS	6/1/2012
Barbour, Tim	99 Curiel, Juliana CFWS	6/13/2012
Sunnyside Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Jenkins, Monica	1 Quientero, Yolanda CFWS	6/1/2012
Jenkins, Monica	1 Rodriguez-Rocha, Claudia CPS/FVS	6/1/2012
Toppenish Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Jenkins, Monica	66 Carranza, Alice CFWS	6/21/2012
Toppenish Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Jenkins, Monica	68 Tovar, Angel FVS/CFWS	6/26/2012
Jenkins, Monica	70 Rodriguez, Robert CPS	6/27/2012
Jenkins, Monica	71 Leon, Jose CFWS	7/2/2012
Walla Walla Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Barbour, Tim	44 Cooper, Jennifer CPS	7/10/2012
Barbour, Tim	99 Cole, Sonia CFWS	7/10/2012
Yakima Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Jenkins, Monica	1 Bond, Debbie CPS	6/26/2012
Jenkins, Monica	2 Chard, Debbie CPS	6/26/2012
Yakima Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Jenkins, Monica	4 Cotner, Neal CFWS	7/3/2012
Jenkins, Monica	6 Vacant	5/16/2012
Jenkins, Monica	7 Saldivar, Carlos CFWS	5/16/2012
Jenkins, Monica	11 Tveit, Tom CFWS	7/3/2012

Region 2 North

Bellingham Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Nelson, Sunshine	31 Crookes, Christian CFWS	5/28/2012
Alexander, Dee	33 Karu, Linda CPS	6/21/2012
Nelson, Sunshine	44 Fitzstrawn, Alexander CPS	5/17/2012
Nelson, Sunshine	45 Taylor, Annie CFWS	5/11/2012
Nelson, Sunshine	46 Derr, Tonja CFWS	5/16/2012
Alexander, Dee	50 Lutes, Kelly CFWS	6/8/2012
Nelson, Sunshine	99 Hagerty, Ruth CFWS	5/23/2012
Everett Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Lensky, Betty	5 Studinarz, Colleen CFWS	6/6/2012
Lensky, Betty	15 Erickson, Karen CFWS	5/24/2012

Surface, Sandra	20 Jacobson, Kristen CPS	5/23/2012
Lensky, Betty	25 Hughes, Mary CFWS	6/7/12
Everett Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Lensky, Betty	30 Bailey, Carol CFWS	5/9/2012
Lensky, Betty	80 Adkins, Carmelita CPS	6/6/2012
Lensky, Betty	90 Veila, Alisha CFWS	6/29/2012
Surface, Sandra	98 Mullins, Greg CFWS	6/14/2012
Lynnwood Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Fiorino, James	44 Schilling, Rory CFWS	5/24/2012
Fiorino, James	22 Hopper, Jean CFWS	5/24/2012
Fiorino, James	66 Shugarts, Meg CPS	5/8/2012
Mount Vernon Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Cook, Kari	2 Page, Tamara CFWS	6/7/2012
Cook, Kari	3 Franklin, Adrienne CFWS	6/31/2012
Cook, Kari	4 Johnson, Silvia CPS	5/21/2012
Cook, Kari	7 Forbes, MaRjorie CPS	6/19/2012
Oak Harbor Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Prael, Fredrick	1 Stettler, Janice CPS	5/15/2012
Prael, Fredrick	2 Stettler, Janice CFWS	5/15/2012
Sky Valley Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Phillips, Melissa	7 Jewell, Sandra CPS	5/30/2012
Phillips, Melissa	10 Kennedy, Kelle CFWS	5/24/2012
Phillips, Melissa	55 Perez, Ana ICW	5/24/2012
Smokey Point Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Ripley, Kim	7 Keeley, Ida CFWS	5/24/2012
Ripley, Kim	11 Vacant	5/24/2012
Ripley, Kim	55 Sugarts, Meg CPS	5/24/2012
Ripley, Kim	99 Hill, Tonya CFWS	5/22/2012

Region 2 South

Adoptions Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Vigesaa, Suzy	61 Daane, Patricia CFWS	6/12/2012
Vigesaa, Suzy	62 Chinn, Regina CFWS	6/12/2012
Vigesaa, Suzy	63 Chung, Patrick CFWS	5/29/2012
Bellevue/King East Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Jones, Jim	2 Ruiz, Anibel CFWS	5/25/2012
Jones, Jim	4 Sheppard, Maribeth CPS	6/12/2012
Jones, Jim	6 Damon, Billie June CPS	6/5/2012
Jones, Jim	Walum, Maureen CFWS	6/5/2012
Jones, Jim	12 Lawver, Susan CFWS	5/11/2012
Jones, Jim	13 Dillon, Naomi CFWS	6/5/2012
Indian Child Welfare Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Dominquez, Lonette	9 Ruelas, Michelle	6/12/2012
Dominquez, Lonette	10 Galvan, TL	6/12/2012
Dominquez, Lonette	15 Aldrich, Evon CFWS/FVS	5/16/2012
Dominquez, Lonette	17 Blair, Cynthia CPS	5/11/2012
Dominquez, Lonette	20 Warman, Wendy CFWS	6/14/2012
Dominquez, Lonette	24 Timentwa, Jackie CPS	6/12/2012
Dominquez, Lonette	25 Richards, David CFWS	6/27/2012
Kent Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Jackson, Carol	3 Noone, Stephanie CFWS	5/23/2012
Jackson, Carol	4 Pagni-Leavitt, Mary CPS	5/23/2012
Jackson, Carol	5 Mattos, Leah CFWS	5/22/2012
Jackson, Carol	9 Sach, Theresa CFWS	5/22/2012
Jackson, Carol	10 Jackson, Kaaren CPS	5/22/2012
Jackson, Carol	11 Baker, Marchelle CPS	5/23/2012
Kent Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Jackson, Carol	12 Taylor, Kathy CFWS	5/22/2012

King Central Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Vigesaa, Suzy	30 Dawson,Pam CFWS	6/14/2012
Jackson, Carol	64 Able-Welch, Lonita CFWS	6/4/2012
King West Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Vigesaa, Suzy	13 Schnieder, Dan CFWS	7/10/2012
Vigesaa, Suzy	14 Murphy, Bryan CPS	6/14/2012
Vigesaa, Suzy	42 Thornquist, Robert CFWS	6/12/2012
Vigesaa, Suzy	99 Duron, Sandy CPS	5/29/2012
MLK Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Gibson, Teri	1 Augustavo, Kristina CFWS	7/9/2012
Gibson, Teri	4 King, Cleveland CPS	6/18/2012
Gibson, Teri	6 Jackson, Sarah CFWS	6/18/2012
Gibson, Teri	7 Mai, Tom CFWS	5/17/2012
Gibson, Teri	8 Miller, Shawn CFWS	6/18/2012
Gibson, Teri	9 Akyea, Quiana CFWS	4/18/2012
Gibson, Teri	10 Applebee, Erik CPS	6/27/2012
Gibson, Teri	23 Rozekova, Ivana CPS	6/18/2012
Gibson, Teri	26 Pfistner, Fred CFWS	6/12/2012

Region 3 North

Bremerton Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
St. Peter, Rachelle	1 Lawson, Jon CPS	5/2/2012
St. Peter, Rachelle	2 Gold, Fred CFWS	5/2/2012
St. Peter, Rachelle	3 Thompson, Laura CFWS	5/2/2012
St. Peter, Rachelle	4 Kennedy, Darlene ICW	4/17/2012
St. Peter, Rachelle	5 Boffinger, Barb CHET	4/12/2012
St. Peter, Rachelle	8 Powell, Kris CFWS	4/12/2012
St. Peter, Rachelle	9 Kaluzny, Ann CFWS	4/17/2012
St. Peter, Rachelle	10 McDowell, M. CFWS	4/17/2012
Forks Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Betts, Lila	4-5 Iverson, Anita CPS/CFWS	5/24/2012
Pierce East Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Roberts, Marta	1 Lezcano, Juan CPS	5/14/2012
Roberts, Marta	6 Reed-Lyyski, Billie, CPS	5/14/2012
Roberts, Marta	12 McDonald, Balinda FVS	5/14/2012

Roberts, Marta	24 Long, Stephanie ICW	5/14/2012
Roberts, Marta	32 Rogers, Melissa CFWS	5/14/2012
Roberts, Marta	35 Feris, Suzanne FVS/FRS	5/14/2012
Roberts, Marta	44 Osland, Amber CFWS	5/14/2012
Roberts, Marta	45 Richholt, Karen CFWS	5/14/2012
Pierce South Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Pitt, Janice	2 Fox, Tonya CFWS	6/11/2012
Pitt, Janice	7 Raines, David CPS	6/8/2012
Pitt, Janice	9 Bennett, Victoria CFWS	5/30/2012
Pitt, Janice	13 Winters, Lisa ICW	6/12/2012
Pitt, Janice	25 Jones, Emma CPS	6/8/2012
Pitt, Janice	26 Fichter, Keith FVS	5/31/2012
Pitt, Janice	43 Wilson, Jane CFWS	5/30/2012
Pierce West Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Mitchell, Carol	3 San Miguel, Lisa CFWS	6/6/2012
Mitchell, Carol	4 Young, Thom CPS	6/6/2012
Mitchell, Carol	5 vacant CPS	6/6/2012
Mitchell, Carol	8 Gaddis, Jennifer CFWS	6/6/2012
Mitchell, Carol	11 Ashcraft, Joanne CFWS	6/6/2012
Mitchell, Carol	37 Carlos, Gilbert FRS/CFWS	6/6/2012
Mitchell, Carol	38 Floyd, Carolyn CFWS	6/11/2012
Port Angeles Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Betts, Lila	3 Martin, Maureen CPS	6/7/2012
Betts, Lila	5 Oase, Sarah CFWS	5/24/2012
Betts, Lila	7 Luce, Brandon CFWS	6/7/2012
Port Townsend Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Betts, Lila	2 Montgomery, Carla CPS/CFWS	5/30/2012

Region 3 South

Aberdeen Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Navarre, Terri	1 Frazier, Stephanie CPS	6/5/2012
Navarre, Terri	2 Eddy, Kathryn CPS	6/5/2012
Navarre, Terri	4 Timms, Nan CFWS	6/5/2012
Navarre, Terri	5 Wittmayer, Melissa CFWS	6/5/2012

Centralia Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Mumford, Robert	22 Van Clifford, Lori CPS/CFWS	6/7/2012
Kelso Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Mumford, Robert	3 Frost, Stephanie CPS	6/5/2012
Mumford, Robert	4 Morgan, Pat CFWS	6/5/2012
Shelton Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Miller, Nicole	23 Scheibner, Kat CFWS	6/8/12
Miller, Nicole	33 Kerns, Christine CPS	6/8/2012
South Bend/Long Beach Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Navarre, Terri	1 Ping, Erin CPS/CFWS	6/13/2012
Stevenson Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Scott, Mary	43 Manner, Tammy CPS/CFWS	6/12/2012
Tumwater/Olympia Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Miller, Nicole	20 Patis, Ken CFWS	5/29/2012
Miller, Nicole	30 Gabbard, Kim CPS	6/7/2012
Miller, Nicole	50 MacDougall, Ross CFWS	6/7/2012
Miller, Nicole	60 O'Dell, Frank CPS	5/29/2012
Miller, Nicole	70 Gund, Jackie CFWS	6/7/2012
Vancouver Cascade Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Scott, Mary	13 Tracy, Karin CPS	6/6/2012
Babcock, Jeff	26 Holbrook, Jennifer CPS	5/31/2012
Scott, Mary	46 Lawry, Don CFWS	5/30/2012
Babcock, Jeff	76 Lewis, Kira CFWS	6/15/2012
Babcock	86 Barnett, Terri CFWS	6/14/2012
Vancouver Columbia Office/ FTDM Facilitator	Unit Number/Supervisor	Unit Presentation Date
Babcock, Jeff	23 LaRosa, Alessandro CPS	6/14/2012
Scott, Mary	56 Van Handel, Jason CPS	6/6/2012
Scott, Mary	66 Brown, Ross CFWS	6/14/2012
Babcock, Jeff	96 Berry, Nicole CFWS	6/14/2012

Talking Points used by Family Team Decision Making Facilitators

The following information was discussed with all 185 direct service units statewide by Family Team Decision Making Facilitators or Supervisors.

Purpose and Timelines for FTDMs

Family Team Decision Making (FTDM) meetings bring people together who are involved with the family to make critical decisions regarding the removal of child(ren) from their home. These meetings occur:

- Prior to a move when safely possible
- Within 72 hours of an emergent placement, always prior to shelter care
- Whenever a child is being moved to a different placement
- Prior to Reunification

FTDM Outcomes

Studies have shown when we bring the family and community to the table early and engage the family early, we have better results for children.

- Utilization of FTDMs has increased from being held 36% of the time in 2009 to 65% of the time in 2011.
- During this same time frame, re-entry rates for children fell and placement stability increased.

Impact on Disproportionality

- In 2008, FTDMs were held for only 29.78% of Indian children who were facing a placement move. By 2011, this number had doubled to 58.65% with the agency wide focus on family engagement
- In 2008, 36.6% of Black children in care were having an FTDM. By 2011, this number increased to 61.58%
- By 2011, the re-entry rate for Indian and Black children dropped.
- By 2011, the number of Indian and Black children in care dropped.

Government to Government

- 7.01 Agreements define whether there is concurrent or exclusive jurisdiction. CA expects regional and local offices enter into procedural agreements with the Tribes and off-reservation Indian organizations in service areas that comply with and complement the agreement between the Tribe or off-reservation Indian organization and the state. Decisions involving placement of an Indian child must involve the Tribe, please make certain they are invited to the FTDM either in person or by telephone.
- The social worker must identify if the child is of Indian ancestry and notify the Tribe. The Tribe is the only entity that can define if the child is a member or eligible for membership.
- When the child is an Indian child, as defined by Indian Child Welfare Act, MEPA does not apply.
- Provide name of Indian Child Welfare Supervisor in each office or other regional contact person when there are questions.

**Quality Assurance Report
Family Team Decision-Making**

At the August 2012 meeting of the Children's Administration Continuous Quality Improvement Board, Cheryl Rich, Statewide Family Engagement Program Manager, presented a report on the status of Family Team Decision Making. The agenda of the meeting and the report are attached.

A detailed plan for continuing to support implementation and improvement of our Family Team Decision Making Practice, based on the information in the report, is being developed.



Children's
Administration

**Quality Begins
with Each of Us!**

Continuous Quality Improvement (CQI) Board

Agenda

August 15, 2012

9:00 – 3:00

Kent CSO Office

1313 West Meeker Street Suite 100

Kent, WA 98032-4623

Phone: (206) 341-7428

Attendees:

Facilitator: April Potts

Time	Topic / Presenter	Discussion	Action Items
9:00	April Potts All	Welcome Good News Stories Charter Question (Will not review in detail at meeting) Agenda Review	
9:30	All	Development of Ground Rules for Meetings	
9:45	Cheryl Rich	FTDM - What 's working well - Data and reporting - Discussion, Feedback, and Recommendations	
10:45	All	Break	
11:00	Keli Drake	Safety Framework - What's working well - Data and Reporting - Discussion, Feedback, and Recommendations	
12:00	All	Lunch - on your own. Thai Chili: 5.5 Stars 120 Washington Ave N, Kent (253) 850-5887	May break and eat while we work - depending on time

		Jimmy John's Gourmet Sandwiches: 5.5 Stars 229 Washington Ave N, Kent (253) 852-8000 Teriyaki	
1:00	Brenda Villarreal Diane Inman	Sibling Contacts - What's working well - Data and Reporting - Discussion, Feedback, and Recommendations	
2:45	All	Closing - Feedback for the day - Next Meeting	

Goals for Meeting:

- Establish Ground Rules
- Review and discuss reports on the following:
 - Safety Framework
 - FTDM
 - Sibling Contacts
- Make necessary recommendations - **Avoid recommendations just for the sake of recommendations.**

Never Confuse Motion with Action - Ernest Hemingway

Quality Assurance Report Family Team Decision Making

**Presented to the Children's Administration
Continuous Quality Improvement Board
August 16, 2012**

OVERVIEW

Children's Administration is working toward a statewide increase in the consistent use of Family Team Decision Making (FTDM) meetings to promote an increase in the level of early family engagement in the critical decisions regarding the safe and least restrictive placement of children who have been removed or are at risk of removal from their homes. We have a specific practice standard of an FTDM for every placement decision.

Goals for children include:

- A safe, least restrictive and least intrusive placement for each child in out of home care
- A decrease in the length of stay for children who are disproportionately represented in out of home care
- A decrease in the rate of re-entry with the use of a FTDM meeting to develop a strong transition at the time of return home

Children's Administration has implemented recommendations to increase use and establish quality assurance steps to ensure consistent practice and model fidelity across the state. These include:

- Use data from the FamLink Meetings report to track the use of FTDM
- Conduct clinical observation of FTDM facilitators using a uniform observation and development tool to evaluate performance and provide feedback and consultation to enhance skills
- Provide technical assistance and targeted training to facilitators in specific areas such as Child Safety Framework, domestic violence, Solution Based Casework, and other initiatives as identified
- Provide FTDM facilitator training to tribal and community partners
- Increase all Children's Administration's social work staff knowledge of FTDM roles, purpose, policy, and outcomes

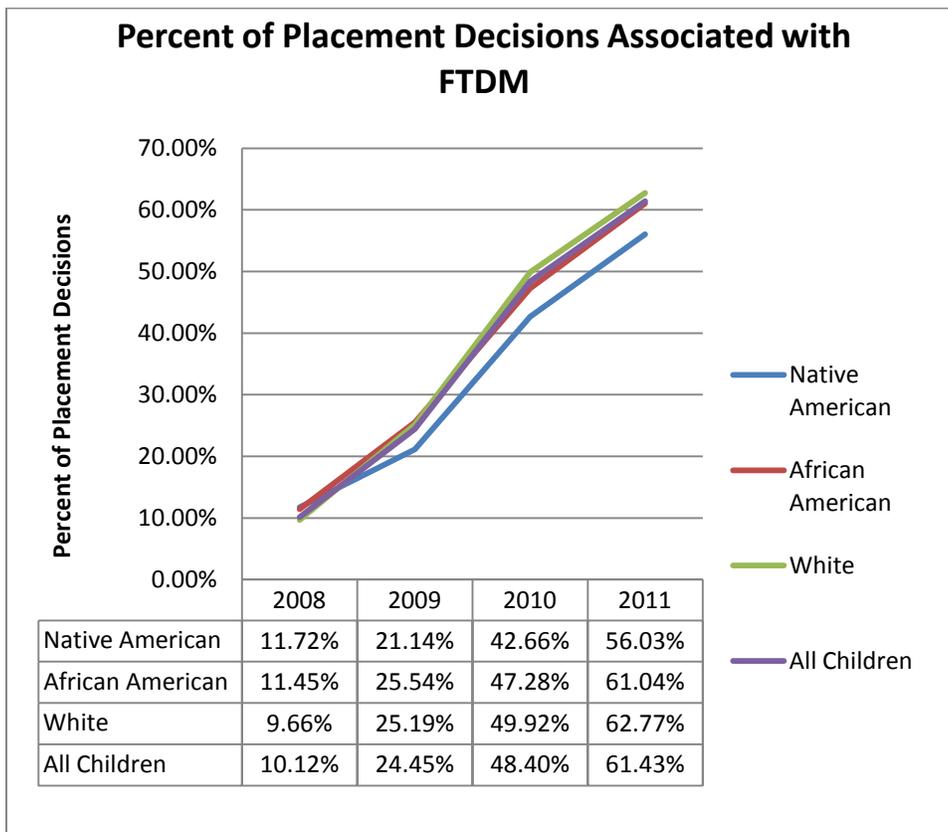
Overview of Data Used in the Family Team Decision-Making Plan QA Plan

Data Element	Source of Data	Frequency of Reporting	Person Responsible for Providing	When Available
Direct Measure of Family Engagement				
Frequency of Family Team Decision Making Meetings Held	FamLink	Monthly	Cheryl Rich	In Place
Family Feedback Questionnaire After FTDM Meetings	Compiled results of surveys	Quarterly	FTDM Supervisors	September 2012
Measures of Consistent Implementation of the Family Team Decision Making				
FTDM Facilitator Observations Conducted Using the Facilitator Observation/Development tool	FTDM Facilitator Supervisors	Semi-Annual	FTDM Supervisors	In Place
Frequency Children Being Placed Safely in the Least Restrictive Placement	FamLink	Quarterly	Cheryl Rich	In Place
Frequency of FTDMs Being Conducted for Children Who Are Disproportionally Represented In Out of Home Care	Famlink	Semi-Annual	Cheryl Rich	In Place
Related Measures				
Siblings Placed Together	FamLink	Monthly	InfoFamLink Report	In Place
Rate of Re-entry	FamLink	Semi-Annual	InfoFamLink Report	In Place

FINDINGS

Frequency of Family Team Decision Making Meetings

Table 1



Data Source: InfoFamLink Meeting Report

Analysis

- Utilization of meetings has increased significantly since 2008 for all children in out of home care. In 2008, FTDMs were held only 13.62% of the time when a placement decision was being made; in 2011 that number increased to 65.08%.
- African American and Native American children, who are disproportionately represented in out of home care, have seen a comparable increase in the number of FTDMs, although for Native American children the increase is slightly smaller.

FTDM Facilitator Observations Conducted Using the Facilitator Observation/Development Tool

FTDM Facilitator observations are completed on a semi-annual basis using the Observation/Development tool. The observations must be conducted at least annually by the FTDM supervisor; however, the other observation may be conducted by the statewide program manager or a peer facilitator with significant FTDM experience. The following information is summarized from the observations conducted January – July 2012.

Common themes:

Strengths:

- Overall adherence to the FTDM model
- Facilitators utilize strong engagement skills with families and community members
- Facilitators focus on keeping siblings together when safe and possible
- Youth and father engagement are a priority
- Concerns and plans are linked to safety
- Facilitators de-escalate situations and remain calm and patient despite the emotional tone of the meeting
- Facilitators consistently solicit information and ideas from the group.
- Record keeping/charting is clear, concise, accurate

Issues specific to model fidelity:

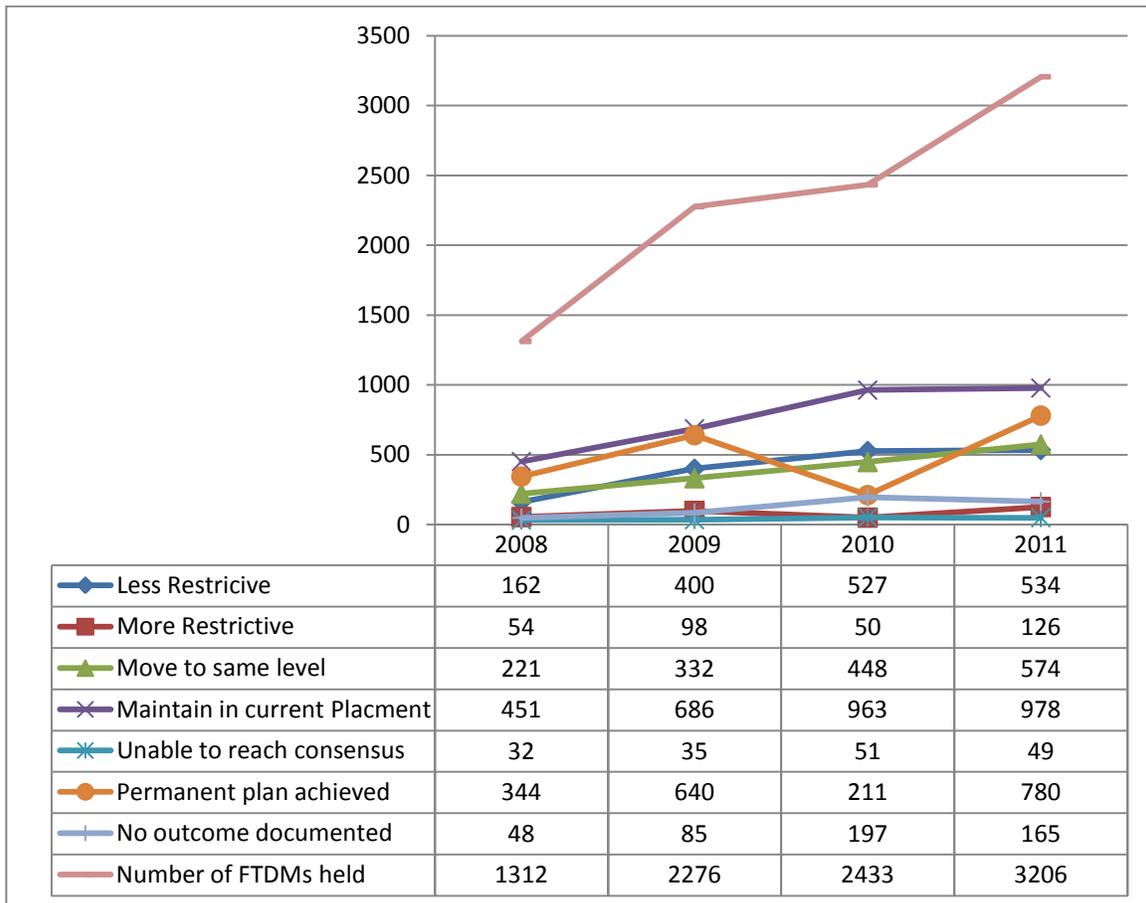
- Facilitators do not provide an opportunity for questions during the introduction or at the end of the FTDM meeting
- Facilitators do not emphasize the agency's intent to work cooperatively
- Facilitators do not acknowledge the parents' expertise about their own children

Challenges:

- Not all units consistently meet policy expectations regarding FTDM's. Referrals are not submitted in a timely manner or meetings are missed completely. Some social workers do not use the process as intended. FTDM meetings are held to meet the "technicality (of) FTDM's" but placement decisions are already made.
- In some cases, social workers are failing to provide the FTDM facilitator with complete information regarding a family's history of Domestic Violence.

Frequency of Children Being Placed Safely in the Least Restrictive Placement

Table 2
FTDM Outcomes-Change of Placement Meetings



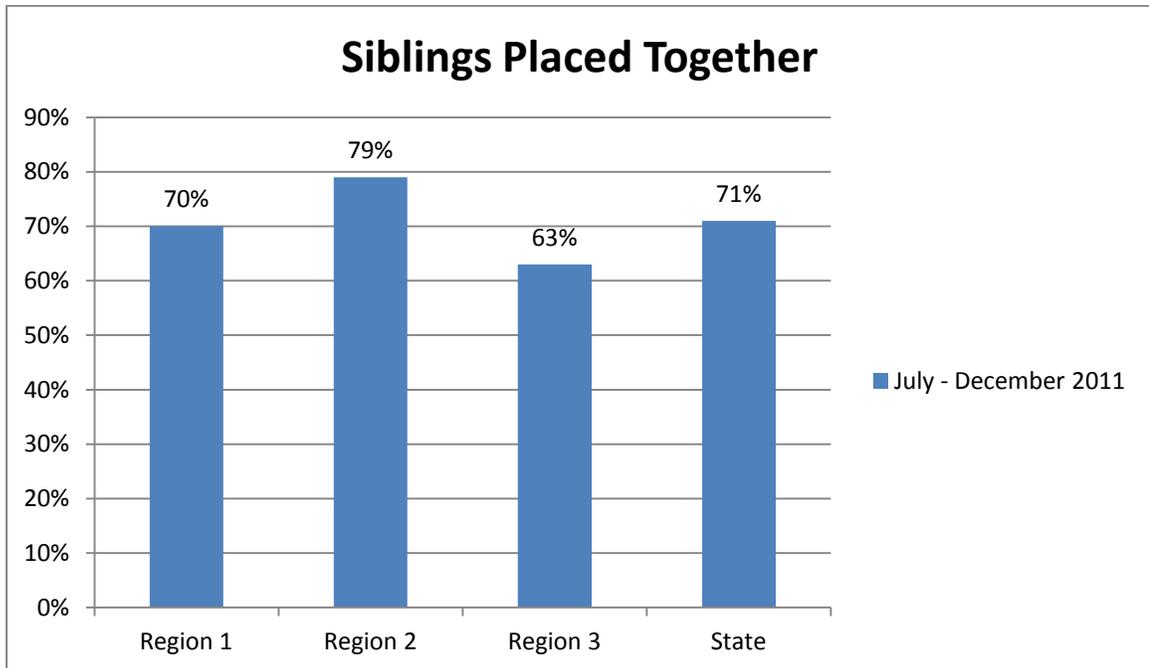
Data Source: InfoFamLink Meeting Report

Analysis:

- The meetings included in this table include only those conducted to address a possible change in placement. Meetings related to initial placement are not included.
- In 2011, the number of meetings that resulted in a less restrictive placement (534 meetings) was more than four times more than those that resulted in a more restrictive placement (126 meetings).
- The result of a high proportion of meetings is to maintain the current placement. This is noteworthy as meetings are only initiated when there is a likelihood of a placement change.
- The participants of very few meetings are unable to reach consensus (49 of 3206 meetings in 2011).

Siblings Placed Together

Table 3

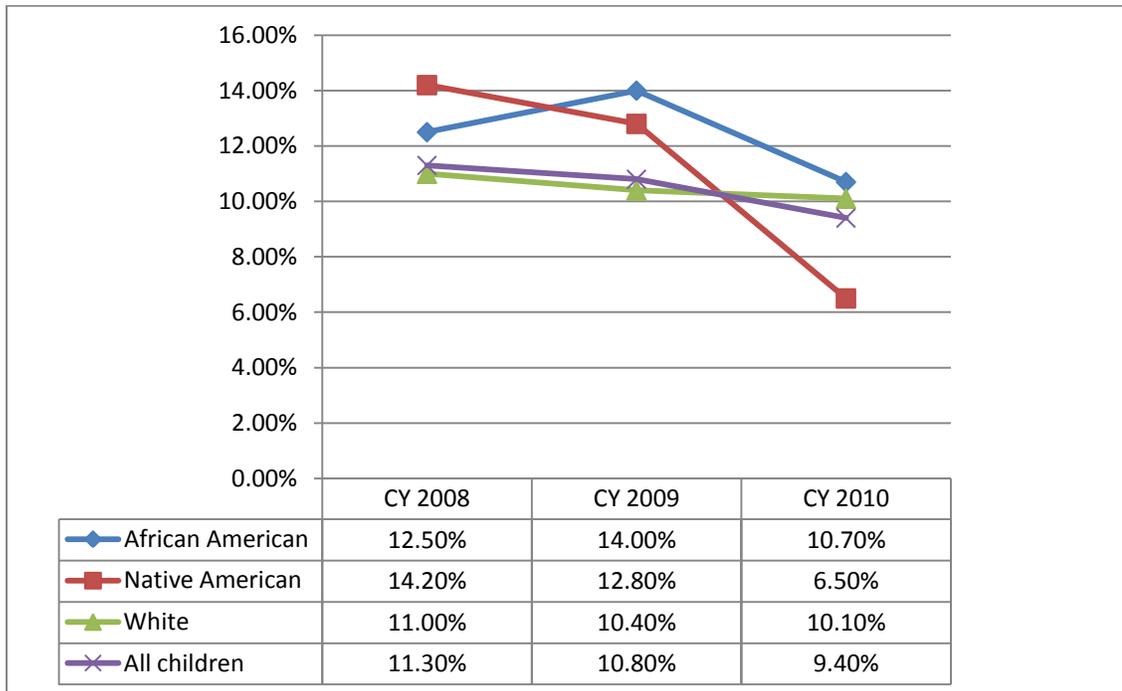


Date Source: Targeted Case Review involving 90 cases conducted to measure compliance with the Braam Agreement. Please see the [Case Review Report](#) for more detailed information.

Analysis:

- Children’s Administration has determined that there are issues with using FamLink data to measure sibling placement. It is difficult to identify siblings and to determine when separation is necessary. A targeted case review process has been developed to gather this information. Due to this change, there is no comparable data from prior periods.
- The case review process only assessed those cases where siblings remained in care 30 days or more.
- If the case met one of the allowed exceptions to placing siblings together, it was eliminated from the review in order to measure whether siblings who should be placed together, were indeed placed together.
- Overall statewide performance is 71 % with Region 2 performing at 79%.
- The percentage of siblings placed together was higher (80%) when the sibling group was two children and lower (55%) when there were more than two children.

Table 4
Rates of Re-Entry



Data Source: FamLink, Data Warehouse, David Marshall (CY 2008 – CY 2010 data). Children included a racial group are those for whom only a single race was identified.

Analysis

- There has been a decrease in the rate of re-entry into out of home care for all children, 11.30 percent in 2008 to 9.40 percent in 2010.
- The decrease in the rate of re-entry into out of home case for African American and Native American children had been more pronounced; 12.50 percent and 14.20 percent respectively in 2008 to 10.70 percent and 6.50 percent in 2010.
- This decrease occurred over the same period as the increase in FTDMs.

Summary

Strengths:

- Utilization of meetings has increased significantly since 2008 for all children in out of home care. In 2008, FTDMs were held only 13.62% of the time for children who met the criteria for an FTDM; in 2011 that number increased to 65.08%. There are additional, pre-placement meetings that are not included in the current FamLink report.

- Children who are disproportionately represented in out of home care have seen a marked increase in the number of FTDMs occurring.
- The rate of re-entry of children who are African American and Native American has declined substantially.
- Observations of facilitators are occurring and providing useful information for quality improvement purposes.

Challenges:

- Meetings held pre-placement are not captured in the FamLink Meetings report. A revision to the report has been designed and is in the queue for development.
- FTDM facilitators report some social work staff don't want to take the time to attend an FTDM.
- Some families do not trust the process.

Quality Improvement Activities in this Period

- Facilitators continue to enhance their skills by attending state-wide training. The use of the observation and development tool has created consistent measurements of facilitator skill level and allowed for the identification of statewide training needs. Trainings have been held to address domestic violence, Solution Based Casework, and the integration of the Safety Framework into FTDMs.
- FTDM facilitator training was provided for two Tribal members in March, and four additional tribes were trained in July. This allows Tribes to conduct their own FTDMs and increases the likelihood of early engagement.
- Areas of concern identified during the facilitator observations were incorporated into training plans for the facilitators. A refresher course for FTDM facilitators was held in July 2012 and addressed model drift and a re-focus on model structure.

RECOMMENDATIONS

- Continue to monitor data for compliance in the utilization of FTDM.
- Continue FTDM facilitator observations utilizing the Facilitator Observation/Development tool to promote consistent practice across the state as outlined above.

Region 2 Father Engagement Training Attendance

*September 30, 2012***Summary**

The table below shows the attendance of Region 2 staff in the training and informational workshops concerning engagement of fathers. Please note that attendance exceeds the PIP expectation of 80% of social workers across the region (except those in Licensing, Intake, and Adoption).

Office	Social Workers	Percent Attended	Supervisors and Social Workers	Percent Attended
White Center	6 out of 6	100%	7 out of 7	100%
Oak Harbor	7 out of 7	100%	8 out of 8	100%
Bellingham	40 out of 42	95%	47 out of 49	95%
Lynnwood	23 out of 25	92%	27 out of 29	93%
Smokey Point	23 out of 24	95%	26 out of 27	96%
Sky Valley	13 out of 14	92%	16 out of 17	94%
Mt. Vernon	20 out of 23	86%	26 out of 29	89%
Everett	42 out of 47	89%	54 out of 59	91%
MLK	47 out of 48	97%	54 out of 56	96%
King East	26 out of 30	86%	30 out of 35	85%
OICW	23 out of 24	95%	28 out of 30	93%
King-West	31 out of 33	93%	35 out of 38	92%
King-South	42 out of 49	85%	49 out of 56	87%
Region II Total	343 out of 372	92%	407 out of 440	92%

Statewide Permanency Roundtables

2011 Statewide Permanency Roundtable Report of Results & Summary Report

September 30, 2012

Introduction

Statewide Permanency Roundtable case consultations were held in CY 2011 to address the permanency needs and well-being of 206 children with the longest time in out-of-home care. In partnership with Casey Family Programs, Children's Administration provided Permanency Roundtable Values and Skills training and held Permanency Roundtable consultations. Primary to both trainings and the Permanency Roundtable consultations is the understanding that permanency for all children in care is an urgent priority for us all; that every child regardless of their age needs a family to call their own and they deserve our best efforts to make that family a reality.

Attached you will find both the 2011 Statewide Permanency Roundtables Summary Report and the 2011 Statewide Permanency Roundtables Report of Results. Specifically these reports analyze the reasons, barriers and service gaps that delay completion of permanent plans including possible differences by race and ethnicity, including Indian children.

2011 Statewide Permanency Roundtables Summary Report

In debriefing the lessons learned from the 2011 Statewide Permanency Roundtables, issues were highlighted that provided Children's Administration with insights, reasons, barriers and service gaps that delay completion of permanent plans. The major themes are discussed on page two of the Summary Report with a fuller discussion on pages three through six.

(Please note the 2011 Summary Report was also provided in the Quarter 2 Report.)

2011 Statewide Permanency Roundtables Report of Results

As noted above, in 2011 Children's Administration entered into a process for conducting Permanency Roundtable trainings and case consultations. The following is a summary of our process for case selection and the progress we have made towards improving the permanency status of children and youth in child welfare.

The 206 children that were the focus Permanency Roundtables consultations are less than the 234 children described within our Quarter 3 report, "*Children with Longest Lengths of Stay in Foster Care*." The following case descriptors were used to excuse a case from review at the time of the specific session which reduced the total number of children under review:

- Child / youth has a completed permanent plan by the time of the Permanency Roundtable session – Completed Adoption or Guardianship
- Youth reached the age of majority by the time of the Permanency Roundtable session
- The State did not have authority for the placement or care of the child / youth

Despite prior difficulties in achieving permanency for these children, the Permanency Roundtable process resulted in improved permanency status for just over half of the children. Permanency was achieved for 12 percent of the children by August 2012. There were disparate results for the African American and Native American children staffed in Roundtables, who experienced approximately half of the improvement rate of White, Non-Hispanic children. This finding is consistent with other findings related to disparately long periods of time in foster care for African American and Native American children. Approximately half of the Native American children had improved Permanency Status which is more positive than previous reports. Children's Administration is delving deeper into this data to better understand the issues causing the racial disproportionality for African American youth.

**Statewide Permanency Roundtables
Permanency Roundtable Design Team Written Recommendations**

September 30, 2012

Summary

In January of 2012, the Statewide Permanency Roundtable Design Team met to debrief the lessons learned from the 2011 Statewide Permanency Roundtable sessions.

As a result of these meetings, in February 2012 the Permanency Roundtable Design Team developed written recommendations concerning needed improvements to the child welfare system in the State of Washington for the purpose of safely shortening the time children spend under a court dependency.

In February of 2012, the 2011 Statewide Permanency Roundtables Summary Report was presented to Children's Administration Leadership. After review of this report, Children's Administration Leadership adopted the Design Team recommendation for conducting Statewide Permanency Roundtables during 2012.

**Statewide Permanency Roundtables
Written Children's Administration Leadership Team Decision**

September 30, 2012

Summary

In February of 2012 the 2011 Statewide Permanency Roundtables Summary Report was submitted to the Children's Administration Leadership Team with the recommendation of continuing Statewide Permanency Roundtables during the summer of 2012.

Upon review of the Summary Report, Children's Administration Leadership adopted the recommendation for conducting Statewide Permanency Roundtables during 2012.

As evidence of this commitment, please see the attached March 21, 2012 letter from Assistant Secretary Denise Revels Robinson to Children's Administration staff which conveys the decision for Children's Administration to conduct Statewide Permanency Roundtables during 2012.

DSHS mission: DSHS will improve the safety and health of individuals, families and communities by providing leadership and establishing and participating in partnerships.

Children's Update



March 21, 2012

Dear Children's Administration Colleagues:

SUBJECT: STATUS OF PERMANENCY ROUNDTABLES

I am writing to update you on the status of successful implementation of the Permanency Roundtable consultations across the State of Washington.

Permanency Roundtables provide case consultations to social workers and their supervisors to improve legal permanency for children and youth and to address systemic barriers to legal permanency within the Washington State child welfare system.

In partnership with Casey Family Programs and community consultants, over 200 of our own Children's Administration staff generated strategies for improving the lives of 206 children and youth who have experienced the longest durations in out-of-home care. Youth who have been in care the longest were the first recipients of Permanency Roundtable Consultations reflecting our commitment to improve legal permanency outcomes for these youth before they leave care.

I want to thank all of you who participated in this process. Your hard work and commitment made a measurable difference in the lives of the children we serve. Although it is early in the process, some areas report a 30 percent increase in expedited permanency following implementation of the Roundtables. In addition we are hearing inspiring individual reports of successful Action Plans that resulted in reunification after high school graduation.

As noted in my August 29, 2011 all staff message regarding the Statewide Permanency Roundtable process, the summary report of regional and statewide themes and services identified during roundtable sessions has been completed and is attached for your review. The Roundtable teams identified issues with communication and common understanding of the value of permanency, uncertainty about CA policy and practice as well as a need for stronger emphasis on early planning and family connections for emancipating youth. We will continue our work to improve our approaches in these areas.

We are also receiving updates on the progress of implementing Action Plans developed within the Permanency Roundtable consultations. As themes emerge from our successes and struggles with implementation of these plans, we will update you on the lessons we have learned.

Planning is underway for the 2012 round of Statewide Permanency Roundtables. Given feedback from staff and supervisors about case selection we are opening the Roundtable process to children and youth other than those who have been in care the longest. We are also looking at ways to limit the workload any one person might be asked to take on in order to staff cases.

Once again I want to highlight the wonderful opportunity Permanency Roundtables provides in accessing the collective wealth of wisdom of our staff and our community partners.

Thank you for your continued commitment to the children, youth and families we serve.

Sincerely,

A handwritten signature in cursive script, appearing to read "Denise Revels Robinson".

Denise Revels Robinson, Assistant Secretary
Children's Administration

Statewide Permanency Roundtable Values Training

September 30, 2012

Introduction

To successfully address the barriers to permanency for children in out-of-home care, it is critical that we have a shared vision and values that emphasize the need for all children regardless of age, race or ethnicity the understanding that permanency for all children in care is an urgent priority for us all; that every child, regardless of age, needs a family to call their own and they deserve our best efforts to make that family a reality.

Please see the following activities that Children’s Administration has entered into to meet the challenges listed above.

- Permanency Values Training provided by Casey Family Programs staff and contractors for additional Children’s Administration staff and community partners. The agenda is attached.
- Discussion of Lessons Learned as outlined in the 2011 Statewide Permanency Roundtables Summary Report

2012 Permanency Roundtable Values Training & Engagement Activities

Given the need to address barriers to permanency for children/youth in care across the state of Washington, each region made efforts to engage internal and external Child Welfare partners as highlighted in our 2011 Permanency Roundtable Lessons Learned. Specifically we invited the following:

- Tribal Communities
- Service Providers
- Placement Providers
- Court Officers and Staff
- Court Appointed Child Advocates / Guardian Ad Litem
- Children’s Administration Staff and Management selected for case staffings who had not previously attended the Permanency Roundtable Values training

Statewide Permanency Roundtable Values Trainings

<i>Date</i>	<i>Region</i>	<i>Office Location</i>
May 30, 2012	Region 1 North	Moses Lake
July 11, 2012	Region 1 South	Yakima
July 25, 2012	Region 1 North	Spokane
August 1, 2012	Region 2 & 3	Seattle

August 29, 2012	Region 1 South	Richland
-----------------	----------------	----------

Statewide Permanency Roundtable Values Attendance

Region 1

Total Attendees	Agency / Organization
40	Children’s Administration Staff and Management
4	Service Alternatives – Mental Health Treatment & BRS Placement
1	NW Children's Home – Treatment & Placement
1	Children's Home Society – Child Development, Treatment, Placement
2	Olive Crest - Adoption Agency
4	Mental Health Service Provider's (including FACES)
7	Court Appointed Advocates Association /Guardian Ad Litem (multiple counties)
1	Mockingbird – Youth services / advocates
2	Kidsense (Private Agency)
2	Lutheran Social Services – Mental Health Services
4	Catholic Community Service – Placement and Mental Health Services
2	Veteran Parents Group (associated with Court Appointed Advocates Association /Guardian Ad Litem)
2	EPIC (Private Agency providers of Crisis Residential Centers & Regional Crisis Residential Centers)
2	Tribal members (All tribes in Region 1 were invited to participate)
Total 74	

Region 2

Total Attendees	Agency / Organization
26	Children’s Administration Staff Management
1	Families Like Ours (Private Service Agency)

1	Whatcom Family Community Network (Community Partner)
1	Snohomish County Volunteer Guardian Ad Litem
1	Tribal Representative (All tribes in Region 2 were invited to participate)
Total 30	

Region 3

Total Attendees	Agency / Organization
32	Children’s Administration
2	Children's Home Society Vancouver
2	Community Youth Services Olympia
2	Kitsap County Juvenile Courts
3	Pierce County Juvenile Courts
0	All tribes in Region 3 were invited to participate
Total 41	

2011 Statewide Permanency Roundtable Summary Report

The attached report on Lessons Learned from the 2011 Statewide Permanency Roundtables Summary Report consultations was sent out to all Children’s Administration staff, shared personally with Headquarters and Regional Children’s Administration Leadership teams, discussed with community stakeholders and presented at Permanency Roundtable Values Trainings.

Participation of Tribal Partners in the Permanency Roundtable Process

During 2012 Children’s Administration engaged tribes and Recognized American Indian Organizations through regional 7.01 meetings to recruit a representative to participate in the permanency roundtable process as a standing member. This Roundtable member would also participate in the training prior to the case consultations. The tribal and/or organization representative participated in the full permanency roundtable process or just those staffings specific to Indian Child Welfare cases.

In addition, Children’s Administration invited participants to the permanency roundtable from the child’s tribe, when that tribe was in Washington State. The tribe either sent a representative to the staffing or the provided written input to the permanency roundtable consultation. For those tribes that did not wish to attend the Permanency Roundtable trainings the Regions arranged a consultation with them regarding the permanency roundtable process.

If a child that received a permanency roundtable staffing was affiliated with a tribe(s) from outside of Washington State, the assigned Children’s Administration social worker contacted that tribe(s) about the staffing. These tribes were given the opportunity to provide written input to be shared at the permanency roundtable staffing. After the consultation the specific tribe was appraised for the recommendations.

Attachment

2011 Statewide Permanency Roundtables Summary Report

Permanency Values Training: Who Wouldn't Want a Family?

Agenda and Learning Objectives

8:30 Session 1: Welcome, Introductions & Expectations (45 min)

Participants will:

- Become acquainted with the course agenda, learning objectives, materials, expectations and key themes
- Become familiar with the facilitator(s), other participants and facility
- Become acquainted with the philosophy, mission, vision, and expected outcomes of the Permanency Roundtable Process and how it fits into the state or jurisdictional goals for children and families
- Set a positive, interactive tone for the day

9:15 Session 2: Permanency: What is it? (45 min)

Participants will:

- Become acquainted with definitions of permanency from both professional and youth viewpoints;
- Identify key elements of permanence as it applies to child welfare
- Make a personal connection to the concept of permanence
- Understand the range of youth outcomes that occur when youth do not achieve permanency
- Understand their role in achieving permanency for youth in their care

10:00 Break (15 min)

10:15 Session 3: Engagement (85 min)

Participants will:

- Gain an understanding of family engagement as the foundation of successful service delivery;
- Examine the caseworker behaviors and agency approaches that produce engagement;
- Compare their own practice with the evidence-based key features of engagement;
- Identify at least 2 new behaviors related to engagement that they will be able to implement immediately in their own practice;
- Identify at least one common barrier and one unique strategy for overcoming that barrier related to youth engagement;
- Identify at least one common barrier and one unique strategy for overcoming that barrier related to engagement of fathers

12:00 Lunch

1:00 Session 4: Permanence: Who Needs it? (70 min)

Participants will:

- Explore the meaning of permanency from a developmental perspective;
- Identify at least 3 lifelong benefits of permanent family connections for older youth preparing to leave foster care, youth with significant special needs and youth who are part of sibling groups;
- Gain insight into the significant role of siblings in the lives of children and identify at least 3 casework practices that can enhance lifelong sibling bonds
- Identify at least one new casework practice that can enhance permanency work with children and youth with special needs

2:10 Break

2:30 Session 5: Skill Building (90 min)

Participants will:

- Gain insight into skills and approaches, including individualized team-based approaches that produce permanency,
- Understand and be able to use each of the 5-steps for achieving permanency
- Understand and be able to use the 5 questions for creating a permanency team
- Understand and be able to use the 5 "Key Questions" for developing permanency plans for youth
- Identify at least 2 new skills or behaviors related to permanency that they will be able to implement immediately in their own practice;
- Gain an understanding of the critical link between successful engagement work and successful permanency outcomes.

2:30 Session 6: Closing

Participants will:

- Be able to summarize the key themes and concepts presented during the training
- Begin transfer of learning process by completing evaluation for the day;
- Demonstrate awareness of personal professional development progress and needs as related to permanency
- Celebrate accomplishment of a full day of training
- Leave with increased personal connection to and commitment to achieving permanence for all youth

2011 Statewide Permanency Roundtables

Summary Report

February 2012

During the autumn of 2011, the Washington State Department of Social and Health Services – Children’s Administration (DSHS – CA), held statewide Permanency Roundtables (PRT) in partnership with Casey Family Programs. PRTs provide case consultations to social workers and their supervisors to improve permanency for children and youth and also highlight systemic barriers to permanency within the Washington State child welfare system. They are structured, professional case consultations designed to expedite permanency for youth in care through innovative thinking, the application of best practices, and the “busting” of systemic barriers. The primary goals of permanency roundtables are:

- Expedite permanency
- Increase staff competencies (attitudes, knowledge, skills) related to expediting permanency
- Gather data to address systemic across-systems barriers to permanency (policies, protocols, procedures, and training needs).

Depending on its design, the PRT process can produce additional results, including:

- Strengthening local capacity to sustain the process
- Building capacity to spread the process geographically

Design Team

A Design Team consisting of the CA Regional Administrators or their designee and other staff from CA; Casey Family Programs Senior Directors in Washington and other staff from Casey; and the Seneca Center’s National Institute for Permanent Family Connectedness was convened to develop the process for training, case selection and implementation of statewide case consultations. Prior to the actual roundtable staffing, a daylong permanency values training was conducted in each region. Although the value trainings took different forms, each training was designed to:

- Instill a sense of urgency and relentless insistence upon permanency for EVERY child
- Ask the question “WHAT WILL IT TAKE?”
- Encourage “out-of-the-box” thinking and real-time learning
- Value the opportunity for a set of “new eyes” on cases
- Demonstrate leadership commitment and accountability at all levels

Staffing Process

This first round of statewide PRTs focused on the children and youth who have the longest time in out-of-home care; seven (7) years or longer. Two hundred and six (206) children and youth with the longest time in care without a completed permanent plan were reviewed through this specialized staffing process. Over 80 Child Welfare permanency experts from CA, Casey Family Programs and the Seneca Center, met with CA social workers and supervisors with the goal of thinking creatively together to achieve permanency for the selected children and youth. During the process, an action plan was developed for each child / youth who was staffed and will be tracked centrally for six months following the date of the roundtable.

At the end of each series of regional PRTs, the people involved highlighted themes that provided insight into barriers to permanency and how we, our stakeholders and our providers can improve permanency for children/youth. The regional debriefs focused in large part on system barriers related to court processes, state and federal law and policy, and resource allocation patterns that hamper efforts to achieve legal permanency. These regional themes have been consolidated into this statewide debriefing that may serve as a guide for improving both the PRT process and our overall effectiveness in serving children and families.

Identified Themes

The four (4) major themes identified across regions were:

- Inconsistent communication between management, CA staff, stakeholders, providers and families concerning safety standards, permanency values and expectations.
- The lack of a clear understanding of practice guidelines by some managers/supervisors impacts permanency because there is a lack of consistent interpretation of policy and practice regarding:
 - Adoptions
 - Guardianships
 - Funding
 - Service provision
 - Placements
 - Safety Framework (Assessment of families and the return of children to their homes or relatives)
 - Relative Search and the engagement of the paternal family
- A need for a renewed emphasis on early planning and family connections for emancipating youth
- The lack of a shared understanding between CA staff, stakeholders and providers concerning Permanency Values, Safety Framework, Cultural Awareness, and the engagement of fathers / paternal family

The next section of this report provides additional details which expand on the themes listed above.

Evaluation of the Statewide PRT Process and Recommendations for Improvements to the Child Welfare Practices and Systems

Strengths:

- The majority of CA staff and supervisors involved in the PRTs report:
 - The PRT process was a positive experience
 - The tone of PRT sessions was positive, and the teams were skilled and respectful
- The majority of social workers and supervisors were professional, prepared and open to new ideas for their cases
- Some social workers reported feeling hopeless as the PRT meeting began but left encouraged about possibilities for their cases
- Administrators are a valued part of the of the PRT team. They provided an important resource for addressing inter and intra agency roadblocks. The PRT values training was viewed positively by most staff and comments indicated that staff wished more partners could have been invited to participate (i.e. court, GAL, providers, etc.)
- Many staff indicated that the PRT Skills training did prepare them well to perform their role in the actual roundtable activity.

Areas in Need of Improvement and Systemic Barriers to Permanency:

During the PRT training and roundtable sessions, some CA staff reported confusion due to an absence of clear practice standards and systemic barriers related to CA partners and stakeholders, such as courts, service providers, and children's attorneys that resulted in delayed legal permanency.

The following areas and barriers were called out in each region:

- Funding
 - Adoption Support
 - R-gap
 - Foster Care Rates etc.
 - Service eligibility for legally free children / youth
- Adoptions
 - Home studies
 - Cultural awareness
 - Consistency of standards for approved / failed home studies
- Courts/ Judicial System
 - Inconsistency in Courts from county to county

- Returning children/youth home
- Termination of Parental Rights
- Reinstatement of Parental Rights
- Lack of resolution of court status is a drain on workers and supervisors
- Lack of funding in some county court systems limits assignment of attorneys for youth
- AAG's resistant to going to court to change plans. This is a question as to who the customer is; CA or AAG?
- Courts, attorneys, CASA, GAL need to be trained in Permanency Values

- Guardianships / Long Term Foster Care
 - Clarification of criteria needed for guardianship and Long Term Foster Care
 - Support that the family can be provided within a guardianship or Long Term Foster Care
 - Who will approve guardianships and long term foster care agreements?

- Special Model Homes
 - What are the criteria for monitoring and corrective action?
 - What is the standard to reduce rates for payment?
 - What is our response to the issue of a caregiver "dumping" the youth if the foster care rate is reduced?

- Mental Health – What is the criteria for requiring the following:
 - Psychological evaluation of parents and caregivers
 - Therapy
 - Reunification / meeting with the abusive parent
 - Urine / blood testing
 - Substance abuse treatment
 - Treatment of trauma
 - Culturally sensitive services

- Issues Related to Removal and Return Home
 - When to remove a child / youth from home?
 - When to return a child / youth to their home?
 - What services are needed when the child / youth has been returned home?
 - What are the standards when mental health and substance abuse issues are present?
 - Safety and Cultural awareness – do we have a higher standard for some?

- Relative Searches: What is a thorough relative search?
 - Letters
 - Phone calls
 - Face to face interviews
 - Internet search

- Social workers and supervisors taking responsibility to respond to relative search results
- Father engagement / Involvement of Paternal family
- Increase awareness of services and functions of other DSHS Agencies
- Resources / Services
 - Up-to-date information on available resources is needed
 - Training on available resources
- Legal Process
 - How to apply safety standards to re-instating parental rights
 - What weight if any does the behavior of youth play in re-instating parental rights?
- Medication / Medical Consultants
 - Expectation for ongoing reviews of medication
 - Expectation and training in the use of medical consultants

Additional Comments from Regional Debriefs

- Some attitudes / beliefs that may impede progress
 - Some staff have their own definition of “Permanency”. CA must communicate a shared definition of Permanency both within the Administration and to all providers and stakeholders.
 - Following policy is often not a priority. Office practice and supervisor opinion can sometimes dictate what policy to follow and what policy not to follow. A statewide discussion and agreement about exceptions to policy and transparency about practice is needed.
 - A need to get through the PRT staffings with little intent to complete the action plan.
 - Staff monitor many cases until they age out, without active engagement of the youth about the future or family connections.
 - If an adoption failed, staff give up on adoption as an option for the youth.
 - If the youth said no to adoption, staff never ask again about adoption or find out why they said no.
 - When roadblocks are encountered on a case, staff / supervisors are hesitant to take the issues up the chain of command.
 - Some staff believe that Long Term Foster Care is a legitimate permanent plan so there is no need to disrupt this by trying to find a legal permanent option.
 - Some PRT team members reported difficulty in developing Action Plans when the social worker was resistant to the PRT process. At times the Action Plans were pared down to what the team felt the social worker would accept rather than what the best interest of the case would dictate.

Common Concerns and Questions Expressed

- Group care promotes multiple placement changes
- ICPC delays and restrictions on travel out-of-state hinder the social worker in addressing case issues
- Staff turnover/multiple social workers on a case delays permanence for the child
- How can PRTs focus on front-end work (Could we do safety PRT's?)?
- Recommend use of the Casey Family Group Conference model
- There is no consistency across CA on many issues. We are not speaking with one voice throughout the State.
- Team meetings regarding some youth do not occur because “everyone” has given up on progress in the case plan
- Lack of staff to meet FTDM needs
- Lack of funding for FGC
- Lack of access to FGC - Lack of facilitators
- Some staff resistant to FGC process

Areas to Improve for Future Permanency Roundtables

- Development of PRT Training, Practice Guidelines and Logistics
- Develop clear expectations for Regional staff in setting up PRT sessions (Leads, support staff, etc.)
- Develop clear expectations for the recruitment of PRT Panel members
- Develop a calendar and stick to it for training staff, roundtable members, and stakeholders
- Guidelines for engaging resistant staff / supervisors
- Develop a process for PRT members to voice concerns over social work practice
- Increase Tribal representation at PRT meetings
- Engage staff in developing profiles of cases to be staffed over the next few rounds of PRTs
- Provide training on the presentation and guidance on the discussion of the permanency status form
- Include Administrators on every PRT. Teams without Administrators tend to be unwilling to take issues up the chain of command.
- Complete trial runs of the computers and show-views prior to the day of the roundtable. In addition, the meeting rooms should be larger.
- Limit Social Worker and Supervisor to no more than 2 case staffings per PRT session
- Discuss sibling groups together at the roundtable
- Booster training for staff and managers about values, expectations and follow-through with Action Plans
- Ensure social work staff that are presenting cases with multiple volumes have knowledge of the information within these volumes. Some social work staff never review cases files past the most current volume.
- Explore implementation of a new structure to encourage additional oversight/encouragement of identified plans.

Recommendations for 2012

1. Track the status of the cases that were the focus of a PRT in 2011 through both a central, statewide database and in the regions via monthly staffings that review a third of the children each month (all children over the course of a quarter).
2. Provide training in Permanency Values to saturate a broad audience of CA Staff and Community Partners to promote a shared positive view of permanency for all children and youth in care. Provide a Permanency Values Workshop at the Children's Justice Conference in spring 2012.
3. Partner with Casey Family Programs to conduct training of the trainers on PRT Values and Skills so that CA can continue the PRT process independently as a component of our ongoing practice in 2013 and beyond.
4. Provide policy clarification on identified areas of practice. Develop a targeted policy tool to be available during PRTs that provides answers to frequently asked questions.
5. Conduct additional PRTs within the following parameters:

Case Profiles

The cases to be reviewed will be split on a 40% - 40% - 20% basis. The selection criteria for these respective percentages will be as follows:

40% - Longest Length of Stay

Children with the longest length of stay that have not been reviewed at a Permanency Roundtable Staffing - half of these cases will be children with Long Term Foster Care Agreements.

40% - More Recent Entries

At least 15 months in care without a TPR filed, or prior to the 1st Permanency Planning Review.

One or more of the following criteria may be added by the Design Team:

- No relative placement
- Multiple placements
- Siblings not placed together
- Re-entry into out-of-home placement

20% - Regional Choice

Cases selected by RA / Regional Design Team Members / Area Administrator where there is a:

- A difference of opinion about preferred permanency plan
- A lack of Permanency options to meet the needs of the child / youth
- Difficulty achieving the identified permanent plan

Additional case profiles may be identified by the Design Team.

Additionally:

There will be only one case per social worker whenever possible.

Number and Location of Roundtables

For the next round of PRTs:

- Each PRT Session will involve at least 3 Review Teams
- PRT Sessions will be held on 2 consecutive days during a week to be selected by the Region
- Each Review Team will staff three cases per day

Given these parameters, each session will review the cases of 18 children.

The minimum number of sessions will be:

- Two sessions in Region 1 North
- Two sessions in Region 2
- At least one session in Region 3

Multiple sessions in one region could be held simultaneously or be in different time periods.

This approach will result in 90 cases being reviewed. Additional sessions may be added by the Design Team, as CA and Casey resources allow.

Conclusion

The Statewide PRT Design team will reconvene and further define the process for the 2012 PRT sessions.

REPORT OF RESULTS

2011 Permanency Roundtables

Executive Summary

Statewide Child Welfare Permanency Roundtable case consultations were held in CY 2011 to address the permanency needs and well-being of 206 children with the longest time in out-of-home care. In partnership with Casey Family Programs, Children's Administration provided Permanency Roundtable Values and Skills training and held Permanency Roundtable consultations. Participants included Children's Administration staff, supervisors, management, and community stakeholders across the State of Washington. Primary to both trainings and the Permanency Roundtable consultations is the understanding that permanency for all children in care is an urgent priority for us all; that every child regardless of their age needs a family to call their own and they deserve our best efforts to make that family a reality. To accomplish this, a Permanency Action Plan for each child was developed and discussed.

Performance data demonstrated that significant progress was made to improve child permanency in half of the cases staffed and that 12% of the children reached permanency. There were disparate results for the African American children staffed in Roundtables, who experienced approximately half of the improvement rate of White, Non-Hispanic children.

The overall systemic impact of the Permanency Roundtable process has been to push the child welfare system to improve its efforts for finding permanency and for adopting a value system that expects positive outcomes for every child.

The Permanency Roundtables conducted in 2012 focused on a more diverse group of children and youth. The largest group continues to be the children who have been in care the longest. Large sibling groups, children who have experienced a disrupted adoption, youth who frequently run from care and those with specific behavioral issues were included.

Introduction

Casey Family Programs uses a model of case consultations, Permanency Roundtables that focus on improving permanency for children in the foster care system. Permanency Roundtables provide structured, professional case consultations to social workers and their supervisors by the promotion of innovative thinking, the application of best practices, the "busting" of systemic barriers for improving permanency for children, and highlighting systemic barriers within the Washington state child welfare system. The primary goals of Permanency Roundtables are to:

- Expedite permanency for children
- Increase staff competencies (attitudes, knowledge, skills) related to expediting permanency
- Gather data to address systemic across-systems barriers to permanency (policies, protocols, procedures, and training needs)

For many years, Casey Family Programs and Children's Administration have been collaborating to conduct Permanency Roundtables in King and Yakima counties, the two areas of the state where Casey has local direct service offices. The Assistant Secretary of Children's Administration approached Casey Family Programs to request assistance with a statewide process. Casey Family Programs agreed and partnered with Children's Administration to develop a modified "hybrid" model for use in Washington's statewide process which initially focused on the children who had been in foster care the longest period of time regardless of where the child lived.

2011 Permanency Roundtables

During the autumn of 2011, the Department of Social and Health Services – Children's Administration, held the first statewide Permanency Roundtables in partnership with Casey Family Programs. This first phase of statewide Roundtables focused on , 206 children and youth who have been in out-of-home care for six years or longer without a completed permanent plan. These children and youth were chosen for the first statewide Roundtables, because they have been without a permanent family longer than any other children in the child welfare system. It should be noted that the delays in permanency for these individuals are often complicated by the tragic dynamics of being on the run from care; incarcerated for violent crimes, or suffering from severe physical, emotional or behavioral concerns. To address these concerns, over 90 child welfare permanency experts from Children's Administration, Casey Family Programs and the Seneca Center met with CA social workers and supervisors to think creatively on how best to achieve permanency.

Training & Child Consultations

Values Training

Critical to the improvement in permanency for children and youth and supporting the systemic improvement of child welfare across the State of Washington is a shared set of values which emphasizes the urgent need for every child to be part of a "forever" family. To jump start this culture change Casey Family Programs offered Permanency Values training to staff , tribes, providers, and community stakeholders across the State of Washington. The Values training was mandatory for all social workers, supervisors and Roundtable Team members presenting or reviewing the permanency plan for a child, but was open to all community members who touch the child welfare system. As a result over 260 individuals attended the Permanency Values Trainings presented in Everett, Olympia, Spokane and Yakima.

Skills Training

In order to facilitate an open and productive discussion about the child's well-being and permanent plan, a positive and creative tone must be maintained. Given this need, Casey Family Programs provided mandatory training for all who served on each of the Permanency Roundtable Teams. The Roundtable Skills training highlights both the Roundtable process and the engagement skills that facilitate an effective discussion.

Child Consultations

Statewide Permanency Roundtable consultations were held from June through December 2011 at the following locations: Everett, Seattle, Spokane, Sunnyside, Tumwater and Yakima.

To make these Roundtables a reality required 11 Statewide Permanency Roundtable Teams made up of 92 child welfare professionals who discussed 206 children in care with 134 Social Workers and 69 Supervisors.

At the conclusion of each Roundtable session, a debriefing was held to highlight the specific strengths and challenges of the plans that were reviewed, in addition to systemic opportunities or barriers to permanency. Some of the recommendations from the debriefings are:

- Increase participation of regional management on Roundtable Teams to help knock down bureaucratic barriers
- Increase tribal cases and tribal participation at Values trainings for future Permanency Roundtables
- Provide training for all Children's Administration Relative Search staff
- Make policy and practice summaries available to staff and Roundtable members during the process
- Include a broader range of children in future Roundtables

Casey Family "Child Current Permanency Status" Scale

The children and youth that received a Permanency Roundtable were assessed at the time of the consultation using the Casey Family "Child Current Permanency Status" scale. (Please see Attachment A). The "Permanency Status" is a ranking that reflects any movement toward permanency. Since these children were in care greater than six years, often with many failed attempts to achieve a permanent plan, it is important to acknowledge any movement toward permanency as a success. The social worker and their supervisor assessed the youth's status at 90 days and 180 days after the Roundtable.

The Casey Family "Child Current Permanency Status" scale is based on the child's current living situation and the likelihood that the living situation will become permanent. In brief:

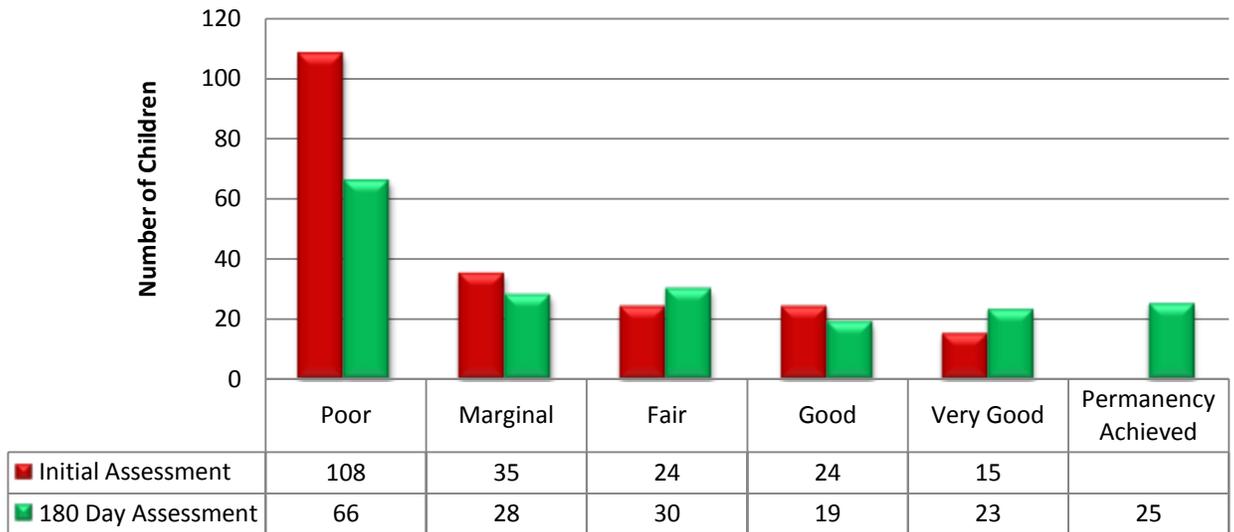
- Permanency achieved – A legal permanent plan was achieved.
- Very good permanency status – Child is in a family setting that the child, caregivers and casework team believe is life-long.
- Good permanency status – Child will likely complete a permanent plan or have a connection with a family.
- Fair permanency status – Child is in a temporary placement but transition is planned and the child is ready to move.
- Marginal permanency status – Child is in a temporary placement and the likelihood of reunification or a permanent home is uncertain.
- Poor permanency status – Child remains in temporary placement without a realistic or achievable permanency plan.

Results

As part of this consultation each child’s legal and placement status was reviewed as well as the child’s standing on the Casey Family “Child Current Permanency Status” scale. As a measure of progress for each child, these measures were tracked for 180 days after the Roundtables.

Change in Permanency Status

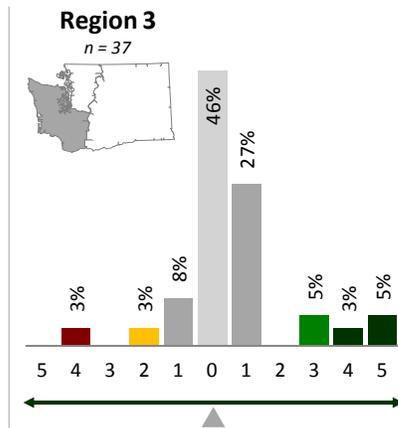
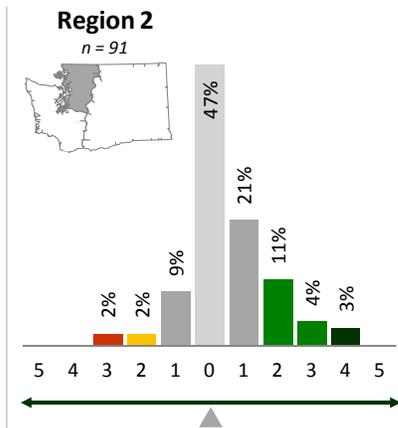
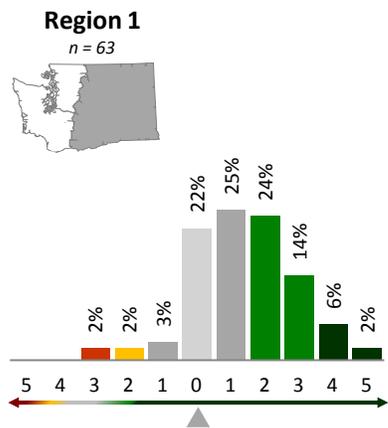
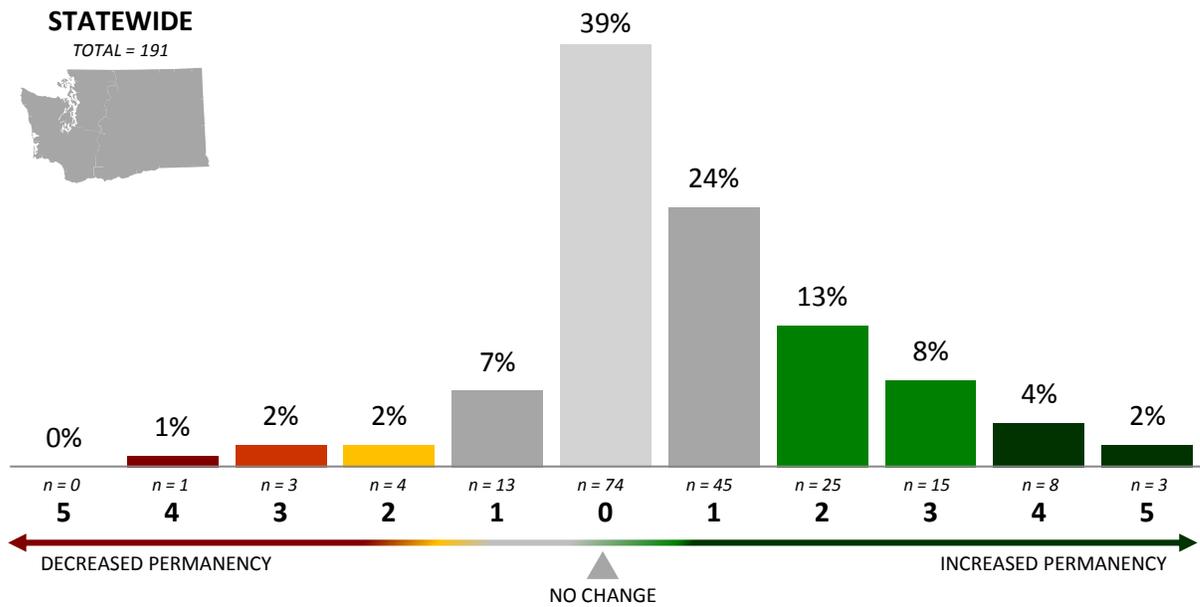
Initial and 180 Day Assessment of Child Current Permanency Status



Initially there were 108 (52 percent) children assessed as having a poor permanency status by the Casey Family “Child Current Permanency Status Scale.” By the 180 day assessment, that number was reduced to 66 (32 percent) children with an assessment of a poor permanency status.

Only 39 (19 percent) of the children were initially assessed as being at a good or very good permanency status. However by 180 days, that number had increased to 67 (33 percent) children with a permanency rating of good, very good or achieved permanency. Fifteen (7 percent) of the children were not assessed because they reached age of majority (age 18 for most children) before the 180 days assessment.

Changes in Permanency Status 180 days after Permanency Roundtables as Measured on the Casey Child Current Permanency Status Chart



SOURCE: DSHS Children’s Administration, September 2012, Permanency Roundtable database. Percentages add to more than 100% due to rounding. Follow-up results available are for 191 children; the 15 youth who turned 18 are not included.

Statewide, permanency status on the Casey Family Scale was unchanged for 39 percent of the children and youth reviewed in a Permanency Roundtable. However, permanency status did improve for 51 percent of the children while for 12 percent of the children permanency status worsened.¹

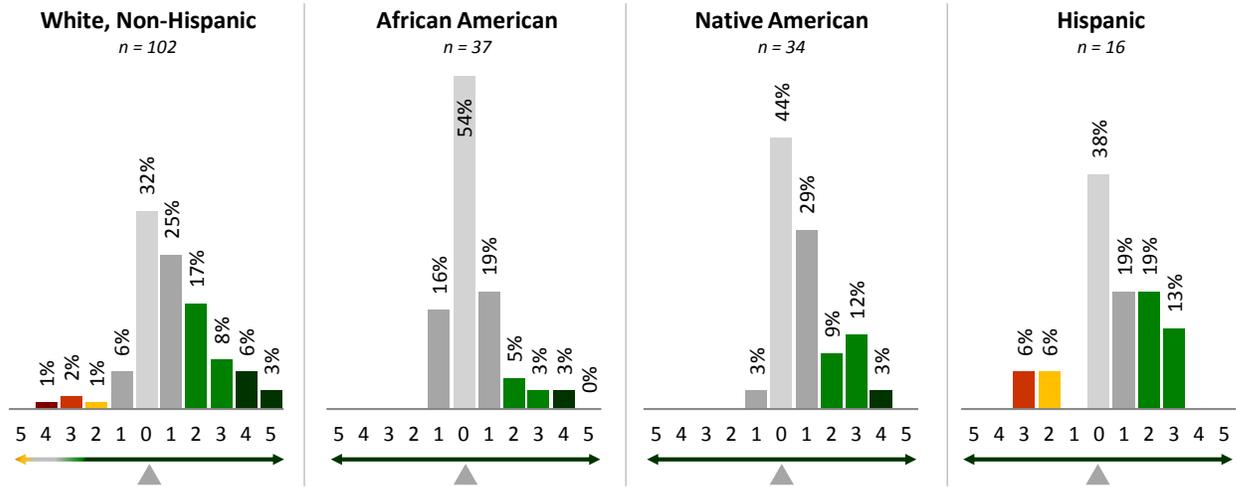
Improved status was highest for children in Region 1 at 71 percent and the lowest in Region 2 at 39 percent.

Changes in Permanency Status 180 days after Permanency Roundtables

¹ Percentages add to more than 100% due to rounding.

By Race and Ethnicity

As measured on the Casey Current Permanency Status Chart



SOURCE: DSHS Children’s Administration, September 2012, Permanency Roundtable database. Follow-up results available are for 191 children; the 15 youth who turned 18 are not included.

Permanency Status improved the most for White, non-Hispanic children, 59 (59 percent); with lesser improvement for Native American children 18 (53 percent); Hispanic children 8 (52 percent) and African American children 11 (30 percent) respectively.

The Child's Placement as of August 2012 or Last Placement Setting before Leaving Care and Permanency Status at 180 Days

Placement Setting		Age of Majority	Poor	Marginal	Fair	Good	Very Good	Permanency Achieved	Total
Family Foster Home	Number of Children	6	12	9	17	13	14	19	90
Relative/Court Ordered Home	Number of Children	1	4	3	4	3	8	5	28
BRS Placement	Number of Children	5	35	11	6	2		1	60
Other	Number of Children	3	15	5	3	1	1		28
Total Number of Children		15	66	28	30	19	23	25	206

Children placed in a family foster home or relative/court ordered home were assessed at 180 days as good, very good or achieved permanency for 62 (30 percent) of the children.

Of the children that reached age of majority while in care, 6 (40 percent) of the children were living with foster parents before leaving care. Of those that achieved permanency, 19 (76 percent) of the children were living with foster parents and 5 (20 percent) of the children were living with relatives.

The children in care the longest have a strikingly different placement mix than the general foster care population. Although only 6 percent of the general population is in Behavioral Rehabilitation Services, 29% (60 of 206) of the children who were the focus of a Roundtable were in this placement setting. The children in Behavioral Rehabilitation Services have severe behavioral and emotional issues in contrast to other children in out-of-home care. Legal permanency is more difficult to achieve.

Forty percent of the general foster care population lives with relatives and only 14% (28 of 206) of the children who were the focus of a Roundtable lived with relatives.

Child’s Current Legal and Placement Status

In August 2012 the legal and placement status of the children and youth that received a consultation was assessed. Of the 206 children, 9 percent of the children reached the age of majority between the Roundtable and August 2012. 166 (81 percent) of the children, are still in care while 37 (12 percent) of the children achieved a permanent plan of return home, guardianship, or adoption. Most of those children who reached legal permanency were adopted, (19 children) which is a significant success considering that these children were in care greater than 6 years and 82 percent were 13 years of age and over.

Status of Child that had a Roundtable Consultation as of August 2012

Current Status of Child		Region 1	Region 2	Region 3	Total
Still in Care	Number of Children	52	80	34	166
	Percent of Children	79%	82%	79%	81%
Reached Age of Majority	Number of Children	3	6	6	15
	Percent of Children	5%	6%	14%	7%
3rd Party Custody/Superior Court Guardianship	Number of Children	2			2
	Percent of Children	3%	0%	0%	1%
Adoption	Number of Children	7	9	3	19
	Percent of Children	11%	9%	7%	9%
Return Home/Custody of Parents	Number of Children	2	2		4
	Percent of Children	3%	2%	0%	2%
Total Children		66	97	43	206

During the 90 and 180 day assessment of a child’s Permanency Status, social workers and their supervisors recorded either the completion or attempted completion of action items and strategy goals. If the action item was not successful, the barriers to completion were highlighted.

In only a few cases was a lack of funding or service availability identified as a barrier to improving permanency for these children. Children identified as having little or no improvement in Permanency Status had been incarcerated, runaway from placement, or were assaultive to caregivers.

Some action plans are taking longer than 180 days to complete, given delays in completing home studies through the Interstate Compact for Placing Children process and within the Division of Licensed Resources.

For some children, permanency improved when Permanency Roundtables helped social workers explore new ways to reconnect the child with their family. As a result, children’s placements were moved closer to siblings and grandparents for visitation; or the child was reunited with an older sibling placed out-of-state. For other children, Action Plans were created to re-evaluate and re-unify biological families for the possible return of

children from out-of-home care. For many children, parental rights had been terminated over 6 years ago. With the passage of so much time, it was prudent to re-evaluate these families for possible reunification. As a result, many children have reconnected with their biological families and some will be returned to their care.

Summary

The children who were staffed in the 2011 Permanency Roundtables are those who have been in care the longest. Despite prior difficulties in achieving permanency for these children, the Permanency Roundtable process resulted in improved permanency status for just over half of the children. Permanency was achieved for 12 percent of the children by August 2012. There were disparate results for the African American children staffed in Roundtables, who experienced approximately half of the improvement rate of White, Non-Hispanic children. This finding is consistent with other findings related to disparately long periods of time in foster care for African American children. Children's Administration is delving deeper into this data to better understand the issues causing this racial disproportionality.

The overall systemic impact of the Permanency Roundtable process has been to push the child welfare system to improve its efforts for finding permanency and to adopt a value system that expects positive outcomes for every child.

The statewide Permanency Roundtables in 2011 were just the starting point for using this approach. At that time it was important that we prioritize the children who had been in out-of-home care the longest. In 2012 the focus of Permanency Roundtables has been expanded to include children from a broader range of circumstances. Given these changes we foresee even greater strides being made for children in achieving permanency. The criteria for 2012 included:

- Youth who were not previously staffed in a Roundtable but who reached six (6) years or longer in out-of-home care
- Large sibling groups
- Youth who frequently run from care or have specific behavioral issues
- Children returning after failed adoptions

It is likely there will be more improvement for children in this year's Permanency Roundtables as the children are in a broader range of circumstances.

**Current Child Permanency Status Form
(complete this side)**

Current Date:	Child Last Name:	Child First Name:	Child Case ID:	Child Person ID:	Child DOB:
<p><i>Please rate the child's <u>current permanency status</u> based on the descriptions to the left of the rating (and/or reference chart on reverse side). This rating must be determined by the Master Practitioner in consultation with the Case Manager and Supervisor.</i></p>					<u>Current Permanency Status</u>
<p>Child has legal permanency (adoption, legal guardianship, or reunification with no further DFCS involvement only; does not include emancipation).</p>					Permanency Achieved <input type="checkbox"/>
<p>Child is in a family setting that the child, caregivers and casework team believe is lifelong (adoption/ guardianship/reunification issues resolved); – OR – Child is in a stable living situation with own parents (not a trial visit) and identified safety risks have been eliminated (child welfare agency still has custody).</p>					Very Good Permanency Status <input type="checkbox"/>
<p>Child is in a family setting that the child, caregivers and casework team believe is lifelong; a plan is in place to ensure safety and stability have been achieved; the child, if old enough, and the caregiver(s) are committed to the plan; and adoption/guardianship/reunification issues, if any, are near resolution.</p>					Good Permanency Status <input type="checkbox"/>
<p>Child is in a family setting that the child, caregivers and casework team believe could endure lifelong; a plan is in place to ensure safety and stability are being achieved, and the child, if old enough, and the caregiver(s) are committed to the plan; and adoption/guardianship/reunification issues, if any, are being addressed (may include long-term foster care); – OR – Child is in temporary placement,* but transition is planned and child is ready to move to identified safe, appropriate, permanent home that the child, caregivers and casework team believe could endure lifelong; a child and family plan for safety and permanency is being implemented; and the child, if old enough, and caregiver(s) are committed to the plan.</p>					Fair Permanency Status <input type="checkbox"/>
<p>Child is in a family setting that the child, caregivers and casework team believe could endure lifelong, and they are developing a plan to achieve safety and stability; – OR – Child is in a temporary placement,* and likelihood of reunification or permanent home is uncertain; adoption/guardianship issues are being assessed; and concurrent permanency plan(s), if any, are uncertain or problematic.</p>					Marginal Permanency Status <input type="checkbox"/>
<p>Child is living in a home that is not likely to endure or is moving from home to home or is on runaway status due to safety and stability problems, failure to resolve adoption/guardianship issues, or because the home is unacceptable to the child; – OR – Child remains in temporary placement* without a realistic or achievable permanency plan; concurrent permanency plan(s), if any, have stalled or failed.</p>					Poor Permanency Status <input type="checkbox"/>
<p>DFCS was relieved of legal custody before youth turned 18 years of age (e.g., for runaway, incarceration, DJJ custody).</p>					DFCS custody terminated <input type="checkbox"/>
<p>Youth has emancipated and has a permanent connection with at least one caring adult that both the youth and adult agree will be lifelong.</p>					Emancipated with permanent connection <input type="checkbox"/>
<p>Youth has emancipated but does not have a permanent connection with at least one caring adult that both the youth and adult agree will be lifelong.</p>					Emancipated without permanent connection <input type="checkbox"/>

Current Child Permanency Status Chart (for reference only)

This chart may be used to help determine the child's permanency status rating when permanency has not yet been achieved; once you have determined the child's permanency status, please be sure to mark the status on the other side of this form.

	Child's Current Setting	Safety/Stability Plan for Permanent Home	Child (if old enough) & Caregiver Commitment to Safety/Stability Plan	Expectation Regarding Permanency	Adoption/ Guardianship/ Reunification Issues	Current Permanency Status (mark status on reverse side of form)
Conditions for rating	Family setting (with own parents or other family setting; not a trial visit)	Identified safety/ stability risks have been eliminated	N/A	Casework team believes family setting is lifelong	Issues resolved	Very Good Permanency Status <input type="checkbox"/>
	Family setting	Plan is in place to ensure safety/stability	Both are committed to plan	Casework team believes family setting is lifelong	Issues near resolution	Good Permanency Status <input type="checkbox"/>
	Family setting	Plan is in place to ensure safety/stability	Both are committed to plan	Casework team believes family setting could endure lifelong	Issues being addressed	Fair Permanency Status <input type="checkbox"/>
	Long-term foster care	Plan is in place to ensure safety/stability	Both are committed to plan	Casework team believes setting could endure lifelong	Issues being addressed	
	Temporary placement* with planned transition to identified permanent home	Plan is being implemented to ensure safety/stability	Both are committed to plan	Plan for permanency in place and casework team believes identified home could endure lifelong	Issues being addressed	
	Family setting	Developing plan to ensure safety/stability	N/A	Casework team believes family setting could endure lifelong	Issues being addressed	Marginal Permanency Status <input type="checkbox"/>
	Temporary placement*	N/A	N/A	Likelihood of reunification or permanent home is uncertain; concurrent plans, if any, are uncertain or problematic	Issues being addressed	
	Family setting temporary or not likely to endure	Safety/stability problems; no plan	N/A	No realistic permanency plan; concurrent plans, if any, have stalled or failed; family not committed to child or home not acceptable to child	Failure to resolve issues	Poor Permanency Status <input type="checkbox"/>
	Moving from home to home or runaway	Safety/stability problems; no plan	N/A	No realistic permanency plan; concurrent plans, if any, have stalled or failed	Failure to resolve issues	
	Temporary placement*	Safety/stability problems; no plan	N/A	No realistic permanency plan; concurrent plans, if any, have stalled or failed	Failure to resolve issues	

*Temporary placement setting may be a home, child caring institution or residential treatment facility

Unified Home Study Statewide Implementation

Introduction

The phased implementation of the Unified Home Study implementation began in November 2011, paused in the spring of 2012 to gather more information for effective statewide implementation and resumed in June 2012. Upon its completion in August 2012, 64 FTE's were transferred from the Division of Child and Family Services to Division of Licensed Resources. The purpose was to accommodate the home study work which will now be sole the responsibility of Division of Licensed Resources. All Division of Licensed Resources staff and community partners have been trained on the new Unified Home Study process.

Staff distribution by Region/Area

Region/Hub	Staff Name	Position Number
R1N	Rick Holcomb	JF86 SW4
R1N	Ganene Jordan	WF35 SW3
R1N	Judy Thornton	WA42 SW3
R1N	Linda Martin	VZ07 SW3
R1N	Vicki Miles-Bostrom	SR70 SW3
R1N	James Desmond	WF36 SW3
R1N	Michael Smith	SE83 SW3
R1N	Nancy Sundin	WF26 SW3
R1N	Rita Hiestand	RB64 SW3
R1N	Halei Young	CX36 SW3
R1N	Vacant	LQ68 SW3
R1N	Mingo Scott	VB73 SW3
R1N	Steven Chervinkas	C971 SW3
R1N	Julie Graham	MQ70 SW3
Region/Hub	Staff Name	Position Number
R1S	Ryan Greenhalgh	LK04 SW4
R1S	Andrea Moore	WC28 SW
R1S	Margaret Mahoney	QX66 SW3
R1S	Deborah Savoy	QZ80 SW3
R1S	Brin Austin	F571 SW3
R1S	Sirrell Maldonaldo	HF84 SW3
R1S	Karolyn Wess	CM35 SW3
Region/Hub	Staff Name	Position Number
R2N	Mikolas, Michelle	TX79
R2N	Heisler, David	VW16
R2N	Collins, Linda	VB91
R2N	Dootson, Nancy	WK36
R2N	Russell, Kody	CL25
R2N	Johnson, Bahbe	LN17

R2N	Bryant, Dena	ND91
R2N	Calling, Kathy	RT21
R2N	Dewitt, Sonya	KW37
R2N	Brantner, Donna	CR80
R2N	Samuel Capetillo	GG18
R2N	Maryann Kneable	VD20
R2N	Megan Noone	LK33 SW3
R2N	Alisha Azurin	QP92 SW3
Region/Hub	Staff Name	Position Number
R2/South	Chung, Giao-Xuan	CN 90/70129728
R2/South	Large, Suzanne	WG88/71012806
R2/South	Swanda, Crystal	VM29/70132085
R2/South	Sullivan, Catherine	NV33/70130071
R2/South	Cooper, Sara	VV77/71004547
R2/South	Brandt, Elizabeth	MM04/70130029
R2/South	Neier, Joel	LJ55/70130008
R2/South	Scott, Nancy	WR74/71018213
R2/South	Glasgow, Jane	DB01/70129798
R2/South	Lester, Leona	VM28/70132084
Region/Hub	Staff Name	Position Number
R3N	Cheri Druffel	VV65 SW4
R3N	Eleanor Schetnikova	DE31 SW3
R3N	Shannon Nelson	QG67 SW3
R3N	Myrn Stewart	LF80 SW3
R3N	Gracia Hanh	TH47 SW3
R3N	Kristi Keller	SY29 SW3
R3N	Hunter Morrigan	RB07 SW3
R3N	Rebecca Nemec	QS77 SW3
R3N	Patricia Otto-Keen	CU23 SW3
R3N	Margaret McGregor	VS95 SW3
R3N	Nicole Powell	LF81 SW3
Region/Hub	Staff Name	Position Number
R3S	Kristina Wright	QF47E SW4
R3S	Cindy Hostetler	CH01 SW3
R3S	Misty Van Dyke	SN23 SW3
R3S	Maureen Gentry	QJ40 SW3
R3S	Regina Patterson	C962 SW3
R3S	Sharon Neigel	QG67 SW3
R3S	Renate (Anna) Ealey	VV35 SW3
R3S	Ann Marie DeGroot	QK60 SW3
R3S	Virginia Kime	NY26 SW3
R3S	Shawn Lewis	LQ50 SW3

Denise Revels Robinson
Assistant Secretary
Children's Administration

Becky Smith
Acting Director, Field Operations
QC32 - Exempt

Colleen Gagnon
Admin Assistant 5
GZ50

John March, Administrator
Division of Licensed Resources
QC33 - Exempt

Randy Roberts, Deputy Administrator
Foster Care/DLR-CPS
QD85 - WMS -3

Millie Neal
FP Reimbursement
MM96 - WGS

Melissa Sayer
DLR/CPS PM
RQ42 - WMS2

Robbie Downs
Licensing PM
TT24 - WMS2

Vacant
Policy PM
RS79 - SSS4

Rich Taylor
Supervisor
WN90 - SSS4

Geri White
Admin Assistant 3
C928

Connie Morlin, Area Administrator
TT08 - WMS - 2

Jeff Kincaid
Licensing Supervisor
TW01 - SSS4

Melissa Fielding
Licensing Supervisor
SP30 - SSS4

Rick Holcomb
UHS Supervisor
JF86 - SSS4

Juanita Jachetta
UHS Supervisor
LQ68 - SSS4

Ron Stewart
DLR/CPS Supervisor
QF45 - SSS4

Regional Licensors

Michael Grogan
TB75 - SHPC2
Darwin Bleth
CH64 - SHPC2
Darla Torno
QH40 - SHPC2
Lisa Johnson
QA43 - SHPC2

Chris Bagby
Sec Senior
GV07

Stacey Arquette
MZ69 - SSS3
Jason Engle
TL93 - SSS3
Richard Michelotti
RA90 - SSS3
Sue Gamache
CH63 - SSS3
Sandra Rowe
CR27 - SSS3
Yong Son
RV75 - SSS3
Wendy Fellows
SK40 - SSS3
Terri Jones
DE67 - SSS3

Nancy Thompson
WF35 - SSS3
Judy Thornton
WA42 - SSS3
Linda Martin
VZ07 - SSS3
Vicki Miles
SR70 - SSS3
James Desmond
WF36 - SSS3
Nancy Sundin
WF26 - SSS3
Rita Hiestand
RB64 - SSS3

Mingo Scott
VB73 - SSS3
Lucy Moro
C971 - SSS3
Laurel Krouse
MQ70 - SSS3
Autumn Kennison
SS90 - SSS3
Nora McGonagle
CP71 - SSS3
Joy McClendon
NR90 - SSS3

Jan Klein
RV60 - .75 Sec Sr.

Investigators

Skye Franks
CP81 - SSS3
VACANT
VA39 - SSS3
Patty Murphy
LG31 - SSS3
Sheri Hart
WM59 - SSS3
Kevin Slack
C240 - SSS3
Leon Covington
VA44 - SSS3
Lisa Padilla
NK71 - SSS3

Licensors
Laurie Palmquist
SG77 - SHPC2
Wendi Hunt
TB73 - SSS3
Halei Young
CX36 - SSS3

Marilee Roberts
Region 1 South
Area Administrator
TT09 - WMS-1

Raene Briggs (P)
SQ79 -.5 Sec Sr.
Maria S. Garcia
QD26 - Admin. Assistant 3
Dixie Herron
RV08 - Sec Sr.

Maria Tovar
Licensing Supervisor
TB92 - SSS4

Ryan Greenhalgh
Licensing Supervisor
LK04 - SSS4

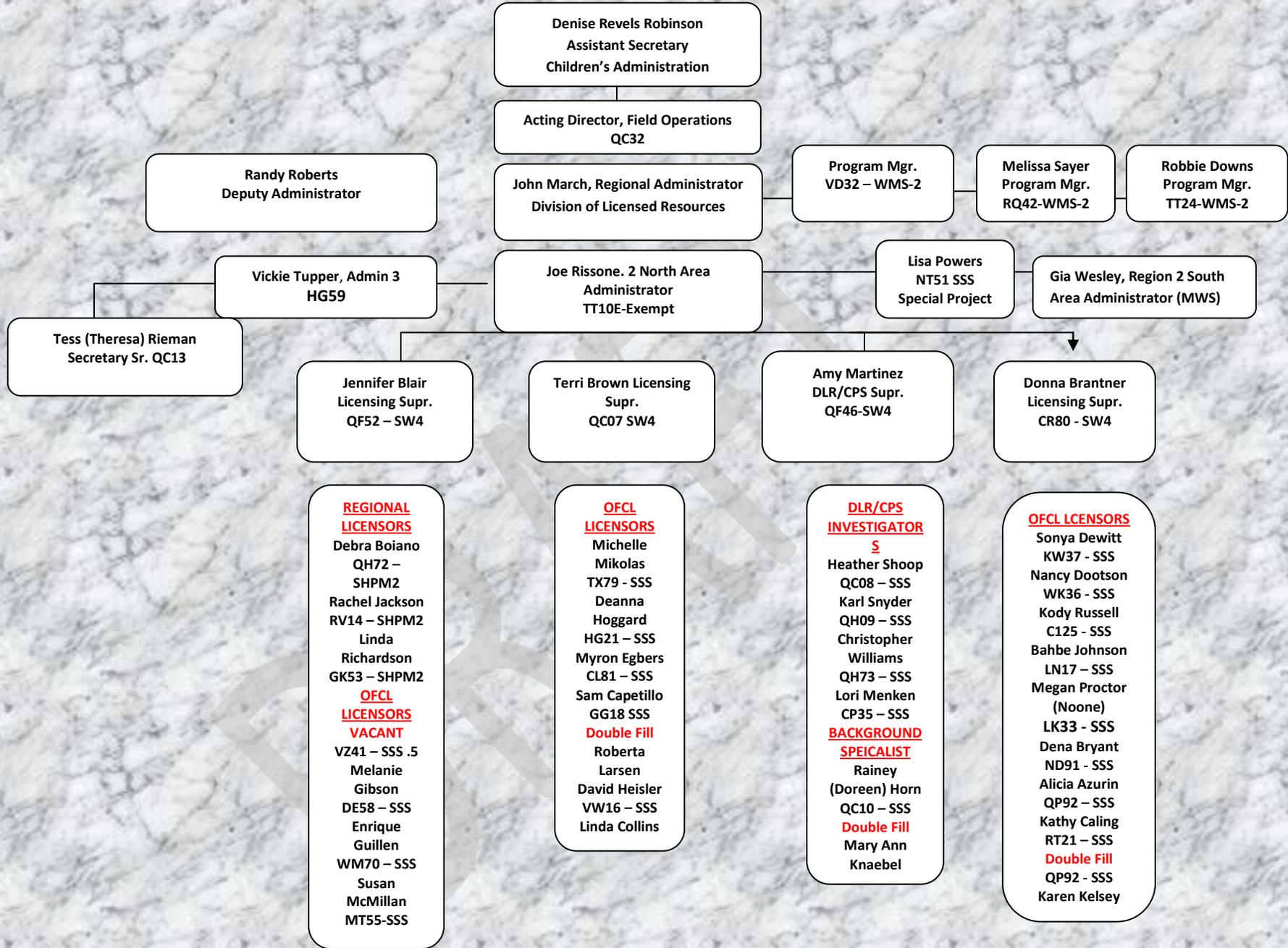
Jennifer Triggs
DLR/CPS Supervisor
RR82 - SSS4

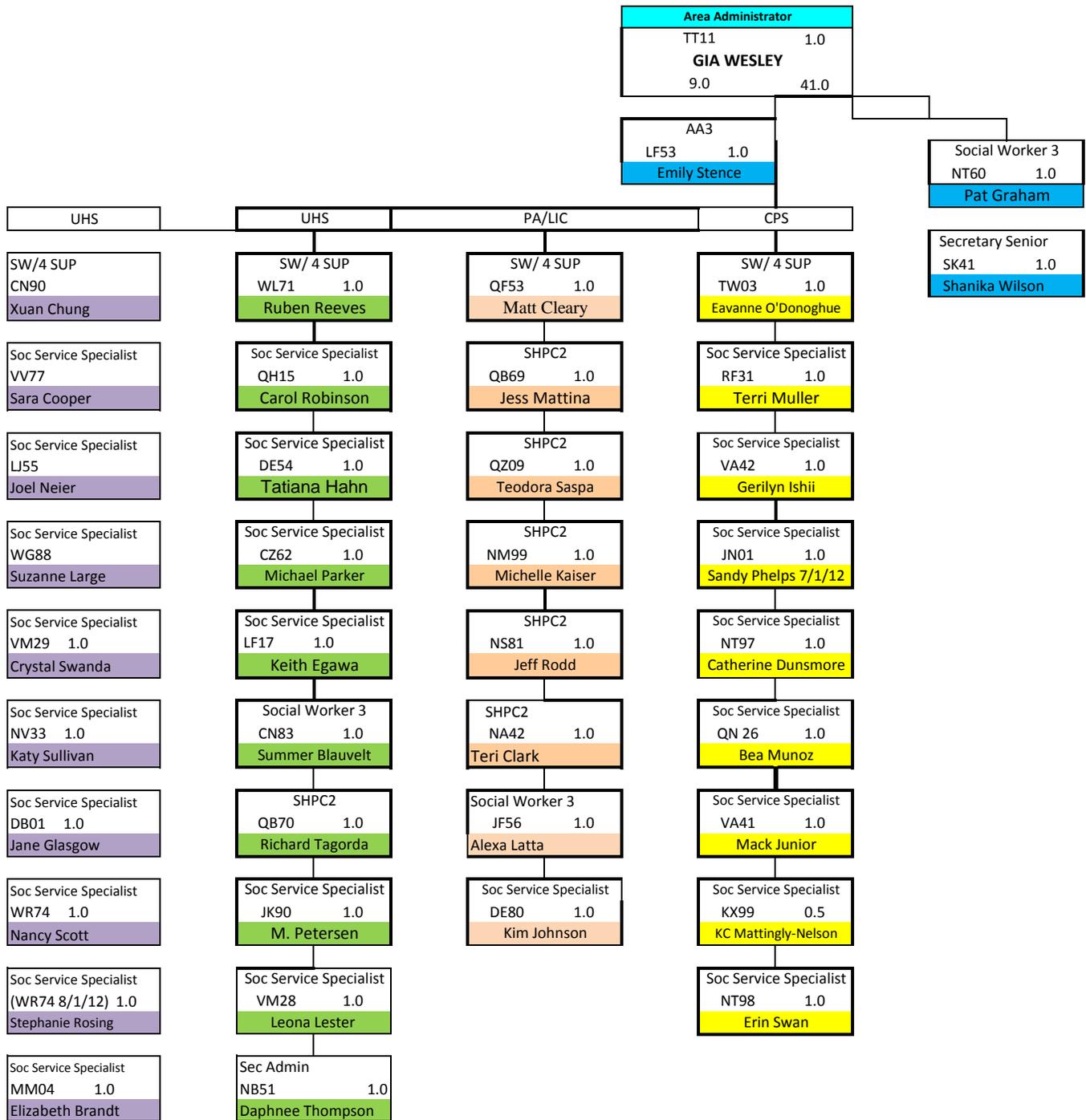
Debby Rabin
QD22 - .6 SSS3
Griselda Barraza
QC55 - SSS3
Alexjandra Magallan
WM36 - SSS3
Maria Rivera
QC56 - SSS3
Jonathan Sokol
WC28 - SSS3
Margaret Mahoney
QX66 - SSS3
Brin Austin
FS71 - SSS3
Minerva Riehl
LR02 - SHPC2

Andrea Owens
SQ80 - SSS3
Anna Enriquez
QC53 - SSS3
Laree Cardwell
QC54 - SSS3
Sirrell Maldonado
HF84 - SSS3
Deborah Sovy
QZ80 - SSS3
Karolyn Wess
CM35 - SSS3
Laurie Richardson
RV09 - SHPC2

Investigators

Teresa Pofahl
VA40 - SSS3
Valerie Garza
VX86 - SSS3
Scott Hinton
QH26 - SSS3
Jody Littlejohn
QC71 - SSS3



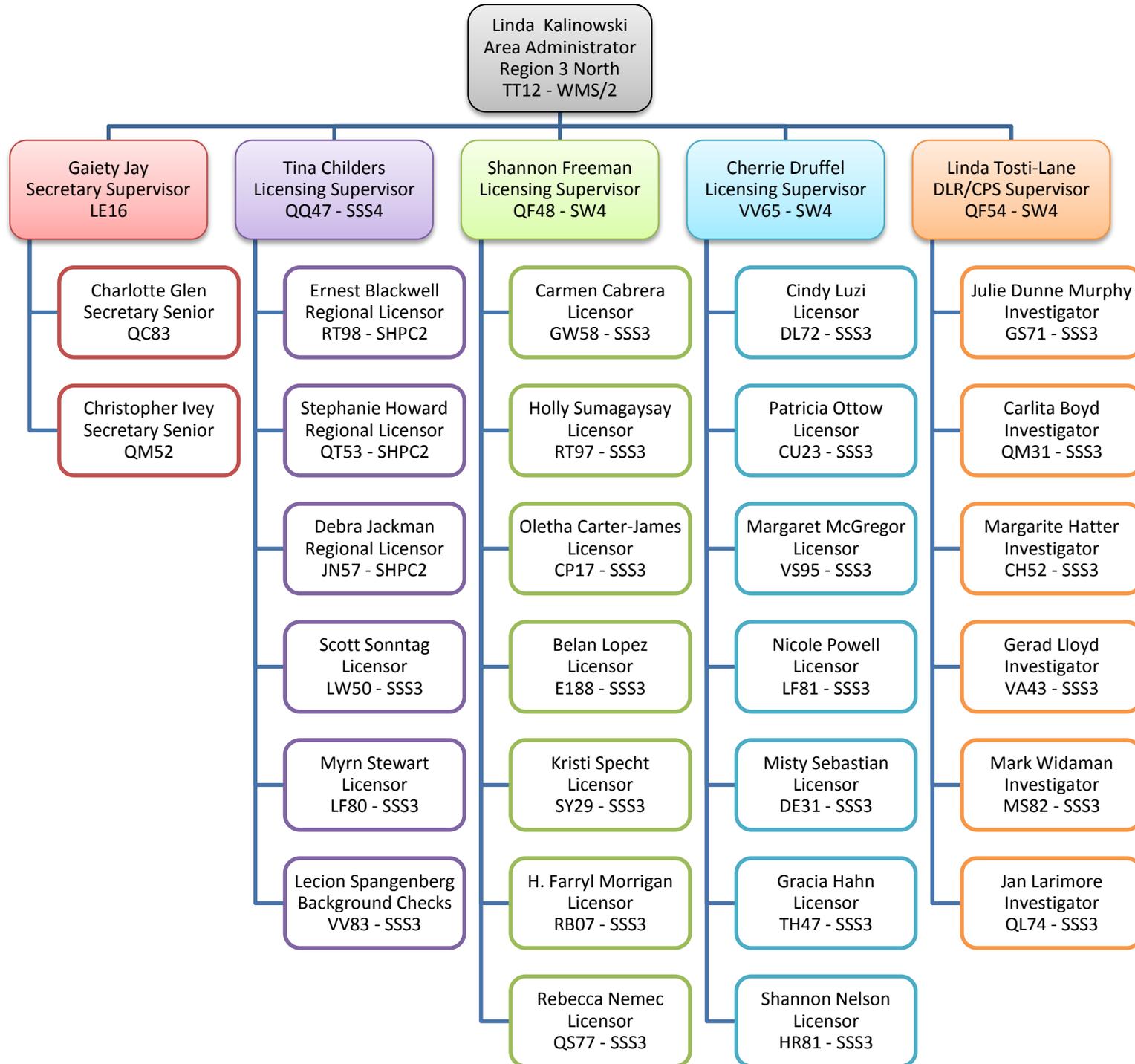


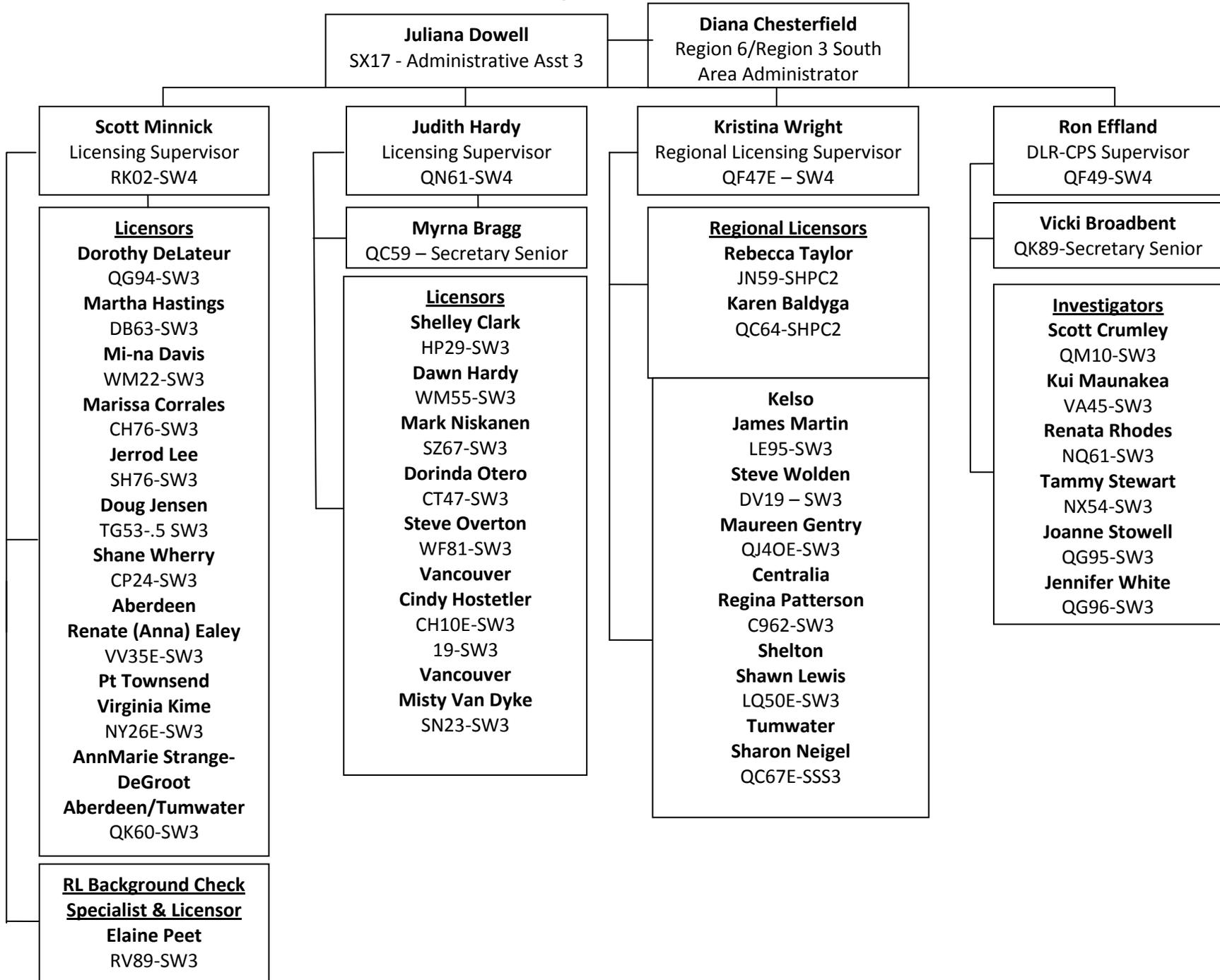
Division of Licensed Resources

Region 3 North

October 9, 2012

PIP 4.2.13





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

7. Child's visits with parent(s) and sibling(s):

8. Your view on the needs of the child:

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:

**PRIDE Pre-Service Training
Caregiver's Report to the Court
September 30, 2012**

Revised Documents

Please see the revised Caregiver's Report to the Court and the curriculum on this topic in the PRIDE Pre-Service Training which are attached.

The Report form has been revised to delete the instructions for submission from the bottom of the form. The curriculum contains information on options for caregivers to provide information to the court in keeping with timely notification to caregivers.

CAREGIVER'S REPORT TO THE COURT – EFFECTIVE COMMUNICATION

CURRICULM DEVELOPMENT: TIPS ON WRITING THE CAREGIVER'S REPORT TO COURT

The talking points below support the section: *“How Do I Get My Caregiver's Report to the Court for the Child's Hearing?”*

1. Caregivers will learn about ways they can get their report to the court.
2. Caregivers will learn about the pros and cons of each option.
3. Caregivers will learn about the importance of timely submission of the Caregiver's Report to the Court.

HOW DO I GET MY CAREGIVER'S REPORT TO THE COURT FOR THE CHILD'S HEARING?

- Now that you've taken the time to prepare your Caregiver's Report to the Court, there are several ways you can get your report to the court for the hearing and there are pros and cons to each option. It's important to the court and the parties to the case to receive your report in advance of the hearing.
- If you don't know, or aren't sure when the child's next court hearing will be, contact the child's social worker now to find out, or ask at the next monthly health and safety visit.
- Watch for the notice from the social worker about the child's upcoming court hearing (effective October 2012).

1. Provide your report to the child's social worker:

a. Two to three weeks before the hearing - it will be filed together with the worker's report. Providing your report well in advance:

- is professional; it allows all parties time to review your report and prepare for the hearing;
- supports timely permanency for the child in your care;
- ensures your information will be considered during the child's scheduled hearing;
- eliminates the potential a defense attorney can request to postpone the hearing to a later date (*when a report is not made available to all parties well in advance of the hearing, an attorney may ask that the hearing be postponed to review the material in the report*);
- requires you to know the date of the hearing and to be prepared in advance.

b. Shortly before the hearing:

- **the worker will do all they can to help you get your report to the court before the hearing;**
 - i. if there is adequate time, the worker will send the report to the court;
 - ii. if the court hearing is within the next few days, the worker will take the report with him/her to the hearing.

Important to Note: Please communicate and coordinate with the social worker when you send a report to the social worker right before the hearing:

- the worker may need time to make copies for all parties at the hearing;
 - the worker may be out of the office prior to the hearing (sick, vacation, appointments) and may not know you've sent your report to the worker to take to the court;
 - the worker's schedule may require them to go directly to the court and they may not be aware your report is waiting for them at the office or in their e-mail.
2. You can provide your report to the court directly. If you wish to do this, contact the court holding jurisdiction of the case well in advance of the hearing to learn about the court's specific requirements on receiving reports from caregivers. .
3. **Caregivers are encouraged to come to the court hearing – you may bring your report with you. Please bring five (5) copies with you to the hearing.**
- a. Caregivers are entitled to receive notice of the child's hearing and also have the right to "be heard" at the child's hearing. However each court determines how the caregiver is "heard." Each court is different - some judges might:
- encourage you to share some brief comments about the child during the hearing;
 - allow your written Caregiver's Report to the Court **only** to be submitted well in advance of the hearing;
 - allow the Caregiver's Report that you bring with you to the hearing to be entered in the court record and shared with all parties as decisions are made that day;
 - accept your report at the time of the hearing, but because the court and the parties haven't had time to review it, the information will not be used that day in making decisions;
 - allow the parties to argue at the hearing, that your report should not be considered at this hearing if it was received late and they haven't had time to review it before the hearing;
 - continue the hearing to a later date if a party argues that they have not had time to review the Caregiver's Report and respond to the elements of your report.

Your partnership helps ensure that the court receives well-timed information in the Caregiver's Report to the Court. Providing your report to the social worker well in advance of the hearing helps the child's case move forward on schedule and supports timely permanence.