

Section III – Narrative Assessment of Child and Family Outcomes

A. Safety

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Item 1: Timeliness of initiating investigations of reports of child maltreatment

Were responses to all accepted child maltreatment received during the period under review initiated, and face-to-face contact with the child within the timeframes established by the agency or State statute?

Previous Rating

CFSR 1- Item 1 was rated as an **Area Needing Improvement**. Required Rating: 90% of child victims seen within the established timeframes. Washington's Rating: 85.7% Note: Round 2 CFSR requires a 95% rating

Policy and Practice Improvements

Policy

Implementation of 24/72 hour response policy and procedures

In August 2005, DSHS-Childrens Administration implemented a policy requiring Child Protective Service (CPS) social workers to conduct the initial face-to-face meeting with alleged child victims of abuse and neglect within 24 hours for emergent and 72 hours for non-emergent referrals.

Practice

Intake

Intake functions and staffing occur in each region during the daytime hours and centralized statewide after business hours, weekends and holidays. "After-hours" staff are available and respond to emergent intakes with a face to face visit as necessary when they are received outside of normal business hours.

24/72 Hour Response Time

The Children's Administration must screen intakes in the following timeframes:

- 4 hours for emergent and Family Reconciliation Services
- 4 business hours for non-emergent CPS or licensed facility/CPS
- 2 business days for screened out, Alternate Intervention, Child Welfare and Family Welfare Services, Third Party, Licensing Complaint and home studies.

The Children's Administration must investigate CPS in the following timeframes:

- 24 hours for emergent investigations. An emergent response requires social workers to have face to face contact with all alleged child abuse or neglect victims within 24 hours from the time and date an intake is received.
- 72 hours for non emergent investigations. A non-emergent response requires social workers to have face to face contact with all alleged child abuse or neglect victims within 72 hours from the date and time an intake is received. 10 days for Alternative Intervention. An alternate intervention requires a letter, phone call or visits with the family to provide community resources.

Face to Face contact with the alleged child victim(s) includes, but is not limited to:

- Observation of the child
- Observation of the child's circumstances
- Interview(s) with the child who have the capacity to communicate. The initial interview(s) should be sufficient to help the social worker complete the Safety Assessment and take any steps necessary for child safety
- Completion of the Safety Assessment and Safety Plan (when indicated)

Child Protective Services (CPS) / Child and Family Welfare Services (CFWS) Redesign

Children's Administration implemented the CPS/CFWS Re-design in January 2007. The CPS/CFWS Redesign was a structural change to how the programs were organized to provide services to children and their families.

The redesign is one strategy under a larger initiative, the Practice Model. The CPS/CFWS Redesign helps focus the roles and responsibilities of social workers to improve our service delivery to families. The Redesign involves providing services in the following three tracks:

- Child Protection Services
- Family Voluntary Services
- Child and Family Welfare Services

Purpose of the Redesign:

- Separate service delivery from investigation and assessment
- Increase the focus on voluntary services in order to provide an opportunity for early support to families
- Focus CPS investigations on seeing children quickly, assessing safety and risk and determining families need for services
- Engage families early to increase child safety and reduce the risk of harm
- Create a new Voluntary Service function
- Create a model that accommodates future practice enhancements

Intake Decision Tree

In February 2009, the Intake Decision Tree” was created in FamLink to replace the previous practice of risk tagging. The decision tree tool is a series of questions designed to help guide intake staff in determining response time and program type that will respond to a screened in referral (intake). The Decision Tree tool was designed to improve consistency and is a developing process, but it does not replace critical thinking and will be subject to adjustment.

Universal Domestic Violence (DV) Screening Question

In February 2009, Children’s Administration adopted a practice of universal screening for DV in all cases. Intake social workers start the process by asking a universal screening question on all intake calls. The universal screening question is used to help the intake worker identify if Domestic Violence (DV) is present in the family and assess whether a child is in clear and present danger from DV. If the universal screening question is answered “yes,” intake workers must complete the remaining DV questions in FamLink. The answers from this screen also assist CPS workers in the initial response with the family. CPS workers will do a more in depth assessment of DV during the course of their investigation.

Changes to Intake include:

- Adds a universal screening question on all intake calls which asks: “Has anyone used, or threatened to use, physical force against an adult in the home?”
- The universal screening question is used to help the intake worker identify if DV is an issue. It is not used for sufficiency screening because DV, in and of itself, is not child abuse or neglect.
- Intake workers must screen all intakes for DV to assess whether a child is in clear and present danger from DV.
- If the universal screening question is answered yes, then intake worker complete the remaining DV questions in FamLink.

CPS Response to Serious Physical Abuse and Sexual Abuse

In July 2007, a legislative mandate (SHB1333) required all counties to update their sex abuse protocols by July 1, 2008. Policy was expanded to assure consistent practice when referrals are received on severe physical abuse and sexual abuse. The policy and procedure helps guide social workers through the process when investigating serious physical abuse:

- Social workers must obtain a medical examinations of a child when:
 - The child is seriously injured
 - There is a pattern of injury to the young child as a result of alleged child abuse or neglect
- The physician must be affiliated with the Statewide Medical Consultation Network (Med-Con) or with a Child Advocacy Center (CAC).
- If the physician assessing the injury is not affiliated with the Statewide Med-Con or a CAC the social worker must also consult with one of these sources.
- When seeking consultation with a Med-Con or CAC physician, social workers should provide:

- current allegations
- previous injuries
- indications the child has been abused or neglected in the past

Data

Data Reported from FamLink:

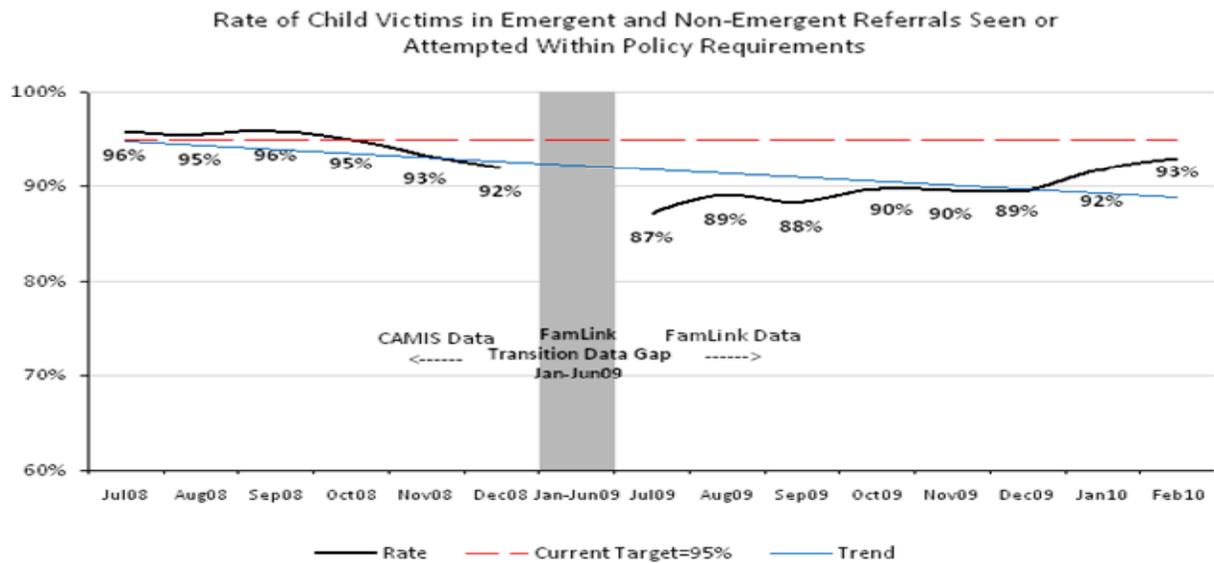
The 24/72 hour response policy was identified as a focused priority performance measure through GMAP in order to track outcomes and deliver results.

In February 2010, visits or attempts for timely face to face visits by social workers were accomplished for 93% of alleged victims in CPS referrals (emergent and non-emergent combined).

- Emergent visits (24 hr response) were accomplished for 95% of alleged victims
- Non-emergent visits (72 hr response) were accomplished for 91% of alleged victims

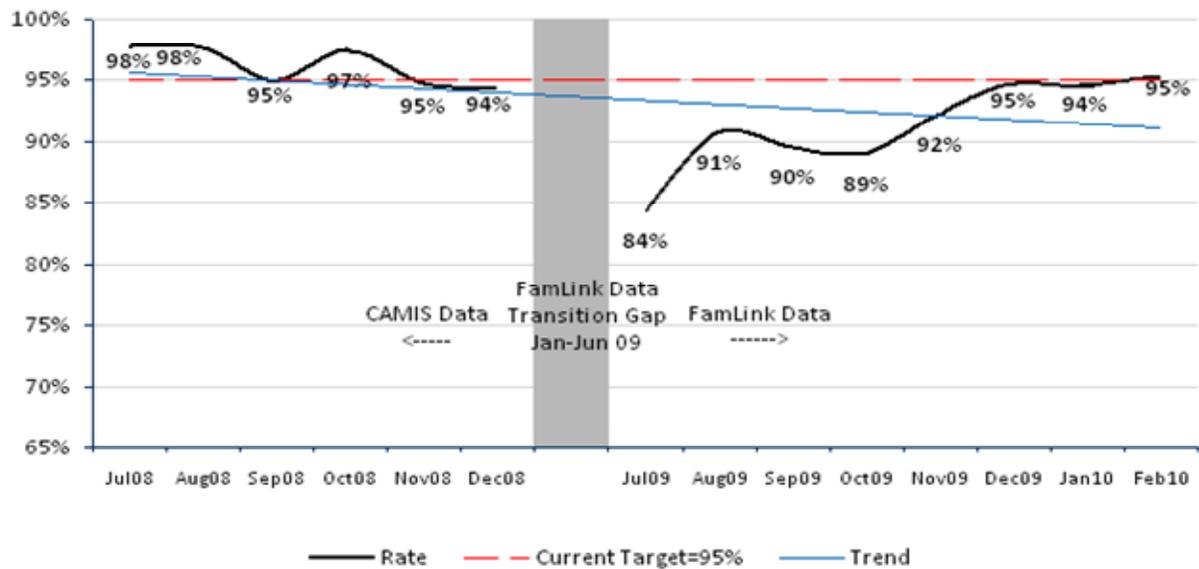
Government Management Accountability and Performance (GMAP)

The 24/72 hour response policy was identified as a focused priority performance measure through GMAP in order to track outcomes and deliver results.



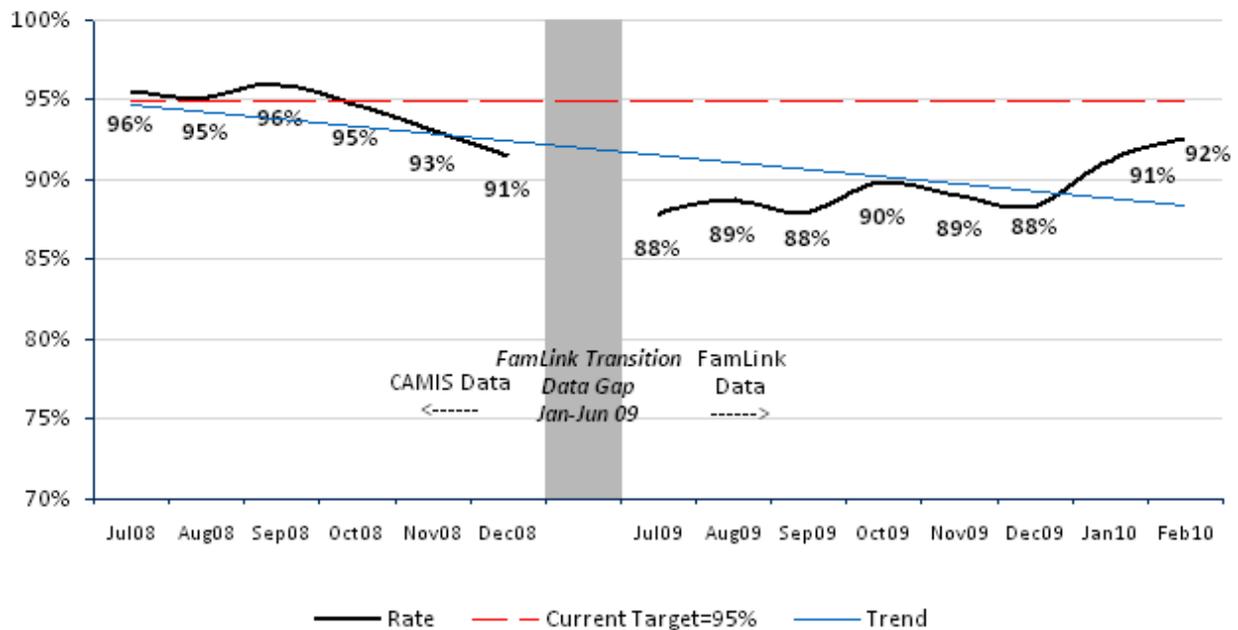
Source: GMAP; Vulnerable Children & Adults 04-14-10; 1.2 – Initial Response.

Rate of Child Victims in Emergent Referrals Seen or Attempted Within Policy Requirements



Source: GMAP; Vulnerable Children & Adults 04-14-10; 1.2a – Emergent Response.

Rate of Child Victims in Non-Emergent Referrals Seen or Attempted Within Policy Requirements



Source: GMAP; Vulnerable Children & Adults 04-14-10; 1.2a – Non-emergent Response; excludes investigation on licensed facilities.

Strengths & Challenges

Based on information obtained through multiple work sessions with the Statewide Assessment Team and regional-local staff and community focus groups the following is concluded concerning the Children's Administration's ability to initiate investigations of child maltreatment in a timely manner:

Strengths

- Significant progress has been made regarding timeliness of face to face contact with the alleged child victims
- Improvement of the 24/72 hour response times
- January 2007, state legislation provided additional social workers which increased staffing level to complete face to face contacts with the alleged child victim often well before 24/72 hour face to face timeframe.
- Requirement of social work supervisors to confirm that CPS social workers have completed the 24/72 hour response for all investigations has improved accountability.

Challenges

- Concerns were voiced about ensuring that we don't sacrifice quality for expedience. Children's Administration must assure that quality investigations are not negatively impacted in the areas of thorough collateral contacts and comprehensive assessments of risk as a result of the pressures to focus on timely responses to the referrals.
- The new electronic child welfare system (FamLink) has been challenging with reviewing person and case information prior to conducting an initial face-to-face contact as it takes more time than the previous system due to how information is structured.

Summary

In WA children are removed by law enforcement or by court order. Custody is transferred to Children's Administration followed by a hearing within 72hrs. There is a strong emphasis on clear and frequent communication between Leadership, regional and local offices concerning the completion of the 24/72 hour standards for investigation. The FamLink Information system provides staff, supervisors and administration with monthly performance reports concerning this and other performance measures. While success in meeting the benchmark of response times is encouraging the Children's Administration continues to set expectations for high quality investigations, risk and safety assessments, and safety plans.

Item 2: Repeat Maltreatment. How effective is the statewide child welfare system in reducing the recurrence of maltreatment of children?

Previous Rating

CFSR 1- Item 2 was rated as an **Area Needing Improvement**. Required Rating: 6.1% or less of children experiencing more than one substantiated or indicated child maltreatment report within a 6-month period of the initial report of child abuse/neglect. Washington's Rating: 10.8%

CFSR 1- Item 2 (Foster Care) Required Rating: .057% or less for the percentage of children experiencing more than one substantiated or indicated child maltreatment report within a 6-month period of the initial report of child abuse/neglect – incidence of maltreatment in foster care. Washington's Rating: 0.32% Met and Exceeded Standard

Policy and Practice Improvements

Policy

Washington has long identified neglect as a contributing factor in repeat maltreatment. As a result neglect legislation was implemented in January 2007. The Bill was intended to improve protection for neglected children by granting greater authority and resources to work with children and families when reports of child neglect are made. Highlights of the new legislation include:

- Strengthens the ability to engage neglecting families in services. Provided with the authority to intervene in cases of neglect when the health, welfare or safety of a child is at risk. This legislative change allows for the health, welfare and safety of the child to be evaluated independently of each other rather than requiring all elements to be present prior to intervention
- New definition of negligent treatment or maltreatment includes a failure to act or the cumulative effects of a pattern of conduct, behavior or inaction.
- Empowerment to file court petitions should a neglecting parent fail to participate in services, including substance abuse or mental health

- Empowers the Court to support a parent's early participation in services to reduce the likelihood of future neglect (including Substance Abuse and/or Mental Health treatment)
- Directs DSHS-Childrens Administration, courts and clients to address substance abuse issues when it is a contributing factor in child neglect

Domestic Violence and Co-Occurring Child Maltreatment Intake and CPS Investigative Policies – In July 2009 new policy was implemented highlighting the importance of identifying domestic violence at the earliest point in a case, and outlines new practice requirements to assess safety of children and victims of domestic violence. A practice guide for staff was released and is based on the behavioral definition of DV in intimate partner relationships.

Changes to CPS Investigation include:

- On all CPS investigations children must be interviewed apart from siblings, caregivers or alleged perpetrators (even if DV is not indicated)
- Anytime DV is identified:
 - All persons (e.g. children, caregivers and alleged perpetrators) must be interviewed separately
 - The social worker must assess the danger posed to the child and adult victim by the alleged DV perpetrator by completing the specialized DV questions in the Safety Assessment

Impacts to Family Reconciliation Services (FRS), Family Voluntary Services (FVS) and Child and Family Welfare Services (CFWS)

- All cases must be screened for DV. This is accomplished with the child and caregiver interviews, safety assessment, structured decision making tool, and Family Assessment.
- Information about DV may be found by reviewing the information above and other records such as files, court documents, background checks, law enforcement reports and professional reports.
- When DV is identified, workers should consider information about DV issues within the family when making case decisions and making service plans
- Service plans should support adult victims of DV to increase safety for themselves and their children, while taking into consideration the particular patterns of abuse and control used by DV perpetrators.

Family Reconciliation Services (FRS)

In July 2009 Policy was updated to improve consistency in FRS services offered across the state and reduce barriers to services for families with adolescents. This includes:

- FRS phase II is now know as, Crisis Family Services and provides up to 12 hours of in-home crisis intervention
- Co-assignment of cases between CPS and FRS
- Allowance for staff and caregivers to access services
- Eligibility expanded (ages 12-17) and more services available to families based on their needs.

GAIN-SS

In January 2007 a new validated screening tool called the Global Assessment of Individual Needs - Short Screen (GAIN-SS) (version 2.0.1) was implemented. The GAIN-SS is tool to screen for substance abuse, mental health and co-occurring disorders. The tool is required to be used with adults (parent(s), guardian(s) or legal custodian(s)) and youth, age 13 and over. It identifies a need for a chemical dependency, mental health or co-occurring assessment to be completed by a community professional. The GAIN-SS does not identify service needs. The goal of the screen is to increase the number of people identified for a mental health, substance abuse or co-occurring disorder assessment.

Practice

Solution Based Casework (SBC)

SBC is a family-centered practice that builds on a family's strengths. Social workers are taught engagement skills, interviewing techniques, family life cycle development frameworks and relapse prevention techniques. In their work with families, social workers:

- Quickly build a consensus with the family and service providers on what needs to happen to reduce risk and protect children and set to set achievable goals. Ongoing stresses and problems are identified and addressed.
- Help the families identify cycles of maltreatment and utilize relapse prevention techniques to prevent further maltreatment.
- Document and offer encouragement for even the smallest improvements, and note when improvements haven't been made.
- Focus on every day challenges the family faces.
- Work with the family to document where specific risk factors and safety threats have or have not been managed.

Structured Decision Making (SDM)

In October 2007 after considerable input from focus groups, national experts and the Practice Model, Children's Administration adopted an actuarial risk assessment model, Structured Decision Making® (SDM). For CPS:

- SDM replaces our current consensus building risk assessment.
- SDM is a household based risk assessment, a change from our family/child assessment.
- SDM is a structured assessment that includes 18 specific questions with detailed definitions that result in a scored risk classification. There is an override option to allow for clinical judgment to influence final risk classification.
- The final risk classification in conjunction with the safety assessment should be considered when determining if ongoing services will be provided to the family.

Chronicity Indicator

In response to concerns about chronic neglect, in the fall of 2008 the Chronicity Policy and Chronicity Indicator in FamLink were implemented. The policy and indicator were designed to help social workers identify families re-referred to CPS. In the FamLink intake module, the Chronicity Indicator is automatically checked when a participant has the role of victim or subject in a case and meets criteria involving the number of accepted CPS referrals and/or founded allegations over particular periods of time.

When the Chronicity Indicator is flagged on a person, intake supervisors must review the case history and current allegations on all screened out intakes that have the chronicity flag indicated to:

- Review and document patterns or history to determine if cumulative harm exists.
- Assess if a call back to the referrer or collateral contact is necessary for additional information to make a final screening decision.

When the SDM score is moderately high or high and a person meets the chronically referred criteria and on-going services are not offered, the social worker must:

- Follow Community Protection Team (CPT) staffing procedures
- Complete a Family Action Plan with an active linkage to community supports or services
- Review the case with the CPS supervisor before case closure

When the SDM score is moderately high or high and a person meets the chronically referred criteria and on-going services are offered, the social worker must:

- Refer the family to appropriate evidence based or promising programs where available. If not available, refer to other relevant agency contracted or community services.
- Require at least one meeting be held with the family and include providers who are serving the family to develop a Family Action Plan.

CPS Investigation Findings

In October 2008 Washington's legislature made key changes to CPS Investigative findings. To improve our accuracy and consistency in child abuse and neglect investigations, the option for "Inconclusive" findings was eliminated. In addition the definition of "unfounded" is to be based on the determination of information available at the time of the investigation being:

- "More likely than not that child abuse or neglect did not occur –or–

- There is insufficient evidence for the department to determine whether the alleged child abuse did or did not occur

Data

Federal Fiscal Year (FFY) 2008 Data Profile:

Washington continues to strive to meet the national standard of 94.6% or more for absence of repeat maltreatment, and has steadily improved since FFY 2007 to the present. As reported in the CFSR Data Profile specifically: FFY2007: 92.7%, FY2008: 93.9%, and FY2009: 93.7%.

Washington also continues to strive to meet the national standard of 99.68% or more for absence of child abuse and/or neglect in foster care and was at 99.77% during FFY2007 and slightly decreases during FFY2008 to 99.62% but remained above the national median of 99.5%; according to the CFSR Data Profile.

Data Reported from FamLink:

Washington has monitored re-victimization rates (a “founded to founded” finding) since 2005 for 6, 12, and 24 months. As shown in the chart below there has been a significant drop in re-victimization.

FAMLINK 6, 12, and 24-Month Re-victimization Rates, recalculated for all periods

Initial Referral Received	Total N	Percent Re-victimized		
		6-Month	12-Month	24-Month
Jan-Jun 2005	3508	12.9%	15.9%	18.8%
Jul-Dec 2005	3537	10.4%	13.1%	16.7%
Jan-Jun 2006	3478	9.5%	12.7%	16%
Jul-Dec 2006	3265	7.9%	9.9%	12.2%
Jan-Jun 2007	3564	8.6%	11.2%	13.7%
Jul-Dec 2007	3191	7.1%	9.2%	11.6%
Jan-Jun 2008	3445	6.7%	8.9%	~10.9%*
Jul-Dec 2008	3356	6.3%	~9.5%*	n/a
Jan-Jun 2009	~3400	6.6%*	n/a	n/a

Source: GMAP; Vulnerable Children & Adults 04-14-10; 1.3 – Repeat Maltreatment.

*Note: These are estimated percentages.

Please note that FamLink/SACWIS system is gathering referral and finding information on factors contributing to CAN such as substance abuse and domestic violence. However FamLink is not currently reporting on this information.

Strengths & Challenges

Based on information obtained through multiple work sessions with the Statewide Assessment Team and regional-local staff and community focus groups the following is concluded concerning the Children’s Administration’s ability to reduce the recurrence of maltreatment of children:

Strengths

- Early and continuous engagement with the family, including ongoing and sustained efforts to engage fathers, is recognized as improving and forming a foundation for increasing the family’s abilities to protect and keep their children safe
- Practices to engage families include; SBC strategies, a new standardized family assessment tool, FTDM and Shared Planning Meetings, case conferencing sequencing after FTDM but still early on in the life of the case
- Veteran parent mentoring programs foster early engagement
- After-care planning between care-giver and parents upon children’s return home

- Collaborative efforts with other DSHS administrations and involving our community partners are vital to providing support to the family both during DSHS engagement with the family and after the intervention are complete

Challenges

- The department needs to ensure that both staff and parents understand that parents need to be partners in service identification and prioritization, progress vs. compliance, strength-based practice vs. fear/perception, but there is not always time or willingness, by one or either party for this to occur
- Non-custodial fathers are not always perceived as co-equal parents. Fathers are often disadvantaged by regulations requiring them to have custody of their children in order to access services such as housing.
- Staff and providers need increased training, supervision, tools and consistent coaching to discern how and when abusive partners can be a safe or nurturing part of their children's lives. Staff needs assistance with engaging abusive partners, but also with holding them appropriately accountable for change
- CPS workers need to be fully informed of available community resources/assets just as well as investigative techniques/resources

Summary

Children are less likely to suffer repeat abuse and neglect in Washington since 2005, due in large part to the 24/72 hour response times to CPS referrals. Children with additional findings of abuse or neglect within 6 months of a prior referral have decreased by 50% from 12.9% in 2005 to 6.3% in 2008. A review of this trend in October 2008, confirms that victims of abuse and neglect are less likely to be re-abused thanks to these improved CPS response times and other practice changes.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care. How effective is the statewide child welfare system in providing services, when appropriate, to prevent removal of children from their homes?

Previous Rating

CFSR-1 rated item 3 as an **Area Needing Improvement** as reviewers determined that the agency did not provide services, or that the services provided by the agency, were insufficient to maintain the child safely in the home. In four cases the agency failed to follow-up with the families to ensure that services continued to be appropriate and/or that families were participating in the identified services.

Policy and Practice Improvements

Policy

DCFS shall serve children and families as a unit in the least restrictive setting available and in close proximity to the family home, consistent with the best interests and special needs of the child. Out-of-home placement shall be utilized as a last resort when either a child cannot be protected from risk of imminent harm in his/her home or when reasonable efforts to remedy CA/N have failed.

Practice

Structured Decision Making (SDM)

In October 2007 after considerable input from focus groups, national experts and the Practice Model, Children's Administration adopted an actuarial risk assessment model, Structured Decision Making® (SDM). For CPS:

- SDM replaces our current consensus building risk assessment.
- SDM is a household based risk assessment, a change from our family/child assessment.
- SDM is a structured assessment that includes 18 specific questions with detailed definitions that result in a scored risk classification. There is an override option to allow for clinical judgment to influence final risk classification.
- The final risk classification in conjunction with the safety assessment should be considered when determining if ongoing services will be provided to the family.

Early Family Support Services (EFSS)

Children's Administration has improved its EFSS contracts with public health and private agencies to safely prevent removal of children from their homes. The outcome-based contracts include a new assessment and classification system to track family and individual outcomes. The service has two pathways: short-term services and long term, family engagement services:

- Short Term Service – services up to 30 days. Provider refers to services and/or provides a short-term service or a concrete service. The provider completes at least one follow up contact and closes the case.
- Family Engagement Service – services up to 9 months. The provider completes a family assessment and service planning. Provider may offer a combination of referrals to services and provide services based on a service plan that includes input from the family and appropriate familial supports. Provider completes a closing assessment and tracks outcomes in the areas identified on the service plan. The provider may utilize screening tools as part of the family assessment such as NCAST, Ages and Stages, Depression Screenings, etc.

Family Assessment and Assessment of Progress

These tools were created in FamLink which reflect the principles of Solution Based Casework. The Family Assessment is the foundational document used to develop the case plan with desired goals and outcomes in collaboration with the family. Specific questions are asked to gather the family view and the sequence of events that led to involvement with the family. The service plan document will align services and tasks with desired goals and outcomes to address safety threats, reduce risk and prevent removal of children from their homes.

Evidence-Based/Promising Programs

Children's Administration is phasing in the Evidence-Based/Promising Programs to safely prevent removal of children from their homes, these programs include: *(for a more detailed description of these programs please see Service Array- page 124)*

- Promoting First Relationships
- Triple P, Positive Parenting Program
- Incredible Years
- Project SafeCare
- Functional Family Therapy
- Parent Child Interaction Therapy
- Aggression Re-Placement Therapy
- Project Keep
- Homebuilders

Data

Central Case Review data has identified that performance on this item has improved and is evaluated as strength. In many cases, Family Preservation Services were offered and successfully used to address safety threats, stabilize the family and monitor child safety. The Central Case Review data for this item is based on a sample size of 399 cases in 2007, 353 cases in 2008 and 308 cases in 2009.

Services to prevent removal	2007 Statewide Results	2008 Statewide Results	2009 Statewide Results
Central Case Review	80%	76%	87%

2009 Central Case Review data ranged from 82% in Region 3 to 93% in Region 6.

Structured Decision Making (SDM)

Throughout 2006-2008, Children's Administration contracted with the Children's Research Center (CRC), a division of the National Council on Crime and Delinquency, to implement an actuarial risk assessment that classifies families by their likelihood of future referral to CPS. Children's Administration adopted the risk assessment and worked with CRC to conduct a preliminary examination of the risk assessment's performance.

Practice Model – Solution Based Casework (SBC)

There is a strong working relationship with Partners for Our Children, the DSHS Research & Data Analysis (RDA) office, and Casey Family Programs to evaluate the implementation and outcomes of SBC. The evaluation plan is comprehensive and includes multiple strategies.

Strengths & Challenges

Based on information obtained through multiple work sessions with the Statewide Assessment Team and regional- local staff and community focus groups the following is concluded concerning the Children's Administration's ability to provide services, when appropriate, to safely prevent removal of children from their homes:

Strengths

- Regional office staff have initiated stakeholder meetings to discuss interest in expanding evidence-based programs to safely prevent removal of children from their homes.
- Increased emphasis on keeping and serving children and families at home when it is safe to do so. Supervisors are key to maintaining emphasis on serving children at home, when child safety is not compromised.
- Providing services in the home to safely prevent removal - In home, one-on-one parenting instruction, rather than sending parents to parenting classes
- Better outreach to community
- CHILDREN'S ADMINISTRATION office seen as part of the community
- Better access to DSHS services
- Evidence-based practices
 - Collaboration around new evidence-based practices
 - Solution-based casework

Challenges

- Birth parents often have a generalized fear of authority/government and a specific fear of involvement in the child protection system. This fear is a potential barrier to development of a strong in-home services program which is dependent, to some degree, on cooperation and mutual trust. Veteran birth parents who provide mentoring and coaching to birth parents who are currently involved in the child welfare system, report that some staff apply inconsistent standards in assessing birth parents needs and their progress toward goals.

Summary

Children's Administration has implemented new practices and services designed to increase community based services for families within their own home. By focusing these services of safety it is our hope to safely avoid out-of-home placements. In 2009 increased services to families included:

- Family Preservation Services (FPS)
- Intensive Family Preservation Services (IFPS)
- Social Worker's Practice Guide to Domestic Violence
- Chemical dependency services
- Evidence Based Practices

Through Solution Based Casework practices and the Family Assessment Children's Administration is requiring genuine engagement with families, their relatives and other community supports to become fully involved in the assessment, service planning, and other decision making processes.

In 2009 the Central Case Review Team highlighted that for the 308 cases included in the sample, there was a marked improvement in efforts to provide or arrange for services to safely prevent removal including efforts to engage the family and facilitate participation in services.

Item 4: Risk Assessment and safety management. How effective is the statewide child welfare system in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?

Previous Rating

CFSR-1 rated item 4 as an **Area Needing Improvement** because in 30% of the applicable cases reviewed determined that the Children's Administration had not made enough effort to address the risk of harm to the children.

"Although CFSR findings indicate that the State has developed comprehensive risk assessment tools, case reviewers determined that in some cases, safety assessments and/or service provision were not sufficiently comprehensive to ensure children's safety, and/or social workers were not monitoring safety plans and service participation when children remain in their homes."

Policy and Practice Improvements

Policy

Structured Decision Making (SDM)

The SDM risk assessment tool is required as part of the Investigative Assessment and is used to determine risk and if ongoing services are required. The SDM tool is completed prior to a determination to offer ongoing services monitored through a voluntary service plan with the family (except when emergent service(s) are required).

Domestic Violence Policy and Procedure

In July 2009, Children's Administration implemented a state and regional interagency domestic violence (DV) protocol to improve awareness and response to domestic violence. The statewide policy requires that DV be assessed by all workers working with the family throughout the life of the case. Working in partnership with the Washington State Coalition against Domestic Violence domestic violence questions were added to many assessment tools used by staff across the program areas.

Policy was expanded to assure consistent practice when CPS intakes are received on severe physical abuse and sexual abuse. The policy helps guide social workers through the process when considering:

- Out-of-home placement
- Contact between the victim and perpetrator
- Critical components of the safety plan
- A list of categories when out-of-home placement must occur

Practice

Safety Assessment

In 2008, Children's Administration updated the Safety Assessment policy to provide clarity and include the additional DV language.

Family Assessment and Assessment of Progress

Family Action Plan (FAP)

In February 2009, the FAP was released as part of FamLink which provided a consistent tool that can be used prior to closing a case in order to document the family's aftercare plan and support services. The FAP must be completed on cases that meet the chronically referring criteria and have a SDM score of moderately high or high. For all other types of cases, the development of a FAP is optional. When a FAP is developed, the social worker collaborates with the family to develop a plan to maintain the child's safety. The social worker documents the plan in FamLink and provides a copy to the family prior to case closure.

If the family is re-referred to the department, the FAP may provide social workers with:

- What prior plans were developed with the family
- What direct supports were involved with the family
- Information to consider when determining a screening decision at intake

Evidence-Based/Promising Programs

Phasing in of Evidence-Based/Promising Programs to safely prevent removal of children from their homes. (for a more detailed description of these programs please see Service Array- page 124)

Data

Central Case Review data has identified that performance on this item has improved and is evaluated as a strength showing a 9% increase in performance in the past year. This improvement is reflective of the increased focus on safety throughout all programs including accurately assessing risk and safety threats, comprehensive safety planning and increased frequency of contact with children. The Central Case Review data for this item is based on a sample size of 540 cases in 2007, 485 cases in 2008 and 407 cases in 2009.

Risk of Harm	2007 Statewide Results	2008 Statewide Results	2009 Statewide Results
Central Case Review	71%	70%	79%

2009 Central Case Review data ranged from 67% in Region 3 to 93% in Region 6.

The ICW Case Review evaluated whether there was adequate response to safety threats and risk concerns for Native American children. The data is based on a sample size of 168 cases in 2007 and 217 cases in 2009. The increase is attributed to an increased focus on effective safety planning, monitoring of children through direct face to face contact and identification of others to share a role in monitoring child safety.

Were efforts made to access & address risk & safety concerns for the child?	2007 Statewide Results	2009 Statewide Results
Statewide ICW Central Case Review	69%	77%

Strengths & Challenges

Based on information obtained through multiple work sessions with the Statewide Assessment Team and regional-local staff and community focus groups the following is concluded concerning the Children's Administration's ability to reduce the risk of harm to children, including those in foster care and those who receive services in their own homes:

Strengths

- System changes such as the use of standardized tools for assessment of safety & risk, Solution Based Casework (SBC), and Family to Family strategies.
- Family and Community engagement efforts - Working with target population and communities of color.
- Community support groups, such as Parent Advocacy Committees and Life After CPS help families navigate through the system.
- Stakeholders report that there is a growing system wide change in SW valuing their clients; that families know what they need; and working on developing partnerships with families.
- Lower Caseloads.
- Families/Clients are taking responsibility for actions and helping change the system.
- New policy of consistent and repeated screening for domestic violence and assessment once it is identified.

Challenges

- Full implementation of the SDM risk assessment tool
- Minimal communication and collaboration across systems and services providers
- Timely transfer to FVS and initial contact by the FVS social worker
- Focus is often on services rather than helping families to meet basic needs like housing and lack of food
- Stakeholders feel strongly that Children's Administration should increase their partnerships with other agencies (including DSHS and community agencies) to jointly develop plans for clients
- Investigations can sometimes be too focused on the intake and not the assessment of the function of the family
- FTDM facilitation practice not always consistent

- Social workers' ability to use discretionary funds or access other services to address practical barriers to safety and risk (for example, paying to get locks changed in order to keep a domestic violence abuser out of the house) is limited. Action plans often reflect what is possible or usual, not necessarily what is most acutely needed by an individual family.

Summary

The Children's Administration has continued to affirm and improve CPS assessment and practice tools, examples of this emphasis being:

- Greater depth in safety planning and family assessments
- Increased focus on identifying and addressing safety threats
- Implementation of policies:
 - Domestic Violence
 - Co-Occurring Child Maltreatment Intake
 - CPS Investigations
 - Relative Framework and Unlicensed Placement
- Training of FVS workers and development of guidelines to support FVS staff
- Frequent face to face visits with children
- Increased family involvement in safety planning

B. Permanency

Permanency Outcome 1: Children have permanency in their living situations.

Item 5: Foster Care re-entries

How effective is the statewide child welfare system in preventing multiple entries of children into foster care?

Previous Rating

CFSR-1, Item 5 was rated as an **Area Needing Improvement** given that in 29% of the applicable cases reviewed, children entering foster care were re-entering within 12 months of discharge from a prior episode. The FY2002 Data Profile indicated that Washington's rate of 14.8% did not meet the national standard of 8.6% or less for the rate of children re-entering foster care within 12 months of a prior foster care episode.

Policy and Practice Improvements

Trial Return Home Policy - September 2006

There is now a six month trial period which begins at when the child transitions home. During this time Children's Administration continues to have responsibility for case planning and supervision until dismissal of the dependency. If the transition period toward reunification is not successful, the transition period ends with placement in out of home care, but is not considered a re-entry. This will help to significantly improve our foster care re-entry performance measure.

If the period was successful, reunification is considered achieved when the dependency is dismissed at the end of the 6 month trial return home period.

Trial Return Home policy was implemented with the purpose of insuring:

- The safety and well-being needs of the child are met when the child transitions home
- Support to the parents and child in their efforts to achieve a successful reunification

Reasonable Efforts to Return a Child Home include:

- Reunification Assessment.
- Transition and Safety Plan for all dependent children in care longer than 60 days due to child abuse and neglect. *(Previously required only for children 12 and under).*

- Dependency status, court oversight, and Children's Administration case planning and supervision continues for a minimum of six months to assure that family and agency efforts progress to support the identified permanent plan goal until dismissal of the dependency. Six months is the minimum timeframe for dependencies to continue after the child has returned home, however the court can decide, or Children's Administration may request, that the in-home dependency can continue beyond the six month mark.

Worker's Practice Guide to Domestic Violence

Effective July 2009 Universal screening questions specific to Domestic Violence (DV) and specialized assessment of DV are required to assist the social worker to address ways to increase the safety of the non-offending parent and engaging DV perpetrators in case planning. By addressing DV survivor and perpetrator issues the safety is increased for child's/youth's return home from out-of-home placement.

Social Worker Monthly Health and Safety Visits and Checklist

Effective September 2008 monthly social worker Health and Safety Visits with children of both out-of-home and in-home dependencies must be conducted in the home where the child/youth resides. A checklist is completed during each visit with the child/youth, parent and caregiver to insure that issues of safety, well-being and stability of placement can be addressed in a timely manner. Policy does not specifically state these visits include all children in the home (in in-home cases, nor siblings of the child who had been placed in foster care).

Monthly Supervisor Case Reviews

To ensure that both the family is supported and the child/youth is safe during this trial return home, as of October 2009 all supervisors must ensure that social workers complete monthly home visits with children / youth in both out-of-home care and in-home dependencies through 100% case reviews of documentation in FamLink case notes. Monthly supervision provides practice guidance and case direction for the assigned Social Worker to address:

- Appropriate and timely delivery of services to families and children
- Safety issues and family progress toward case goals
- Concurrent planning and family cultural needs
- Review of authorized family expenditures
-

Family Team Decision Making (FTDM) Meeting

An FTDM is required for all cases involving a placement decision related to; removal from the home, a planned or unplanned move; when placement preservation is at issue; or when exiting from care. For placement change/move situations; if immediate safety of the child is at imminent risk, safety should be the first consideration prior to scheduling a FTDM.

180 Day TANF Concurrent Benefits

Through coordination with policy developed by the Economic Services Administration (ESA), Children's Administration is able to ensure families who are receiving TANF benefits can maintain eligibility for their cash benefit for up to 180 days when their child is removed and placed into out of home care. Staff partner with ESA to provide the needed documentation to verify the plan for the child is reunification. These benefits provide continued support for families in maintaining a financial base in meeting the family's on-going needs. On a case-by-case basis, benefits may be extended beyond the 180 days when approved through ESA and the social worker documents the child will be returning to the home within a defined period.

Data

Federal Fiscal Year (FFY) 2008 Data Profile:

Washington's rate for re-entry at 16.0% is below the national median of 15.0% or less of children re-entering foster care within 12 months of a prior foster care episode. However if all children placed for less than 8 days during FFY2008 are removed from this measure we would meet the national median of 15%.

An examination of the children placed in out-of-home care for 8 days or less demonstrates one or more of the following:

- 46.7% removed due to the child's behavior in the home
- 45.7% removed due to CAN

- 6.4% removed due to parents substance abuse
- 13.0% removed due to parents death, incarceration or unable to cope

Data Reported from FamLink:

Percent of children that returned home in the 12 month period and re-entered foster care	2007 Statewide Results	2008 Statewide Results	2009 Statewide Results
CAMIS/FamLink	12.7%	15.6%	15%

In 2009 there was an increase of 2.3% more children re-entering care than 2007.

The percent of dependent children returned home who re-enter placement before the dependency is dismissed has increased 6% from April 2007 (9%) to January 2009 (15%).

An evaluation of FTDM meeting effectiveness suggests that FTDM meetings initially reduce re-entry. Future analyses with a larger number of cases will hopefully provide more conclusive results. (Family to Family FTDM Evaluation Report; Evaluation of Specific Placement Decisions in Family Decision Meetings; June 2008 – David Marshall)

Strengths & Challenges

Based on information obtained through multiple work sessions with the Statewide Assessment Team and regional-local staff and community focus groups the following is concluded concerning the Children’s Administration’s ability to safely prevent multiple entries of children into foster care:

Strengths

- FTDM meetings to be held when it is imminent that a child/youth may be removed from their home due to safety / neglect
- Policy changes
 - Type of Placement-Least Restrictive Setting
 - Relative Guardianship Assistance Program (RGAP)
- Early engagement with community and family/caregivers issues and concerns
- Early identification of relatives and significant adults that can support the child/youth, and parents

Challenges

- Inconsistent statewide support services / community supports prior to a child being removed from the parent(s) home and post-dependency
- Varying degrees of consistency in engaging the child/youth in case planning
- Uneven skill levels in the ability to individualize and tailor services to family specific needs
- Lack of consistency with ongoing efforts to identify relatives, friends and community resources to support the family, child or youth
- Lack of skills and resources for engaging domestic violence perpetrators, increasing their accountability for the harms they have caused, and assisting victims in building safety for themselves and their children
- DSHS needs to focus training on supervisors to promote staff compliance with policy and procedure
- Decreasing availability and flexibility of funds to assist families

Summary

Through the development of policies, procedures and checklist tools significant changes have been made to improve permanency outcomes for children/youth in care; however the reunification re-entry rate has increased 2.3% since 2007.

Systemic changes in Children’s Administration have created opportunities to intervene in situations that may lead to a child/youth re-entering the child welfare system. FTDMs are a key strategy to improvement in this area, but the lack of capacity and inconsistent application has kept us from realizing the full benefit of this practice.

Further work is needed to develop community support and response systems to provide post-dependency services for the ongoing needs of a family.

Item 6: Stability of foster care placement:

Was the child in a stable placement at the time of the onsite review, and were any changes in placement that occurred during the period under review in the best interest of the child and consistent with achieving the child's permanency goals?

Previous Rating

CFSR-1, Item 6 was rated as an **Area Needing Improvement** given that in 32% of applicable cases, reviewers determined that children's placements were unstable or that children experienced placement changes that were not consistent with their needs. The FY2002 Data Profile indicated that Washington's rate of 83.3% did not meet the national standard of 86.7% for the percentage of children experiencing no more than 2 placements in their first 12 months in foster care.

Policy and Practice Improvements

Policy

Considerations & Notification for Placement Moves

Effective July 2009 Regional Administrator (RA) approval became a requirement prior to any placement move for a child who has been in the same placement for 12 months or longer, except under the specific circumstances outlined in the policy. Prior to requesting RA approval for a child's change in placement from a caregiver who has cared for the child for one year or longer, staff must complete the steps outlined in the policy. These steps are as follows:

- **Shared Planning Meeting/Multiple Placement Staffing** for any child experiencing three or more placements. The purpose is to develop an intensive case plan to improve placement stability. Required participants include social worker, supervisor, biological parent(s), child, resource/ caregiver family, GAL/CASA, extended family, service providers, community representatives, and any other supports identified by the child.
- **Family Team Decision Making (FTDM) meeting** is **required** for all cases involving a placement decision when placement preservation or move between placements is at issue prior to the change taking place. However, if the immediate safety of the child is at imminent risk, safety should be the first consideration prior to scheduling a FTDM.
- **Court Supervision** - Should any child change placements over a 6 month period the assigned Social Worker must document to the court the reasons for the placement change decision.

Social Worker Monthly Health and Safety Visits and Checklist

Effective September 1, 2008 monthly social worker Health and Safety Visits with children must be conducted in the residence where the child/youth resides. To assist the social worker with consistent documentation of monthly Health and Safety Visits a checklist has been created and distributed to staff. The Health and Safety Checklist specifically assists social workers with identifying service needs to support stability of the placement. In April 2010 the Caregiver TIP Card, supports information sharing between caregivers and social workers during the monthly visits was created and implemented. The TIP also card promotes discussion in the identification of needed supports for the child and/or caregivers.

Practice

In 2006, House Bill 3115 required implementation of the Foster Parent Critical Support and Retention Program which provides foster parents with 24 hour / 7 days a week support and in-home case management services for children who are sexually reactive, physically assaultive or have other high-risk behaviors. This evidence-base practice of behavior chain analysis supports caregivers with children who have proven difficult to manage and is designed to keep the children in those homes.

In 2007 Senate Bill 1624 established a regional and statewide process for public foster parent forums to bring concerns to the attention of DSHS-Children's Administration. Issues highlighted with the 1624 meetings concerning placement stability were as follows:

- Inconsistent rate assessment across the state by regional rate assessors.

- Need for timely reimbursement to foster parents for transportation to support school, respite, and visits.
- Need for the respectful inclusion of Foster parents in planning and decision-making.
- Consistent implementation of the Foster Care Retention Respite Policy
- Enhanced information on policy and caregiver's responsibility when children run away or are missing from care

Contracted Services

Children's Administration has increased supports to caregivers through contracted service providers that organize and maintain Foster Parent Hubs/Support Groups. Specifically Foster Parent Hub/Support groups have helped:

- Foster parents stay connected with each other
- Provide networking opportunities
- Allow for the exchange of ideas and resources
- Provide the mandatory monthly training required for foster parent licensure

As of April 2010 the FamLink Data Warehouse is producing the following reports:

- Multiple Placement Staffing
- Social Worker Monthly Health & Safety Visits
- Sibling Visits
- Caseload Counts
- Field Office Monthly Reports
- Regional Permanency Plans that report out on use of FTE's to establish permanent plans

Data

Federal Fiscal Year (FFY) 2008 Data Profile:

Placement Stability: Percent of Children with 2 or fewer placement settings

Time in Care	National Median	Washington's Performance
Less than 12 months	83.3%	82.3%
12 to 24 Months	59.9%	61.9%
24 Months - or more	33.9%	38.4%

The above data suggests that children who remain in out-of-home care longer have a greater likelihood of stability.

Central Case Review / FamLink Data:

Stability of foster care placements	2007 Statewide Results	2008 Statewide Results	2009 Statewide Results
Central Case Review	82%	81%	79%
Stability in first year in care Source: FamLink	82.4%	81.5%	82.5%

In 2009 Central Case Review data ranged from 74% in Region 4 to 82% in Region 6.

The Central Case Review data is based on a sample size of 381 cases in 2007, 339 cases in 2008 and 275 cases in 2009. Cases included in the sample were achieved for stability of placement if:

- The child remained with the same caregiver in the last 12 months
- The child moved from a non-relative to a relative home, or moved from a foster home to an adoptive home.
- The child's move was based on the child's need for a higher level of care or a less restrictive level of care

Since 2007 it appears that the stability of a child's placement in out-of-home care has remained relatively consistent at 81%.

An analysis of June 2008 FTDM data suggests an inverse relationship between a child's family/caregiver receiving an FTDM and the retention of their initial placement. However, the differences in rates are not statistically significant for any of the cohort periods. It should be noted that Children who receive an FTDM to safely prevent a move may still undergo a change in placement, but future placements are more stable than those children in comparison groups. (Family to Family FTDM Evaluation Report; Evaluation of Specific Placement Decisions in Family Decision Meetings; June 2008)

Strengths & Challenges

Based on information obtained through multiple work sessions with the Statewide Assessment Team and regional-local staff and community focus groups the following is concluded concerning the Children's Administration's ability to stabilize the placements of children/youth in out-of-home care:

Strengths

- Majority of caregivers are dedicated to the child/youth in their care.
- Philosophy and strategies of the "Family to Family" program highlight community supports and services to help stabilize children in care.
- Improvement of social workers meeting with caregivers and children / youth every 30 days has made a positive impact on assessing needs to keep placements stable.
- Improved communications between Foster Parents and DLR regarding foster care licensing and investigations help issues within the foster home to be resolved quickly without disrupting placements

Challenges

- Despite significant increases in Independent Living (19%) and Transitional Living (37%) Services - see *item 10*, youth and caregivers report that inconsistent communication and teaming with child / youth, caregivers, parents and providers can at times result in youth leaving foster care without supports and plans.
- Inadequate pool of foster homes that can be matched to the child's/youth's needs.
- Lack of clarity about the roles and expectations of those supporting the family and placement.
- Lack of funding to support both foster care and unlicensed caregivers.
- Caregivers report that they are sometimes treated insensitively or disrespectfully by staff. .This perception of treatment can result in a disruption of a placement.

Summary

Although there is a slight decline in Central Case Review data over the last year this is within the 5% margin of error. Feedback from caregivers, social workers and stakeholders suggest that improvement can be made with consistent support and resources to stabilize children and youth in out-of-home care. Although multiple efforts have been made to increase resources and supports for families caring for children/youth in out-of-home care, Children's Administration and stakeholders realize more is required for consistency across the State as a whole.

Item 7: Establishment of an appropriate permanency goal for the child in a timely manner

How effective is the statewide child welfare system in determining the appropriate permanency goals for children on a timely basis when they enter foster care?

Previous Rating

CFSR-1 Item 7 was rated as an **Area Needing Improvement** based on the finding that in 28% of applicable cases reviewers determined that an appropriate permanency goal had not been established for the child in a timely manner.

Policy and Practice Improvements

Policy

Scope of Reasonable Efforts

Permanency plans shall be developed no later than 60 days from the time the supervising agency assumes responsibility for providing services, including placing the child, or at the time of a hearing, whichever occurs first. The planning process shall include reasonable efforts to return the child to the parent's home, and the plan shall identify one of the following outcomes as a primary goal and may identify additional outcomes as alternative goals:

- Return of the child to the home of the child's parent, guardian, or legal custodian
- Adoption
- Permanent legal custody
- Guardianship
- Long-term foster or relative care is not a permanent plan (this is only considered when other permanent plans are not in the best interests of a child and provides continued foster care until the child is age 18)

Permanent and Concurrent Planning- October 2009

- The Permanent and Concurrent Planning policy has been updated to clarify the implementation of guardianships in Washington State. Implemented the Relative – Guardianship Assistance Program which provides a monthly subsidy to relatives when a guardianship established on dependent children that meet IV-E requirements.
- Updates also address practice around permanent plan options, permanency and concurrent planning procedures. Revised the Permanency and Concurrent Planning policy to support best interests of children when making a permanent plan.
- Clarified practice issues regarding the understanding of the permanent plan of guardianship

Termination of Parental Right

Current policies are based upon the Adoption and Safe Families Act (ASFA), which requires social workers to file a petition for termination of parental rights (TPR) when a child has been in out of home care 12 of the last 19 months, unless a compelling reason exists. Social workers will document all compelling reasons within the Individualized Social Service Plan (ISSP) for court review.

Behavioral Rehabilitation Services

Behavioral Rehabilitation Services (BRS) policy was updated with permanency planning as the major focus for each child/youth as well as participation in planning the transition to permanency. BRS provider contracts have also been updated with performance outcomes / targets requiring increases in transitions to permanency.

Practice

Solution Based Casework (SBC)

As described previously SBC assists in the timely establishment of permanency goals through continually engagement with parents.

Early Identification of Relatives

In October 2009 statewide re-training on concurrent planning and permanency planning was held that emphasized the early identification of relatives and placement in a permanent home.

Data

Central Case Review data has identified that performance on this item has decreased in 2009. This decrease is reflective of not identifying and updating the child's primary permanent goals timely. The Central Case Review data for this item is based on a sample size 379 cases in 2007, 338 cases in 2008 and 270 cases in 2009.

Permanency goal for child	2007 Statewide Results	2008 Statewide Results	2009 Statewide Results
Central Case Review	84.00%	85.00%	79.00%

In 2009 Central Case Review data ranged from 72% in Region 5 to 86% in Regions 1 and 6.

There were two Central Case Review elements to measure this item with the following results:

- Permanency goals were appropriately matched to the child's needs and circumstances of the case in a timely manner decreased from 91% in 2008 to 85% in 2009
- A petition to terminate parental rights was filed if the child was in out-of-home placement for 15 of the most recent 22 months, or compelling reasons were documented in the current ISSP increased from 73% in 2008 to 75% in 2009.

Strengths & Challenges

Based on information obtained through multiple work sessions with the Statewide Assessment Team and regional-local staff and community focus groups the following is concluded concerning the Children's Administration's ability to determine the appropriate permanency goals for children on a timely basis:

Strengths

- Increased teaming with Attorneys for collaboration on case planning for positive outcomes
- Increased expectation for developing permanent plans within meetings that include all parties: Family Group Conferences / Family Team Decision Making / Shared Planning
- Increased ability to complete timely and ongoing relative searches for placement and support
- Training of staff in Solution Based Casework principles helps staff to engage family and providers in developing a permanent plan

Challenges

- Inconsistent involvement of the child/youth in placement decisions is creating more anxiety for the child/youth which contributes to conflict within placements
- Court delays: court calendar, continuances, criminal charges delay services and timely permanency
- Expectations on individualized and tailored service plans that address the specific needs of parents/child/youth/caregiver are not yet fully realized. In areas where expectations have not yet been fully implemented delays in permanency can occur.
- Immigration Issues: Family members who are undocumented residents are hesitant to be a placement resource, which in turn limits permanent options that would be best for the child
- Lack of cultural awareness and competence in working with families limits the ability to identify risk accurately which in turn limits the ability to develop effective permanent plans

Summary

Positive strides have been taken to develop new policies and practices that will focus on children / youth needing timely permanency goals. Trainings have been implemented that focus on how we communicate and team with families and our communities. Contracts have been revised that require providers to insure permanency goals are met. Despite progress in developing policy and practice guidelines to promote timely permanent plans for children/youth, statewide case reviews show a slight decline in identifying the most appropriate permanency goal for children. Case reviews also highlight delays in the filing of a termination petitions by social worker and/or the office of the Attorney General is contributing to delays in permanency.

Item 8: Reunification, guardianship, or permanent placement with relatives

How effective is the statewide child welfare system in helping children in foster care return safely to their families when appropriate?

Previous Rating

CFSR-1 Item 8 was rated as an **Area Needing Improvement** because, in 50% of the applicable cases reviewed it was determined that the agency had not made enough efforts to attain the goals of reunification or guardianship in a timely manner. The FY2002 Data Profile indicated that Washington's rate of 81.6% did meet the national standard of 76.2% for the percentage of reunifications occurring within 12 months of entry into foster care.

Policy and Practice Improvements

Policy

Permanent Plan of Guardianship / Relative Guardianship Assistance Program (R-GAP)

The implementation of R-GAP provides monthly subsidy to relatives when a guardianship is established on dependent children that meet IV-E requirements. This development of R-GAP in concert with the plan to attend further education/training will assist with family with meeting basic needs of the youth.

Permanent and Concurrent Planning- October 2009

Revised Permanency and Concurrent Planning policy supports the best interests of children when making permanent plans for the child/youth.

Shared Planning Meetings

The purpose of Shared Planning is to bring individuals together to share information, plan and inform decisions regarding children and families involved with Children's Administration. Individuals participating in this process will have pertinent and relevant information, and/or the expertise to help make the most appropriate plans for child(ren)'s safety, permanency and well-being.

Shared Planning meetings can be convened within 72 hours of the original placement date. Otherwise they are held within 30 days of the OPD. Information originating from the meeting should be used to inform goal establishment and case planning. Social workers and families utilize the Shared Planning meetings to discuss visitation scheduling and planning for these supports for children/families.

Practice

Solution Based Casework (SBC)

In helping children in foster care return safely to their families it is critical that a family centered practice model is in place. By targeting specific everyday events in the life of a family that have caused the family difficulty in the past, an effective transition home can be accomplished.

Evidence-Based/Promising Programs

To address issues that arise as a child/youth transition from out-of-home care (*for a more detailed description of these programs please see Service Array- page 124*)

Regional Service Availability

In January 2007 additional service funding was made available through Neglect Legislation. As a result funds were allocated to the regions to provide additional service dollars for Basic Support (Home Based Services) and increased availability of Intensive Family Preservation Services (IFPS) and Family Preservation Services (FPS). Social workers are now able to purchase specific evaluation or treatment services for children and their parents not covered by other funding sources. It is expected that the increase in Basic Support to families will consequently increase the success of children/youth returning from out-of-home care.

Data

Federal Fiscal Year (FFY) 2008 Data Profile:

Washington is reported to be in the top third of the nation concerning the timely return of children to their homes. . The 3 measures that comprise this component demonstrate Washington's performance to be below the national median:

- Percentage of exits to reunification in less than 12 months: Compared to FFY2007 the percentage of exits to reunification in less than 12 months has remained at 63.8%
- Median length of stay: The national median length of stay is 6.5 months. Compared to FFY2007 (5.6 months) Children are staying longer in care by 7.0 months.
- Percentage of all children entering foster care for the first time that are reunified in less than 12 months: A significant improvement has been achieved for reunifying children entering foster care for their first time in less than 12 months; FFY2007 performance was at 25.2% and FFY2008 performance increase to 36%

Exits to Reunification, Guardianships, and Third Party Custody	2007 Statewide Results	2008 Statewide Results	2009 Statewide Results
Central Case Review	72.00%	71.00%	67.00%
FamLink	73.10%	74.20%	68.30%

In 2009 Central Case Review data ranged from 55% in Region 4 to 84% in Region 1.

The Central Case Review data is based on a sample size of 221 cases in 2007, 224 cases in 2008 and 220 cases in 2009. Data for Central Case Review is based upon: Efforts being made to achieve the primary permanency or concurrent goal of reunification, guardianship or permanent placement with relatives within 12 months from the child's most recent placement episode.

Although the 5% decline in Central Case Review data is within an acceptable margin of error for the sample size, this decrease is reflective of multiple delays:

- Accessing services to address parental treatment needs
- Lengthier transition to ensure successful reunification
- Maintaining goal of reunification beyond realistic timeframe
- Efforts to achieve guardian ship/ third party custody

According to State Fiscal Year (SFY) 2007 FamLink data 73.1% of children that exited from out-of-home care were either reunited with their parents/guardians or a guardianship was established. In SFY2009 this percentage of children declined to 68.3%.

Strengths & Challenges

Based on information obtained through multiple work sessions with the Statewide Assessment Team and regional-local staff and community focus groups the following is concluded concerning the Children's Administration's ability to help children in foster care return safely to their families when appropriate:

Strengths

- Greater accountability expected of DSHS, and private agency service providers helps to create safe guards against poor safety plans when children return home
- Greater emphasis on the transition of the child/youth back to their home helps staff and supervisors focus on these needs
- Increased expectation for developing safety plans when children return home at meetings that include all parties: Family Group Conferences / Family Team Decision Making / Shared Planning
- Increased expectation of caregivers to engage in mentoring birthparents provides great support and information concerning the readiness of parents to have their children returned
- Mentoring and advocacy by veteran parents encourages families to engage early in services required for reunification
- Focus on "Teaming" with the community, services providers, parents, child/youth, and Children's Administration concerning safety plans for a child's return from out of home care
- Principles of Solution Based Casework encourage staff to engage parents in developing safety plans with a focus on the parent's strengths

Challenges

- Inconsistent planning for, and referral to appropriate and supportive community services after the child/youth returns from out of home care / post dependency
- Lack of consistency in completing an on-going search for relatives beyond the first point of contact with the family hinders possible permanent plans that would meet the needs of children and families
- Infrequent identification of non-custodial fathers/paternal relatives as a reunification/placement option
- "Changing the finish line" for parents – "took child for "X", but now I have to do A-Z" – a lack of guidance for social workers and courts concerning compliance to case plan vs. perception of internalized change
- Social worker and service provider bias, incomplete training or experience resulting in either exaggerating, missing, or minimizing safety issues in the family.
- Disproportionality issues within the child welfare system delaying the return home of children
- A perception in some communities that Children's Administration is risk adverse in decisions of reunification.
- Children's Administration is inconsistent with obtaining Tribal input on case planning for the return home of a Native American child/youth – as a result tribal support and culturally sensitive case plans are not always in place

Summary

Progress has made in opening communication with families and the community to support a safe return home of children/youth. Some reasons for the delays in timely reunifications are; timely access services to address parental treatment needs; longer transitions home to ensure safe and successful reunification, and delays in establishing guardianship or third party custody as a concurrent plan early in the life of the case. Full integration of SBC and statewide availability of a full array of services are vital to improving success in reunification and permanency efforts. Improve interagency collaboration within DSHS and within communities to assist families to

identify needs and obtain services that support the return home of children after Children's Administration involvement.

Item 9: Adoption:

How effective is the statewide child welfare system in achieving timely adoption when that is appropriate for the child?

Previous Rating

CFSR-1 Item 9 was rated as an **Area Needing Improvement** because in 60% of the applicable cases, reviewers determined that the State had not made enough effort to achieve a finalized adoption in a timely manner. The FY2002 Data Profile indicated that Washington's rate of 26.7% of finalized adoptions in FY2002 occurring within 24 months of entry into foster care did not meet the national standard of 32.0 % or more.

Policy and Practice Improvements

Policy

Home Study Assessment for Foster, Adoptive and Relative Caregivers

Effective October 31, 2009, the revised Family Home Study policy supports a more streamlined process, provides guidance on expectations and strives for a family centered approach sensitive to both community and culture.

Practice

Leadership emphasis on adoptions

During FY2009 management focused in each region was to increase finalization of adoptions while balancing safety concerns.

Training - Permanency Planning From Day One

This mandatory training orients staff to the Revised Permanency and Concurrent Planning Policy with a focus on integrating the day to day plan with a permanent plan which is in the best interest of the child/youth. This emphasis on early and consistent permanency planning throughout the life of a case protects the child's/youth's community and family attachments and reduces multiple moves.

Washington provides post adoption services to every child eligible for the Adoption Support Program. The service array consists of:

- Monthly cash payment
- Medical through Medicaid
- Counseling
- Non recurring adoption finalization costs
- Access to annual training
- Regional program consultants
- Access to up to date information through subscription e-mail group list and a monthly publication
- Toll free 800 number
- On-line lending library

Historically, approximately 70% of adoptions are by foster parents. All families have the same basic adoptive home study completed, however, under WA state law there is an additional piece of work to address the six concepts of adoption that must be discussed with all adoptive applicants:

1. Concept of adoption as a lifelong developmental process and commitment.
2. The potential for the child to have feelings of identity and confusion and loss regarding separation from the birth parents.
3. The relevance of the child's relationship with siblings and the potential benefit to the child of providing for a continuing relationship and contact between the child and known siblings.
4. Disclosure of the fact of adoption to the child.
5. The child's possible questions about birth parents and relatives.
6. The relevance of the child's racial, ethnic, and cultural heritage.

Documentation of the discussion and the applicant's response is addressed in the Family Home study and documented in the family case notes.

There is additional paperwork that must also be completed:

- Marital history form – Washington law requires that if persons are married both petitioners are to be on the adoption petition.
- Medical Report – completed by the doctor
- Financial Statement form

Although Children’s Administration does not have data to support this, children who are placed with an identified potential adoptive family tend to remain care longer post TPR, versus moving to adoption more quickly. Reasons for this may include: adoptive home study not started or completed, disclosure not completed, stabilizing the child and family (services being offered) still in process. In few instances, disagreement on subsidy amount with regards to adoption support.

Children’s Administration does comply with ICWA notice and it is provided at both the time of dependency and at time of termination. In many instances, permanency may be delayed due to lack of understanding the ICWA, and in some instances, lack of support for adoption when other plans have been ruled out.

Court Improvement Projects

Increased collaboration with courts and other partners to improve timeliness to permanency for children. Development of a process for inquiry re: Tribe/Band affiliation at shelter care.

Data

Federal Fiscal Year (FFY) 2008 Data Profile:

According to the composite report “FY2008 Data Profile: Timeliness of Adoptions” Washington’s performance in completing timely adoptions ranks in the top 25 among other states. This composite has 3 components; 2 of which directly measure the timeliness of adoptions.

Component A: Timeliness of Adoptions of Children Discharged from Foster Care:

- Percentage of exits to adoption in less than 24 months: Washington’s performance is below the national median of 26.8%. Compared to FFY2007 27.1% the rate has decreased to 24.5%.
- Median length of stay: WA is well below the national median of 32.4 months. Compared to FFY2007 performance remains about the same at 31.8 months.

Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer:

- Percentage of children in care 17 months or more that are adopted at the end of the year: Washington’s performance 20.6% is above the national median of 20.2%. Compared to FFY2007 the rate has declined 0.7%.
- Percentage of children in care 17 months or more achieving legal freedom within 6 months: Washington’s performance 15.3% is well above the national median of 8.8%. Compared to FFY2007 the rate has increased 0.5%.

Progress toward adoption for children in Foster Care - 17 Months or Longer	2007 Statewide Results	2008 Statewide Results	2009 Statewide Results
Central Case Review : Adoptions completed within 24 months	44.00%	43.00%	61.00%
Total Number of Adoptions (FamLink)	1,273	1,175	1,646

In 2009 Central Case Review data ranged from 40% in Region 4 to 76% in Region 1.

The Central Case Review data is based on a sample size of 125 cases in 2007, 90 cases in 2008 and 136 cases in 2009. Data for Central Case Review is based upon the following: Were efforts made to achieve the primary

permanency goal or concurrent goal of adoption within 24 months from the date of the most recent placement episode?

Central Case Review data increased 17% from 2007. Possible reasons for this increase include:

- Establishing the goal of adoption concurrently with the goal of reunification at the onset of the case.
- Increased performance in completing steps to timely adoptions such as conducting diligent searches for all parents early in the case.
- Placing the child in a permanent home and completing termination petitions in a timely manner.
- Increased focus on timely efforts to achieve adoption within 24 months including identifying specialized adoption units and social workers in some regions.

Strengths & Challenges

Based on information obtained through multiple work sessions with the Statewide Assessment Team and regional-local staff and community focus groups the following is concluded concerning the Children's Administration's ability to achieve timely adoptions when that is appropriate for the child:

Strengths

- New laws such as the Adam Walsh Bill compel early comprehensive background checks so that adoptive homes can be accepted or rejected
- Foster homes licensed early for pre-adopt status allows for permanent homes to be identified early in the case plan
- Shared planning meetings: Family Team Decision Making (FTDM), Family Group Conferencing (FGC) help to identify resources and roadblocks to permanency
- Changes in the policy and practice have been made to removing barriers to Kinship adoptions

Challenges

- Inconsistent practice of continuous inquiry into Native American Ancestry can lead to adoption plans being overturned
- Identification of a child's Native American status in order to engage the tribes early on in adoption planning
- Shortage of aftercare and support groups for adoptive parents
- Time delays in the Interstate Compact for Placement of Children sometimes delays adoptions
- Reluctance of some courts to terminate parental rights slows the adoption process
- Lack of cultural competence by adoptive parents can lead to instability of the adoptive placement

Summary

Substantial progress has been made in the area of finalized adoptions for legally free children in care. 2009 adoption finalizations increased 40% from 2008. This is a result of increased attention to permanency planning with resource assistance from the Governor and Legislature. Case Review data reflects a significant increase in efforts to finalize adoptions within 24 months.

Item 10: Other Planned Permanent Living Arrangement

Statewide child welfare system has or is making diligent efforts to assist youth in attaining their goals related to other planned permanent living arrangement.

Previous Rating

CFSR-1 Item 10 was rated as an **Area Needing Improvement** because in one (50%) of the two applicable cases, reviewers determined that the agency had not made enough efforts to ensure that the child's placement was long term and stable and that the child was receiving appropriate services. The FY2002 Data Profile indicated 4.2% of children in foster care had a permanency goal of long-term foster care and 1% of children had a goal of emancipation.

Policy and Practice Improvements

Policy

Services for Youth 15 - 18 years of age who have been in care for 30 days or more

The social worker will develop and document a plan for a youth to acquire independent living skills and documentation of services provided in the youth's Individualized Social Service Plan (ISSP). Goals identified must

be those the youth is interested in and will work toward (within appropriate health and safety limits). Pregnant or parenting teens (either female or male) should receive special attention around life skill development, including parenting.

Service coordination with the Division of Developmental Disabilities

The Social worker will consult with a Division of Developmental Disabilities (DDD) social worker when developing an individual transition plan for youth identified as eligible for continued DDD services beyond age 18.

Practice

Solution Based Casework (SBC)

By focusing on the specific everyday events in the life of a family / youth efforts to team with the youth and family to attain their goals related to education, employment and other planned permanent living arrangements can be achieved.

FamLink Information system Updates

FamLink provides staff with a step by step process for the development and documentation of a youth's Independent Living Plan.

Statewide Training October 2009

Social workers have the following trainings and tools available to them for assisting youth in developing goals for permanent plans/living arrangements: Development of Permanency Planning, Tip Sheets, Benefits of Permanency Planning Matrix and Educational Services Matrix, Clarification of Employee/Foster Adopt Families, R-GAP policy, Family Home Study, Open Communication Agreements between birth family, adoptive family and known siblings.

The number of children that received Independent Living Services has increased 19% and the number of children that received Transitional Living Services has increased 37%. Collaboration with Partners for Our Children (POC) to study youth aging out of care in order to determine areas for improvement is ongoing. Progress is still needed around the graduation rates of youth in foster care and the completion of Independent Living Plans.

Current practice is for social workers to refer all eligible youth at age 15 to a contracted Independent Living Provider. Eligibility for these services requires that youth be a dependent in foster care for 30 days after age 15. Once initial eligibility is established the youth will remain eligible until age 21 regardless of any type of permanent plan achieved.

Two documents are used as written agreements for other permanent plans:

- The Long Term Care Agreement for Foster Parents or Relative Caregivers is the document used as the agreement to recognize this type of permanent plan.
- The Relative Guardian Assistance Application and Agreement is the document used to recognize and support Guardianships.

There are also two additional forms for youth who turn 18 which serve as written agreements;

- Voluntary Service Plan Foster care to 21 (this one is for youth pursuing postsecondary education)
- Voluntary Plan for Continued Placement and Services for Youth (Age 18 to 21) (this one is for youth needing to complete high school or obtain GED)

Data

According to FFY2008 Data Profile: Permanency for Children and Youth in Foster Care for Long Periods of Time; Washington is in the top two thirds of the other recorded State's performance. This composite has 2 components that measure permanency for children and youth in foster care for long periods of time.

Component A: Achieving Permanency for Children in Foster Care for Long Periods of Time:

- Percentage of children in care for 24 months or more exiting to permanency prior to their 18th birthday: Washington's performance (31.9%) is above the national median 25.0%. Compared to FFY2007 30.0% the rate has increased.
- Percentage of children with parental rights terminated exiting to permanency: Washington 93.3% is below the national median 96.8%. Compared to FFY2007 93.8% the rate has declined.

Component B: *Growing up in Foster Care:*

Percentage of children who age out of care without a permanent plan: Washington's performance, 49.9% is above the national median 47.8% but has improved since FFY2007 52.0%.

Other planned living arrangements	2007 Statewide Results	2008 Statewide Results	2009 Statewide Results
Central Case Review	76%	67%	50%

In 2009 Central Case Review data ranged from 25% in Region 1 to 100% in Regions 3 and 6.

The Central Case Review data is based on a sample size of 17 cases in 2007, 24 cases in 2008 and 24 cases in 2009. Data from Central Case Review demonstrates a decrease; however the sample size is too small to draw any substantial conclusions. The following trends were noted:

- Youth were not in a permanent living arrangement with a foster parent or relatives, and there were not adequate efforts made to locate a permanent living arrangement for the youth.
- Comprehensive independent living services were not documented.

Services to Youth	2007 Statewide	2008 Statewide	2009 Statewide
Total Youth who received Independent Living Services	911	1,091	1,124
Total Youth who received Transitional Living Services	690	882	1,098

The number of children that received Independent Living Services has increased 19% and the number of children that received Transitional Living Services has increased 37%.

Strengths & Challenges

Based on information obtained through multiple work sessions with the Statewide Assessment Team and regional-local staff and community focus groups the following is concluded concerning the Children's Administration's efforts to assist youth in attaining their goals related to other planned permanent living arrangements:

Strengths

- Increase of Independent Living Services (ILS) for youth and extension of ILS to age 21 allows for development of permanent living arrangements
- With the exception of couple small rural areas in Region 1 & 6, ILS services are available throughout the state with strong community partnerships for planning and service delivery
- A college fund for youth from foster care allows them to obtain a college education at no cost
- Working closely with tribes and relatives to maintain family / cultural connections provides the youth with support while transitioning into adulthood

Challenges

- Inconsistent focus on independent living services for youth in care allows youth to leave foster care Need to improve planning for youth that are candidates for alternate permanent plans
- Need to address that some children / youth feel shamed for being part of the foster care system, which limits their effectiveness in planning for the future
- Inconsistent follow-through with plans / services for the youth / caregiver delays permanency and negatively impacts successful emancipation from care
- Conversion to FamLink in 2009 diverted time and resources from direct services
- Lack of resources for extensive family and relative searches limits potential relative placements and subsequent permanent plans

Summary

While the number of youth receiving Independent and Transitional living services has increased, case review data indicates that Children's Administration has not been successful in providing quality services and effective case

planning in order to establish permanent living situations for children whom reunification, adoption and guardianship has been ruled out, and for youth transitioning to adulthood from out of home care. There has not been a consistent practice expectation for documentation of actions taken to provide effective ILS services. This is an area of challenge.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children

Item 11: Proximity of foster care placement

Were concerted efforts made to ensure that the child's foster care placement was close enough to parent(s) to facilitate face-to-face contact between child and the parent(s) while the child was in foster care?

Previous Rating

CFSR-1 Item 11 was rated as a **Strength** because in 94% of the applicable cases, reviewers determined that the Children's Administration had made sufficient efforts to ensure that children were placed in foster care placements that were in close proximity to their parents or relatives, or were necessary to meet special needs.

Policy and Practice Improvements

Policy

Type of Placement-Least Restrictive Setting

When assessing a child's need for services and placement, the social worker shall select the "least restrictive setting, most family-like, and most appropriate" placement option available consistent with the safety and best interest of the child. The placement should be in close proximity of the child's family home and the child's current school if he/she is of school age.

Practice

DCFS shall serve children and families as a unit in the least restrictive setting available and in close proximity to the family home, consistent with the best interests and special needs of the child.

Ensuring that the safety and best interests of the child are the paramount considerations when making placement and service delivery decisions

A child shall be placed as close to the child's home as possible, preferably in the child's own neighborhood, unless the court finds that placement at a greater distance is necessary to promote the child's or parents' well-being.

The placement should be in close proximity of the child's family home and the child's current school if he/she is of school age. Preferably, the placement will allow the child to continue at the same school and with the same medical providers.

When it is necessary to place a child or sibling group into foster care, the focus of the placement worker and the worker assigned to the child(ren) is first on meeting the child(ren)'s individual needs by providing the least restrictive possible placement. When the assigned worker requests a foster home for a child(ren), the placement worker consults the licenser, as appropriate, and considers the following when identifying a suitable home:

- The child(ren)'s proximity to their own home and family to facilitate visitation with parents.
- Closeness to the child(ren)'s school or child day care so that attendance is not disrupted.

Family to Family

Recruitment, Development, and Support of Caregivers. Employing targeted recruitment strategies and efforts to find and maintaining foster and kinship homes that can support children and families in their own neighborhoods.

Data

Data regarding the distance from a child's home and their placement outside of the home is not collected. However by policy every effort is made to keep the child in close proximity to their parents. This effort to keep children in close proximity to their neighborhood is reflected by data from the Office of Superintendent Public Instruction (OSPI) Enrollment Records for the State Fiscal Year 2009. This data indicates that 21.8% of children in out-of-home care changed schools due to placement or re-placement during the 2007-2008 school year, This measure has increased 1.8% since the 2006-2007 school year.

Strengths & Challenges

Based on information obtained through multiple work sessions with the Statewide Assessment Team and regional-local staff and community focus groups the following is concluded concerning the Children's Administration's ability to ensure that the child's foster care placement was close enough to parent(s) to facilitate face-to-face contact between child and the parent(s) while the child was in foster care:

Strengths

- Innovative foster care models like "Mockingbird" that strives to have community based caregivers in the communities where children are removed
- Expanded definition of placement options available to the court by including "suitable others," which could include; neighbors, friends and professionals who have a relationship with the child
- LICWAC – use of LICWAC to insure local placement resources that are culturally sensitive.
- Targeted recruitment -neighborhood of focus with heavy removal rates.
- Greater involvement of community members / partners with developing resources for their children in need
- CASA – assigned CASA advocating for the needs of the child promotes effective planning around placement and visitation
- Veteran parents – helping to advocate and coach parents around visitation and case planning

Challenges

- Lack of community based placement resources limits local placements and can lead to multiple placements.
- Shortage of Native American caregivers and caregivers of color limits culturally sensitive placements for native children / youth.
- Youth who are dependency status or will become dependent, and are being released from Detention or JRA are often quite difficult to place close to their families given criminal convictions and destructive or threatening behaviors.
- Significant lack of homes for teens creates the need to use placements outside of their own communities
- Licensing regulations limit the opportunity for local community based caregivers:
 - Background checks for violations during young adulthood are barriers
 - Income minimums for licensing are high for communities of color

Summary

Increased relative and "other suitable person" placements have assisted in maintaining children in close proximity to their parents. Regular use of FTDM meetings at the point of initial placement or placement change is being considered has assisted in identifying relatives and other suitable person to support local placements Washington has targeted resources and recruitment efforts to develop foster homes in neighborhoods with high removal rates. More progress is needed to further expand local placement and visitation service availability.

Item 12: Placement with Sibling

Were concerted efforts made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings?

Previous Rating

CFSR-1 Item 12 was rated as a **Strength** because in 94% of the applicable cases, reviewers determined that the Children's Administration places siblings together in foster care whenever appropriate.

Policy and Practice Improvements

Policy

Type of Placement-Least Restrictive Setting

Given that in most circumstances it is in the best interest of a child to be placed with a sibling, policy has been enacted to direct a social worker to select the "least restrictive setting, most family-like, and most appropriate" for the children entering care. The best interest of the child emphasizing: Safety; placement with siblings; close proximity of the child's family home and current school.

Practice

FamLink Documentation - social workers must document their continued efforts to place siblings together throughout the life of the case.

Data

Sibling Placement - FamLink	2007 Statewide	2008 Statewide	2009 Statewide
Percent of Siblings placed with all other Siblings	58.3%	56.7%	60.9%
Percent of Siblings placed with at least one other Sibling	79.3%	79%	80.9%

Since 2007 there has been a 2.6% increase of siblings placed together and a 1.6% increase in siblings placed with at least one other sibling.

Strengths & Challenges

Based on information obtained through multiple work sessions with the Statewide Assessment Team and regional-local staff and community focus groups the following is concluded concerning the Children's Administration's ability to place siblings together in foster care unless a separation was necessary to meet the needs of one of the siblings:

Strengths

- FTDMs to assess and consider placements where siblings can be placed together with relatives or others familiar to the children
- Targeted recruitment of foster homes that specifically look to keep siblings together
- Support from the Division of Licensed Resources (DLR) for placement needs to keep siblings together
- Social workers want siblings to be together and so work hard to make sibling placements happen
- Continued efforts to address this issue in regular shared planning meetings make sure that sibling placements are not forgotten

Challenges

- Ages and number of siblings may limit the ability to place them together
- Inconsistent levels of support given to families who accept multiple sibling placements – threatens the stability of the placement
- Strengthen expectations of foster parents engaging and working with parents
- Insufficient capacity to provide FTDM in all cases
- Inconsistent consideration of fathers and the paternal family members limits placement opportunities within the local community

Summary

The percentage of siblings placed together in out of home care is increasing, and is a strength in Washington, However, work remains to be completed to ensure resources match the need of all siblings. Children's Administration has increased its efforts to plan and monitor that regular sibling contacts and visitation occur. Use of FTDMs and targeted recruitment of foster homes has assisted in the development of placements to keep siblings together.

Item 13: Visiting with parents and siblings in foster care

Did the statewide child welfare system make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members?

Previous Rating

CFSR-1 Item 13 was rated as an **Area Needing Improvement** because in 44% of the applicable cases, reviewers determined that the Children's Administration had not made enough efforts to ensure that visitation between parents and children and between siblings was of sufficient frequency to meet the needs of the child.

Policy and Practice Improvements

Policy

Parent-Child-Sibling Visiting Policy

Children's Administration must encourage the maximum parent child and sibling contact as reasonably possible, when it is in the best interest of the child. Sibling visit policy was implemented requiring twice monthly visits/contacts between siblings placed separately in out-of-home care.

When a child is in Children's Administration custody via a court-ordered placement (licensed or unlicensed) a written visit plan addressing visits with parents (DSHS 15-209c) must be developed within (3) business days of placement.

When a child is placed on a voluntary placement agreement (VPA) a visit plan addressing visits with parents must be developed at the time the VPA is signed.

Unless there are documented safety concerns, an initial child/parent visit should occur within 72 hours of placement. If this is not possible, it must take place within 5 business days of the date of placement or signing of the VPA.

Non custodial parents are not addressed in visit policy, the court usually addresses visits with non-custodial parents in the court order.

The establishment of paternity is not necessarily a prerequisite to visitation and will be considered on a case by case basis.

Incarceration of parents is not an automatic barrier to safety of the child. A determination must be made as to the best interest of the child in visit plans.

Visits with incarcerated parents presents challenges such as:

- Distance from the facility
- Child's age
- Existence of a prior relationship and the nature of the relationship

Issues relative to crimes committed that resulted in incarceration:

- Length of the sentence
- Court orders prohibiting visits

Social workers will contact the facility in which the parent is incarcerated to determine the policies, requirements and facilities available for visits between inmates and children.

A determination must be made as to the best interest of the child in visit plans in relation to the parameters of the facility, the age of the child and the distance to the facility.

In August 2009 Children's Administration released an on-line video training for SW which specifically addresses visits with incarcerated parents. The video training covers the law around visits, how to access the Department of Corrections (DOC) website to read facility visitation protocol, DOC contact information and visit room availability and resources to help with visit expenses.

Practice

Definition of Visits:

- Supervised: Requires another assigned adult to maintain a presence in the visit. Visitation shall be line of sight and sound. Safety is paramount in a supervised visit.
- Monitored: Requires another assigned adult to oversee the visit periodically (15-20 minute intervals) and be available for intervention if needed. If the visit is monitored in the community another assigned adult is required to remain in the vicinity nearby and be available by cell phone to intervene if needed.
- Unsupervised: the parent is the caregiver for the duration of the visit without oversight. Unsupervised visits do not preclude unannounced drop in visits or requests for a visit itinerary by the GAL or social worker.

Supervision of Visits by Relatives and Non-Relatives:

- Relatives are a natural choice for supervision provided they have received Criminal History/CAMIS clearance.
- Non relatives such as family friends, neighbors and teachers may be approved for visitation and must also receive Criminal History/CAMIS clearance.
- Before visits occur in any home, a home visit/walkthrough must be done to ensure that no safety issues exist and that the home is appropriate for visits.

Progression of Visits:

- The level of supervision should be modified as the parent demonstrates the ability to safely parent.
- If a case is moving forward in a positive direction, serious consideration should be given to less supervised visitation at the earliest possible time, and any objections to expansion should be supported by valid reasons as to why it is not appropriate.

Practice Recommendations:

- Levels of supervision do not necessarily need to move from supervised to monitored to unsupervised in that exact order.
- Levels of supervision are determined on a case by case basis.
- Unless child health and safety issues exist, waiting on assessments to be completed shall not necessarily be a determining factor in expanding visitation.
- The establishment of paternity is not necessarily a prerequisite to visitation and will be considered on a case by case basis.
- The social worker pre-approves the location of visits and ensures visits are:
 - In the least-restrictive and inclusive setting, with consideration given to the cultural and social patterns of the family and child;
 - Preferably in the child's community;
 - In a setting that assures the safety of the child(ren);
 - In an age-appropriate setting for the child(ren)
 - Held in the DCFS office if it is necessary for the protection of the child(ren) or to allow more flexible visits and more support before, during and after visits.
- The social worker determines the level of supervision for parent/child visits based on factors outlined in the Social Worker Practice Guide- Visits between Parents, Children and Siblings
 - Supervised
 - Monitored
 - Unsupervised

The level of supervision will be different for each family based on the safety factors that brought the child into care and the progress of the family. Supervision levels for parent- child visits can change over the life of the case, especially for families and their children when the plan is reunification; the case should progress towards unsupervised visits to help prepare the parent for the return of the child.

Visits via natural supports are still preferred over visits through contracted providers. Visit planning can be assisted by adult members of the child's family through the provision of transportation, supervision or monitoring of visits, if family members meet background check criteria and are appropriate to do so. Bus passes are available for families in areas where public transportation is available. FTDMs work to identify resources to assist

a family when transportation for visits is a need. When the state staff does not supervise or monitor a visit, the contracted agency provides visitation notes. When relatives supervise, follow-up on the results of the visit is obtained by the social worker.

Legislation - July 2009 the Washington State Legislature added a sixth concept to adoption that highlights the importance of maintaining sibling connections post adoption. Children’s Administration also requires this discussion about sibling connection with all caregivers.

Performance Measures of Sibling Contact/Visits – Sibling contact/visitation a priority. As a result Children’s Administration can report that siblings are having regular monthly contact and are visiting at a higher rate than at any other time.

Contracted Transportation and Visitation Services – Contracts have been developed and implemented to increase the opportunity for parent - child and sibling visitation. Sibling visits facilitated by caregivers or other natural supports is preferred and supports the least restrictive and natural visiting environment for the child. Caregivers who facilitate sibling visits are eligible for an activity reimbursement of \$7.50 per child at each visitation.

Data

Child/parent, child/sibling visits in foster care	2007 Statewide Results	2008 Statewide Results	2009 Statewide Results
Central Case Review	82%	83%	81%

In 2009 Central Case Review data ranged from 76% in Region 5 to 79% in Regions 1 and 2.

The Central Case Review data is based on a sample size of 321 cases in 2007, 267 cases in 2008 and 239 cases in 2009. The Central Case Review data is based on the following:

- Visits between the child and parents were of sufficient frequency and quality to maintain or promote the continuity of the child and parent relationship decreased from 87% in 2008 to 86% in 2009.
- Visits between the child and siblings were of sufficient frequency and quality to maintain or promote the continuity of the sibling relationship decreased from 79% in 2008 to 74% in 2009.

Strengths & Challenges

Based on information obtained through multiple work sessions with the Statewide Assessment Team and regional-local staff and community focus groups the following is concluded concerning the Children’s Administration’s efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child’s relationship with these close family members:

Strengths

- FTDM & Share planning meetings –to develop resources to insure visitation with family members
- LICWAC – use of LICWAC to insure local placement resources that are culturally sensitive and open to visitation
- CASA – assigned CASA advocating for the needs of the child promotes effective planning around placement and visitation
- Veteran parents – helping to advocate and coach parents around visitation and case planning

Challenges

- Shortage of local placement resources limits opportunities for visits with family members
- Significant lack of homes for teens creates the need to use placements outside of their own communities can make arranging visits difficult
- More consistent visitation between mother and child than between father and child
- Reactions to missed visits by parents may be considered punitive instead of considering the best interest of the child

- In some cases, visitation is inappropriately withheld if the parents are not compliant with other elements of the service plan
- Parents are not generally permitted to call or email or write their children
- Need more neutral settings for visits
- Frequency of parent-child visits should be expanded
- Need for weekend hours & office hours open later than 5PM so that parents can see their children and keep their job.

Summary

Significant efforts have been made to facilitate contact and visits between siblings not placed together in out-of-home care have been made with the increased. In addition, increased funding from the legislature and the expansion of private visitation agency contracts to include sibling visits not just parental visits is a great step forward.

Item 14: Preserving Connections

How effective is the statewide child welfare system in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?

Previous Rating

CFSR-1 Item 14 was rated as an **Area Needing Improvement** because in 24% of the applicable cases, reviewers determined that the Children's Administration had not made enough efforts to preserve children's connections. A key concern identified by case reviewers was that the Children's Administration is not consistent in its efforts to promote or maintain children's connections with extended family members.

Policy and Practice Improvements

Policy

Relative Placement, Parental Preference, Relative Search, Relative, Notification, and Documentation

When out of home placement services are necessary, preference will be given to placement of the child with a relative. Unless there is reasonable cause to believe that the safety or welfare of the child would be jeopardized or that efforts to reunite the parent and child would be hindered, children shall be placed with relatives.

Parental Preference/Parental Placement Wishes - Staff shall, absent good cause, follow the wishes of the parent regarding the placement of the child. Preferences such as family constellation and religion shall be considered when matching children to foster homes. Unless a compelling reason is identified, a child shall not be required to be placed in a home of an identified ethnicity except when the Indian Child Welfare Act guides placement preferences.

Type of Placement-Least Restrictive Setting – To further preserve connections for children in foster care, such as, connections to neighborhood, community, faith, family, tribe, school, and friends, policy has been established that directs out-of-home placements to be in the best interest of a child: emphasizing placements with a sibling, and preserving important connections for children in foster care.

Indian Children - Permanency Planning Case Staffing - If the child is identified as an "Indian child" and is required to have a LICWAC staffing the child must have a LICWAC staffing to establish a permanency goal no later than 60 days from the original placement date.

- **Active Efforts-** If the Indian Child Welfare Act (ICWA) protects the child, the social worker must continue active efforts toward reunification with the child's parents or Indian custodian, if any, until the court terminates parental rights.
- **Compelling Reasons-** The fact that the Tribal/State agreement defines the child as Indian and the child's involved Tribe or Canadian First Nation does not concur with the filing of the petition or with adoption as the permanency plan for this child may be a compelling reason not to file a termination of parental rights petition. Compelling reasons not to file a termination petition must be made on a case by case basis considering the individual circumstances of the child and family.

Practice

CHET

CHET Screeners identify important connections to family, neighborhood, community, faith, tribe, school, and friends for children who remain out-of-home care for 30 days. This information is shared with the social worker and caregiver to assist in the child's case plan and ensuring the child's well-being needs are being met.

Family Assessment and Assessment of Progress

Through the Child/Youth component in the tool the SW can identify and maintain the child's primary connections.

Solution Based Casework (SBC)

By focusing on the specific everyday events in the life of a family and youth, actions can be taken to preserve the important connections for children in foster care. Children's Administration also requires the discussion about sibling connection with all out-of-home caregivers.

Family to Family

Building Community Partnerships. - building relationships with a wide range of community organizations and leaders in neighborhoods in which child protection referral rates are high, and collaborating to create an environment that supports families involved with the child welfare system.

Statewide Training October 2009 – Focused in part in the development of Open Communication Agreements between birth family, adoptive family and known siblings.

Court Improvement Projects - Increased collaboration with courts and other partners has improved timeliness to permanency for children and continued effort to preserve the important connections for a child/youth such as Tribe/Band affiliation.

Data

Central Case Review	2007 Statewide Results	2008 Statewide Results	2009 Statewide Results
Preserving connections	63%	54%	78%

In 2009 Central Case Review data ranged from 72% in Region 5 to 83% in Region 6.

The 2009 data shows an overall increase of 24% for this item however, it should be noted the 2009 results were calculated differently and not longer included inquiry with the parents of possible Native American ancestry. In the 2007 and 2008 results, Children's Administration was not consistently meeting the requirement to ask all available patents of possible Indian status which explains why the data is lower for those two years. The other elements of this item as measured by Central Case review shows a slight decrease as indicated below.

The Central Case Review data is based on a sample size of 379 cases in 2007, 333 cases in 2008 and 270 cases in 2009. The Central Case Review data is based on the following:

- Maintaining the child's important family and community connections decreased from 94% in 2008 to 93% in 2009.
- Contacting the Tribe to determine the child's Indian status when the family reported Native American ancestry decreased from 55% in 2008 to 50% in 2009.
- Providing translation and/or interpreter services when the family was Limited English Proficiency (LEP) or used American Sign Language (ASL) decreased from 73% in 2008 to 71% in 2009.

ICW Case Review	2007 Statewide Results	2009 Statewide Results
Active efforts to include the child's Tribe in case planning	47%	43%
Maintaining Cultural Connections	55%	56%

The ICW Case Review included elements related to maintaining family, Tribal and cultural connections for Native American children. It should be noted that active efforts are a higher standard than reasonable efforts. Maintaining cultural connections for Native American children included:

- Identifying community services and resources specifically for Native American families
- Supporting the child's participation in Tribal customs and activities when placed in out of home care.
- Staffing the case at Local Indian Child Welfare Advisory Committee (LICWAC) for case planning when the child's Tribe was unavailable.

Strengths & Challenges

Based on information obtained through multiple work sessions with the Statewide Assessment Team and regional-local staff and community focus groups the following is concluded concerning the Children's Administration's efforts to preserve important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends:

Strengths

- FTDM & Shared planning meetings –to develop resources to insure visitation with family members
- LICWAC – use of LICWAC to insure local placement resources that are culturally sensitive and open to visitation
- DLR provides training, often sponsored by the tribes, to caregivers on maintaining cultural connections and cultural education
- CASA – assigned CASA advocating for the needs of the child promotes effective planning around placement and visitation
- Veteran parents – helping to advocate and coach parents around visitation and case planning

Challenges

- Shortage of culturally competent resources for children of color
- Need for practice changes which permit children to: call their parents when they first arrive / find out what would help the child feel comfortable from parents
- Lack of local placement resources limits opportunities for visits with family members
- Parents/friends not permitted to call or email or write their children, generally. This lack of informal contact limits connections of the child with family and friends
- Need more neutral settings for visits so that interactions are less tense between parents and children
- Frequency of parent-child visits should be expanded
- Need for weekend visitation hours & office hours open later than 5PM so that parents can see the children and keep their job

Summary

Children's Administration, in collaboration with courts, community stakeholders, providers and the Braam Settlement Panel, have prioritized efforts to ensure that important connections, such as school, family, friends, faith and cultural, for children are preserved. FTDMs have also played an important role in preserving these connections.

Collaboration has continued with Washington state tribes through ongoing ICW case reviews to improve practice in the areas of active efforts to engage the tribe in case planning and maintain cultural connections for Native American children. Although progress has been made around collaboration, this remains an area needing improvement for Native American children,

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children

Item 15: Relative Placement:

Were concerted efforts made to place the child with relatives when appropriate?

Previous Rating

CFSR-1 Item 15 was rated as an **Area Needing Improvement** because in 28% of applicable cases, reviewers determined that the Children's Administration had not made enough efforts to locate and assess relatives as potential placement resources.

Policy and Practice Improvements

Policy

Relative Search, Relative Notification, and Documentation

Relative searches require social workers to exercise "due diligence" to identify and provide notification to all grandparents and all adult relatives within 30 days after the child's removal from the custody of the birth parents.

Type of Placement-Least Restrictive Setting

When assessing a child's need for services and placement, the social worker shall select the "least restrictive setting, most family-like, and most appropriate" placement option available consistent with the safety and best interest of the child. In following these policy staff are directed to seek out relatives of the child who might be able to provide out-of-home care. The placement should be in close proximity of the child's family home and the child's current school if he/she is of school age.

Practice

Family Team Decision Making (FTDM)

Parents and extended family members are invited into the decision making process. Their presence allows for inquiry as to all possible relatives and close connections for the child.

Relative Search

If a child is not initially placed with a relative pursuant to this section, Children's Administration shall make an effort within available resources to place the child with a relative on the next business day after the child is taken into custody. Efforts to identify and to provide notification to all grandparents, and all adult relatives within 30 days after the child is removed from the custody of the birth parents and to place the child with a relative are documented on the FamLink Relative Search screen.

Relative is defined as:

- Any blood relative, including those of half-blood and including first cousins, second cousins, nephew and persons of preceding generations as defined by prefixes of grand, great, or great-great; stepfather, stepmother, stepbrother or stepsister;
- A person who legally adopts a child or the child's parent as well as the natural and adopted children of such persons, and other relatives of the adoptive parents in accordance with law;
- Spouses of any persons named in the above, even after a marriage is terminated,
- Relatives, as named in the above, of any half sibling of the child; or
- In cases where ICWA applies an extended family member is defined by law or custom of the Indian child's tribe or, in the absence of such law or custom, a person who has reached the age of 18 and who is the Indian child's grandparents, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent who provides care in the family abode on a twenty-four basis to an Indian child

At the time placement is first considered or when out of home placement is necessary, the social worker must search for appropriate relatives to care for the child prior to consideration of placement in other types of out of home care. This search includes attempts to locate and notify all grandparents, adult relatives, including relatives of presumed, but not alleged fathers who can care for the child. Placement with an appropriate and qualified relative, even when there is no previous relationship with the child, may be in the best interest of the child, and Children's Administration prefers that placement rather than a placement with a foster parent who has no previous relationship with the child.

The relative search activities include a three tiered process including Initial Search, Secondary Search and Extended Search

The initial relative search activities, required to be completed by the social worker or designee include:

- Asking the parents, the child, or other known relatives;
- Asking any other person having family knowledge such as the schools, medical providers, Faith Based community, CASA/GAL for the purpose of identifying all grandparents, all adult relatives, or other suitable individuals who are willing to become a placement option or provide support for the child;
- The tribe should be contacted to identify individuals available to care for or provide support for the children if the children are members of a federally recognized Indian tribe, eligible for membership in a recognized Tribe, or the biological child of a member of a recognized Tribe;
- Review the case files/records to identify names of relatives or extended family who could be contacted;
- Completing a DCFS computer search in FamLink to identify names associated with the child or parent;
- Checking the Department of Health online system. Birth certificates, death and marriage certificates can be accessed;
- For those children involved in a Dependency process, social workers are required to initiate a request to the Court to order parents to disclose contact information for all grandparents, all adult relatives, and other individuals who might be a resource for the child - i.e. respite, mentor, childcare, visitation or future placement resource - within two weeks of an entered order,
- Following Regional protocol, collaborate with other DSHS information systems (Community Service Office, Division of Child Support, and the Department of Corrections) to identify additional relationship history.
- If the assigned social worker has not identified any relatives within 7 working days of the child's removal from the parent's custody it is recommended that Relative Search Specialists begin searching for relatives utilizing the advanced search data base.

The secondary relative search activities, required to be completed by the social worker or designee will include reviewing information in databases that Children's Administration currently has full or limited access to including Economic Security Administration database (ACES) with narratives, Department of Licensing, and the DSHS Client Registry.

The request for an extended relative search should be implemented after the initial and secondary search efforts have not identified all adult relatives within 7 working days of the child's removal from the parent's custody.

Data

Relative Placement	2007 Statewide Results	2008 Statewide Results	2009 Statewide Results
Central Case Review Data includes "Other Suitable Persons"	77%	76%	78%
FamLink	38.4%	38.7%	37.8%

In 2009 Central Case Review data ranged from 71% in Region 6 to 91% in Region 2.

The Central Case Review data is based on a sample size of 370 cases in 2007, 315 cases in 2008 and 260 cases in 2009. The Central Case Review data is based on the following:

- Efforts to identify relatives as a placement resource increased from 81% in 2008 to 82% in 2009
- Assessment relatives for suitability as placement resource increased from 91% in 2008 to 92% in 2009.

Since 2007 Central Case Review indicates there has been a slight increase in relative search and in the assessment of relatives for placement, however FamLink indicates a slight decrease in the number of children placed with relatives.

Currently 38.1% of children in out-of-home care are placed with a relative. Please note that this percentage does not include placements with "other suitable persons." There is a regional variation from 43.9% in Region 3 to

32.8% in Region 6. This variation would seem to indicate that Region 6 may be placing more children with “other suitable persons” than the other Regions.

Strengths & Challenges

Based on information obtained through multiple work sessions with the Statewide Assessment Team and regional-local staff and community focus groups the following is concluded concerning the Children’s Administration’s efforts to place the child with relatives when appropriate:

Strengths

- Over the years a strong value has developed and become entrenched regarding placement with relatives.
- The expansion of the definition of relative and Suitable Person has contributed to safer placements.
- Better oversight of cases and court – Court asking tough questions to everyone - shelter care – adoption, family, perm plan, relative search etc.
- FTDM & Shared planning meetings –to develop relative placement resources
- In Region 4, the King County Kinship Collaboration provides a comprehensive and coordinated set of services, advocacy and community education to support the needs and interests of kinship families.
- LICWAC – use of LICWAC to insure relative placement resources that are culturally sensitive are pursued
- CASA – assigned CASA advocating for the needs of the child promotes effective planning around relative placement and visitation

Challenges

- Few services available for relatives – mental health, respite and financial support
- Social Workers may not offer support to relative placements as much as licensed providers – can result in placement disruptions and safety concerns
- Not completing thorough relative searches early and ongoing in the case limits placements with relatives.
- Cultural/family norms that pose a problem for licensing but not a safety issue
- Relatives reluctant to agree to guardianship, adoption, 3rd party custody
- Need to increase resources for kinship caregiver to be equal to that of licensed caregivers
- Inconsistent engagement of fathers and the paternal side of family limits placement and visitation opportunities

Summary

Children’s Administration has been committed to the placement of children with relatives for a number of years. The law also directs the agency to make efforts to find the least restrictive alternative for the placement of children. Relative search efforts have expanded and are a continuous process throughout the life of the case. With the advent of FTDMs we have a greater opportunity to develop relative placements, by having immediate and extended family members at the decision making table. The challenge is that of providing relative placements with similar supports and assistance that foster homes receive.

Item 16: Relationship of child in care with parents

How effective is the statewide child welfare system in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate?

Previous Rating

CFSR-1 Item 16 was rated as an **Area Needing Improvement** because in 42% of the applicable cases, reviewers determined that the Children’s Administration had not made enough efforts to support the parent-child relationships of children in foster care.

Policy and Practice Improvements

Policy

Type of Placement-Least Restrictive Setting

When assessing a child’s need for services and placement, the social worker shall select the “least restrictive setting, most family-like, and most appropriate” placement option available consistent with the safety and best interest of the child. The placement should be in close proximity of the child’s family home and the child’s current school if he/she is of school age.

Practice

Monthly Newsletter for Foster parents / Relative Caregivers – “Caregiver Connection”

Article informing caregivers of the change in the Parent–Child Visitation Policy and a fact sheet for caregivers regarding parent-child sibling visits. The article also covers how caregivers can obtain reimbursement for transportation and activities for sibling visits with parents / siblings. The Caregiver Connection has been made available to families wishing to receive this publication electronically effective February 2010.

Training video - Working Effectively with Children of the Incarcerated and Their Parents

Video training modules are designed to help social workers understand the particular needs of families with an incarcerated parent and learn effective practices in working with children of the incarcerated, their parents and caregivers. Modules address providing visits with incarcerated parents, access to Department of Corrections (DOC) websites and how to search for incarcerated parents.

Maintaining connections with incarcerated parents presents challenges such as:

- Distance from the facility;
- Child’s age;
- Existence of a prior relationship and the nature of the relationship;
- Nature of crime committed and length of sentence
- Court orders prohibiting contact

Social workers will contact the facility in which the parent is incarcerated to determine policy requirements and facilities available for contact between inmates and children. A determination must be made as to the best interest of the child in visit plans in relation to the parameters of the facility, the age of the child and the distance to the facility.

Training – for Staff, Providers, Advocates, Stakeholders

To promote and maintain the parent-child relationship for children in out-of-home care the following training and support resources are available to parents, staff, caregivers, and stakeholders:

- How to engage families, relatives and fathers.
- Dependency 101 – teaching parents about the Child Welfare System.
- Parent Mentoring Program - foster parents mentor birth parents.
- Parent Partner Program which employs a reunified birth parent and birth parent volunteers to work with parents in the system.

Data

Relationship of child in care with parents	2007 Statewide Results	2008 Statewide Results	2009 Statewide Results
Central Case Review	88%	87%	81%

In 2009 Central Case Review data ranged from 75% in Regions 2 and 5 to that of 86% in Region 4.

The Central Case Review data is based on a sample size of 328 cases in 2007, 287 cases in 2008 and 226 cases in 2009. The Central Case Review data is based on efforts to promote, support, and maintain a positive and nurturing parent/child relationship. This includes encouraging parental participation in school activities, medical appointment, therapeutic situations and, foster parent mentoring to assist in appropriate parenting.

Central Case Review data shows that since 2007 there has been a 7% decline in this area. The main reason for this decline is that in 2009, the Central Case Review tool was updated to no longer include regular ongoing visitation between the parents and the child to measure this item.

Strengths & Challenges

Based on information obtained through multiple work sessions with the Statewide Assessment Team and regional-local staff and community focus groups the following is concluded concerning the Children’s

Administration's effectiveness in helping to maintain the parent-child relationship for children in foster care, when it is appropriate:

Strengths

- FTDM & Share planning meetings –to develop resources to insure connections with parents
- LICWAC – use of LICWAC to insure local placement resources that are culturally sensitive and open to visitation.
- CASA – assigned CASA advocating for the needs of the child promotes effective planning around placement and visitation
- Veteran parents – helping to advocate and coach parents around visitation and case planning

Challenges

- Limited local placement resources reduce opportunities for consistent connections with family members
- Preconceived notions regarding birth fathers' interests in assuming parenting responsibilities sometimes limit placement and engagement opportunities extended to birth fathers and paternal relatives.
- Requirements that parents simultaneously engage in multiple mandatory activities, such as court appearances, parenting classes, job searches, and treatment, hamper maintenance of the parent-child relationship
- Restrictions on birth parents' telephone and mail contact with Parents not permitted to call their children
- Activities regarding or involving children are scheduled at times (weekdays between 8am and 5 pm) when it is difficult for parents to participate

Summary

The need to maintain parent-child relationships for children in foster care is a focus of the State Legislature, Children's Administration and the Courts. This focus on parent-child visitation during placement has resulted in a substantial increase in the number of contracted transportation and visitation providers, however, parental involvement in the child's activities, (i.e. school, sports and other appointments) has not been focused upon or emphasized. Children's Administration must also strive for greater consistency in the decision making surrounding the limiting of or liberalizing of contact between parents and children/youth

C. Child and Family Well Being

Well Being Outcome 1: Families have enhanced capacity to provide for their children's needs

Item 17: Needs and services of child, parents, and foster parents

Did the statewide child welfare system make concerted efforts to assess the needs of children, parents, and foster parents, to identify the services necessary to achieve case goals and adequately address the issues relevant to the child welfare system's involvement with the family, and provide the appropriate services?

Previous Rating

CFSR-1 Item 17 was rated as an **Area Needing Improvement** because in 54% of the cases, reviewers determined that the Children's Administration had not adequately assessed and/or addressed the service needs of children, parents, and foster parents. A key concern identified pertained to the lack of assessment and service provision to fathers, although in several cases, mothers also did not receive needed services.

Policy and Practice Improvements

Policy

Social Worker Monthly Health and Safety Visits - The social worker's monthly visits with the child provides ongoing assessment of the child's needs and whether services to the children are appropriately matched to meet the identified needs. SWs also assess whether the caregiver has needs to provide care and supervision of the child and discuss with the caregiver possible services to assist them in caring for the child.

Monthly Supervisor Case Reviews - Monthly 100% supervisory reviews have allowed for a greater monitoring and quality assurance of social workers assessment of needs and services to children, parents, foster parents and other caregivers.

Practice

CHET Child Health and Education Tracking (CHET)

Family Assessment and Assessment of Progress

The Family Assessment is an important tool used to assess the needs of children and parents, and identify services necessary to achieve case goals and address the issues identified in collaboration with the family.

Family Team Decision Making (FTDM)

FTDM meetings are required for all cases involving placement decisions related to:

- Removal from the home
- Planned or unplanned placement moves
- Preserve a current placement
- Exiting from out of home care
- Immediate safety of the child

Please note that safety is the first consideration prior to scheduling a FTDM meeting.

Shared Planning Meetings

The purpose of Shared Planning is to bring individuals together to share information, plan and inform decisions regarding children and families involved with Children's Administration. Individuals participating in this process will have relevant information, and/or the expertise to help make the most appropriate plans for a child's safety, permanency and well-being.

Data

Needs and services of child, parents and foster parents	2007 Statewide Results	2008 Statewide Results	2009 Statewide Results
Central Case Review	63%	57%	63%

In 2009 Central Case Review data ranged from 50% in Region 4 to 76% in Region 6.

The Central Case Review data is based on a sample size of 562 cases in 2007, 503 cases in 2008 and 416 cases in 2009. The Central Case Review data is based on the following:

- Making diligent efforts to locate all parents remained the same in 2008 and 2009 at 92%.
- Assessing the needs of the father and providing services to him increased from 56% in 2008 to 63% in 2009.
- Assessing the needs of the mother and providing services to the mother increase from 73% in 2008 to 75 % in 2009.
- Assessing the needs of the caregiver to provide care and supervision of the child remained the same at in 2008 and 2009 at 98%.
- Assessing the needs of the child (excluding education, health and mental health) increased from 96% in 2008 to 99% in 2009

Factors contributing to a return to the 2007 review levels may be:

- Additional focus placed on services while children remain in the home - Family Voluntary Services (FVS) FPS/IFPS
- Increased focus on assessment and provision of services to fathers

Foster Parent Survey; Washington State University:

Foster Parent Survey: Washington State University	2007 Statewide Results	2008 Statewide Results	2009 Statewide Results
Foster parents reporting adequate information about foster children	72.4%	72.3%	75.4%
Foster parents reporting adequate support for their role	75.6%	71.5%	71.9%

According to the Foster Parent Survey highlighted above, in 2009, 75.4% of the foster parents reported that they were supplied with adequate information about children placed with them. This is an increase of 3% from survey results in 2007. The 2009 Foster Parent Survey reported that 72% of foster parents reported that they were adequately supported in their role, this being a 4% decline from 2007.

Strengths & Challenges

Based on information obtained through multiple work sessions with the Statewide Assessment Team and regional-local staff and community focus groups the following is concluded concerning the Children's Administration's ability to assess the service needs of children, parents, and foster parents:

Strengths

- Processes that were highlighted as contributing to communication and needs assessment were as follows: Caregivers/1624 meetings & Caregiver support Groups; timely FTDMs when immediate decisions about the child/youth must be made; and the early engagement of community and family/caregivers about needs and services
- Regular monthly contacts with parents / child / caregiver by the social worker and/or child placing agency staff assists in assessing needs. This practice improvement is based on the truth that the more you talk with someone the easier it is to identify problems and solutions
- The new Domestic Violence Practice Guide makes clear that social workers should seek to increase domestic violence victim's safety and perpetrator accountability as a way to increase children's safety.

Challenges

- Limited statewide information, services and community support for children and families prior to out of home placement and post dependency termination
- Lack of a comprehensive, consistent, system-wide approach to engaging children/youth in case planning and assessment
- Children's Administration staff is sometimes perceived as not communicating with caregivers in a respectful manner
- Group input and decision making processes involving families (FTDM) are not consistently structured to ensure domestic violence victims' safety before, after and during the meeting,
- System barriers to assessing the service needs of children, parents, and foster parents are: Little flexibility in funding; lack of day to day responsiveness towards caregiver training, limited support and resources
- Lack of a comprehensive, consistent, system-wide approach to ensuring that staff and providers are culturally competent
- Limited cultural competence impacts the accuracy of a needs assessment

Summary

There has been significant improvement in the development and utilization of consistent tools to evaluate, and document the needs of children and families, service plans, and progress towards meeting established goals. CHET (for child/youth) and the Family Assessment and Assessment of Progress are the main tools used to assess and identify needs. There is ongoing process to assess and address the service needs of children, parents, and foster parents through increased monthly contacts with children/youth, parents and caregivers. During this contact the social worker has the opportunity to engage all parties for the ongoing assessment of needs and response to case needs.

Item 18: Child and family involvement in case planning

Has the statewide child welfare system made diligent efforts to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

Previous Rating

CFSR-1 Item 18 was rated as an **Area Needing Improvement** because in 52% of the cases, reviewers determined that the Children's Administration was not consistent in its efforts to involve parents and children in the case planning process. A key concern pertained to the lack of involvement of fathers, although about one-third of the mothers and eligible children also were not involved in the case planning process.

Policy and Practice Improvements

Policy

Social Worker Monthly Health and Safety Visits

The social workers abilities to assess needs and involve parents and children (if developmentally appropriate) in the case planning process for essential services have increased as a result of face to face contacts with all parties on a monthly basis.

Family Assessment and Assessment of Progress

Adolescent Planning for Independence and Transition

Social workers are responsible to assure that foster youth age 15 and older, who have been in care more than 30 days, are involved in their own independent living assessment, the Ansell Casey Life Skills Assessment (ACLSA), and in the development of an Independent Living/Learning plan. Social workers are required to coordinate with the school district when developing a independent living plan for youth receiving special education services.

Trial Return Home Policy – Effective September 2006 DSHS-Childrens Administration's Trial Return Home policy was implemented with the purpose of insuring:

- The safety and well-being needs of the child are met when the child transitions home.
- Support to the parents and child in their efforts to achieve a successful reunification.

In addition revisions to the policy for Reasonable Efforts to Return a Child Home include:

- Reunification Assessment.
- Transition and Safety Plan for all dependent children in care longer than 60 days due to child abuse and neglect. (*Previously required only for children 12 and under*).
- Children's Administration continues with case planning and supervision for a minimum of six months until dismissal of the dependency.

Considerations & Notification for Placement Moves – Effective July 2009 Regional Administrator (RA) approval is required prior to any placement move for a child who has been in the same placement for 12 months or longer, except under the specific circumstances outlined in the policy. Prior to requesting RA approval for a child's change in placement from a caregiver who has cared for the child for one year or longer, staff must complete the steps outlined in the policy. These steps are as follows:

- Shared Planning Meeting/Multiple Placement Staffing for any child experiencing three or more placements. The purpose is to develop an intensive case plan to improve placement stability. Required participants include social worker, supervisor, biological parent(s), child, resource/ caregiver family, GAL/CASA, extended family, service providers, community representatives, and any other supports identified by the child.
- Family Team Decision Making (FTDM) meeting is **required** for all cases involving a placement decision when placement preservation or move between placements is at issue prior to the change taking place. However, if the immediate safety of the child is at imminent risk, safety should be the first consideration prior to scheduling a FTDM.
- Court Supervision - Should any child change placements over a 6 month period the assigned Social Worker must document to the court the reasons for the placement change decision.

Behavioral Rehabilitation Services- Behavioral Rehabilitation Services (BRS) policy was updated with permanency planning as the major focus for each child/youth as well as the participation of the youth and parents in planning the transition to permanency. BRS provider contracts have also been updated with performance outcomes / targets requiring increases in transitions to permanency.

Practice

Social Worker Monthly Health and Safety Visits and Checklist – Effective September 2008 monthly social worker Health and Safety Visits with children of both out-of-home and in-home dependencies must be conducted in the home where the child/youth resides. A checklist is completed during each visit with the child/youth, parent and caregiver to insure safety and to develop and monitor the case plan.

Solution Based Casework (SBC)

Data

Child/family involvement in case planning	2007 Statewide Results	2008 Statewide Results	2009 Statewide Results
Central Case Review	63%	50%	46%

In 2009 Central Case Review data ranged from 36% in Regions 2 and 4 to 65% in Region 6

The Central Case Review data is based on a sample size of 552 cases in 2007, 497 cases in 2008 and 405 cases in 2009. The Central Case Review data is based on the following:

- Engagement of the father in the case plan decreased from 51% in 2008 to 47% in 2009
- Engagement of the mother in the case plan decreased from 74% in 2008 to 68% in 2009
- Engagement of the child in the case plan increased from 60% in 2008 to 63% in 2009

Since 2007 Central Case Review indicates there has been substantial decrease in ongoing engagement of parents and the children. The reason for the decrease may be attributed to a higher expectation of ongoing engagement of the mother and the father beyond occasional discussion regarding the case plan.

Strengths & Challenges

Based on information obtained through multiple work sessions with the Statewide Assessment Team and regional-local staff and community focus groups the following is concluded concerning the Children’s Administration’s efforts to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis:

Strengths

- Stakeholders and clients report that progress has been made to involve parents and children in the case planning process on an ongoing basis. Key to this progress has been Children’s Administration emphasis on “Teaming” with the community, services providers, parents, and the child/youth. Specifically Family Group Conferences, Family Team Decision Making, and Shared Planning meetings were seen as creating the opportunity for case plans to reflect the needs and desires of parents and children
- Social workers are making efforts to work more collaboratively with domestic violence victims.
- Solution Based Casework principles were seen as assisting with engaging parents and children in case plan development
- Support was also voiced that all parties continue to: Focus on family engagement, accountability and safety
- Foster parents mentoring birthparents whenever possible is seen as an encouraging way to involve parents and children in case planning
- Systems such LICWAC, and CASAs continue to insure that the needs and desires of children are responded to

Challenges

- Challenges to involving parents and children in the case planning process were reported as being staff and providers lacking cultural awareness and competence in working with families

- Staff and providers do not consistently engage fathers and the paternal side of family in Case planning, for reasons that include; fears, lack of identification and outreach
- Staff and providers need skill building in engaging DV abusers and holding them accountable in ways that increase child safety and well being through conversations, services, paperwork and court processes
- Immigration issues creating fear for some family to be involved with Immigrations & Customs Enforcement

Summary

Progress has been made to improve practice, and tools have been developed to support the involvement of the parents and the child/youth in case planning. The Family to Family model and SBC are increasing skills needed for engaging and responding to families in a respectful and culturally appropriate manner.

To improve the parent and child/youth participation in case planning the following actions have been taken:

- Training of staff and management in SBC to emphasize the need to engage families in a solution focused manner
- Increase in monthly social worker contact with children/youth and parents
- Increased utilization of Shared Planning Meetings, such as FTDMs

Although progress has been made continued efforts are required to fully integrate ongoing engagement of the parent and child in case planning throughout the life of the case.

Item 19: Social Worker visits with child

Was the frequency of the visits between the social worker (or another responsible party) and the child(ren) in the case sufficient to ensure the safety, permanency, and well being of the child and promote achievement of case goals?

Previous Rating

CFSR-1 Item 19 was rated as an **Area Needing Improvement** because in 64% of the cases, reviewers determined that social worker visits with children were not of sufficient frequency and/or quality to insure children's safety and attainment of case goals.

Policy and Practice Improvements

Policy

Social Worker Monthly Health and Safety Visits

Health and Safety visits are face-to-face monthly visits conducted by the assigned social worker that provide ongoing assessment of the health, safety, permanency and well-being of children. The visits are well-planned and involve the child and caregiver (including parents in in-home dependency and voluntary services cases) in decisions that affect their lives, including the case plan.

Monthly Supervisor Case Reviews

Monthly 100% supervisory reviews have allowed for a greater monitoring and quality assurance of social workers to ensure the safety, permanency, and well being of the child and promote achievement of case goals

Practice

Through monthly mandated contact between the social worker and the child/youth issues or concerns surrounding safety, permanency, and well being are to be addressed. In July 2009 Children's Administration implemented a plan to ensure the quality of monthly visits with children through monthly supervisory review.

All children in state custody receive private, individual face-to-face Health and Safety visits by their assigned social worker every calendar month, not to exceed 40 days between visits.

- The first visit must occur within one week (seven calendar days) of initial placement. The actual placing of the child is not considered a Health and Safety Visit
- For in home dependencies all Monthly Health and Safety visits must occur in the home where the child resides and does not preclude additional visits outside the home.

- For out-of-home placements, the majority of Health and Safety visits in must occur in the home where the child resides. If the social worker visits the child in another location, the social worker must document the reason and benefit gained.

Children not in state custody who receive Family Voluntary Services (FVS) must have face-to-face Health and Safety visits by the assigned social worker every calendar month, not to exceed 40 days between visits.

FamLink Documentation

Social workers must document their continued efforts to visit children monthly. Monthly visit FamLink data for July 2009 - February 2010 shows steady improvement and since July 2009 is above the highest level in CY 2008. FamLink re-training of staff in October and November, and again in January 2010 addressed where to locate the most critical information and proper documentation, including monthly visits.

Data

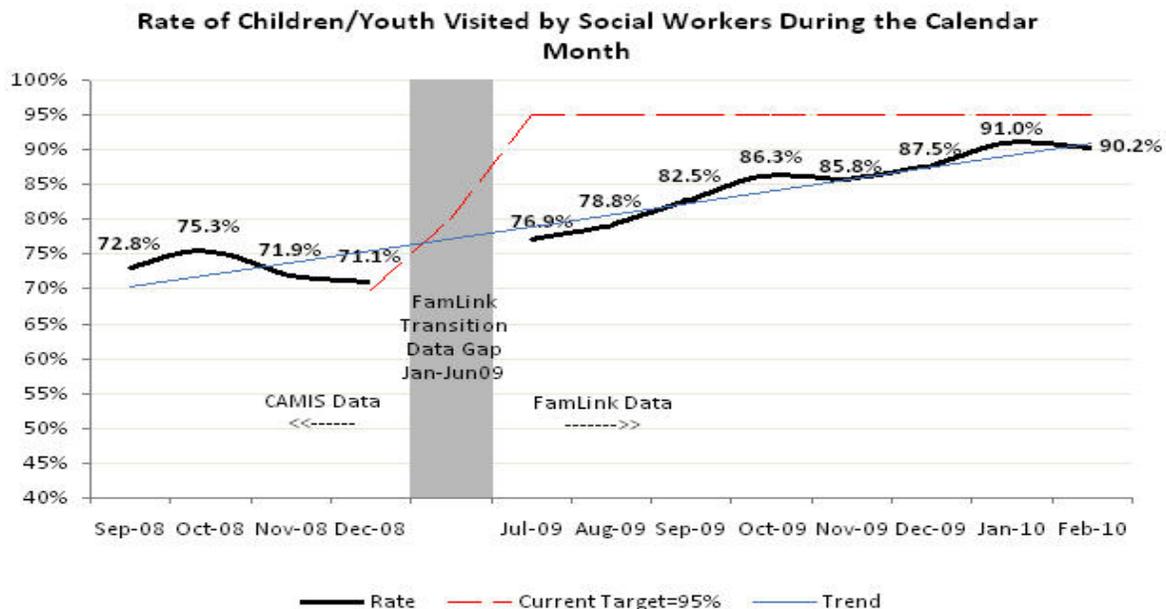
Social worker visits with child	2007 Statewide Results	2008 Statewide Results	2009 Statewide Results
Central Case Review	39%	35.00%	53%

In 2009 Central Case Review data ranged from 45% in Regions 2 and 5 to 67% in Region 6

The Central Case Review data is based on a sample size of 532 cases in 2007, 478 cases in 2008 and 410 cases in 2009. The Central Case Review data is based on the following:

- A pattern of monthly visits with the child increased from 36% in 2008 to 56% in 2009
- The quality of the visits with the child to address safety, permanency and well being decreased 96% to 95%
- For in- home cases, there was an increase from 21% in both 2008 to 33% in 2009
- For out-of- home cases, there was an increase from 41% in 2008 to 63% in 2009

Since 2007 Central Case Review indicates there has been substantial increase monthly social worker visits with the child. The reason for the increase is full implementation of the monthly visit policy and increased focus, expectation and tracking of monthly visits at all levels of the organization.



Please note that the information contained within the above graph does not directly equate to the Central Case Review data. Central Case Review data is based upon seeing all children with an open DCFS case over a 6 month period whereas the information listed above is a reflection of monthly contact between the Child and social worker in both out-of-home and in-home dependencies. This data is being presented to highlight the progress being made by the Department to ensure the safety, permanency, and well being of the child and promote achievement of case goals for children.

From a low of 71.1% in December 2008 to a high of 91.0% in January 2010 FamLink data shows a steady improvement. This data further supports the Central Case Review analysis that this increase is due to:

- Monthly Social Worker Visitation policy was fully implemented requiring monthly face to face contacts with children while in out of home care, as well as when cases remain open for services
- Policy clarification regarding quality of contacts with children
- Monthly Supervisor reviews to insure the completion of monthly face to face contacts with the child/youth

Strengths & Challenges

Based on information obtained through multiple work sessions with the Statewide Assessment Team and regional-local staff and community focus groups the following is concluded concerning the frequency of the visits between the social worker (or other responsible party) and the child(ren) being sufficient enough to ensure the safety, permanency, and well being of the child and promote achievement of case goals:

Strengths

- Key to this progress in visits between the social worker and the child/youth has been the implementation of monthly contact policy and monitoring of performance
- Implementation of the philosophy and strategies of Solution Based Casework provides strategies that support engaging children in a positive and supportive manner
- 100% Supervisory case review monthly

Challenges

- The challenges to monthly contact with children/youth in care is the coordination of schedules to meet with children

Summary

Monthly contact of the assigned social worker with each child/youth on their caseload has been a major focus. With the assistance of the Braam Settlement Panel and Children's Administration leadership, aggressive action was taken to increase our performance in this area. Children's Administration believes there is a positive correlation between the completing of monthly visits and an increase in the safety, permanency, and well being of all children. Quality assurance of monthly visits occurs through monthly supervisory reviews to provide oversight on the quality of the visits with children.

Item 20: Social worker visits with parents

How effective are social workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?

Previous Rating

CFSR-1 Item 20 was rated as an **Area Needing Improvement** because in 72% of the applicable cases, reviewers determined that the frequency and/or quality of social worker visits with parents were not sufficient to monitor the safety and well-being of the child or promote attainment of case goals.

Policy and Practice Improvement

Policy

Social Worker Monthly Health and Safety Visits

The social workers abilities to assess the needs for essential services have increased as a result of face to face contacts with parents of children in receiving in-home services.

Monthly Supervisor Case Reviews

Monthly 100% supervisory reviews have allowed for a greater monitoring and quality assurance of social workers assessment of needs and services with parents of children in foster care and parents of children receiving in-home services.

Practice

Statewide Training October 2009 – Social workers have the following training and tools available to them for assisting social workers in conducting effective meetings with parents:

- Development of Permanency Planning
- Tip Sheets
- Benefits of Permanency Planning Matrix and Educational Services Matrix
- Clarification of:
 - Employee/Foster Adopt Families
 - R-GAP policy
 - Family Home Studies
 - Open Communication Agreements between birth family, adoptive family and known siblings

Data

Social worker visits with parent	2007 Statewide Results	2008 Statewide Results	2009 Statewide Results
Central Case Review	30%	20%	21%

In 2009 Central Case Review data ranged from 12% in Region 5 to 41% in Region 6.

The Central Case Review data is based on a sample size of 502 cases in 2007, 448 cases in 2008 and 376 cases in 2009. The Central Case Review data is based on the following:

- A pattern of monthly visits with the father increased from 18% in 2008 to 19% in 2009
- A pattern of monthly visits with the mother increased from 31% in 2008 to 32% in 2009

Since 2007 Central Case Review indicates there has been substantial decrease in monthly social worker visits with the parents. The reason for the decrease may be attributed to no requirement in policy for monthly visits with the parents, and therefore documentation of in person visits with parents is inconsistent.

Partners for Our Children- Parent Survey Data:

The 2009 survey of parents within the child welfare system was completed by Partners for Our Children establish a baseline measure for the evaluation of Washington's SBC practice model. The results of the parent survey are as follows:

- 64.5% of parents with children in-home were more likely to report that they saw their social worker the right amount or too much
- 52.3% of parents with children out-of-home were more likely to report that they saw their social worker too little
- 60% of parents report satisfaction with the frequency (more than once a month) and quality of their contact with their social worker
- 22% of parents reported that they saw their social worker about once a month
- 46% of parents report that they had too little contact with their social worker
- 43% of parents report that they had the right amount of contact

Strengths & Challenges

Based on information obtained through multiple work sessions with the Statewide Assessment Team and regional-local staff and community focus groups the following is concluded concerning the Children's Administration's effectiveness in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services:

Strengths

- Key to this progress has been the implementation of monthly contact policy and monitoring of performance.
- The implementation of the philosophy and strategies of Solution Based Casework provides strategies to support engaging children in a positive and supportive manner.
- Social workers, providers and other stakeholders exposure to successful veteran parents has increased motivation to prioritize parent contact, as workers see for themselves that high-risk parents really can make the major life transformations needed to provide their children with a safe and nurturing environment

Challenges

- The challenges to monthly contact with parents are the coordination of schedules to meet at times convenient for the parent
- Widely varying levels of cultural competence in staff and providers that limit the effectiveness of communication and consequently the assessment of needs.

Summary

There has been a substantial decrease in monthly social worker visits with the parents since 2007. The reason for the decrease may be attributed to no requirement in policy for monthly visits with the parents, and therefore documentation of in person visits with parents is inconsistent. Increased focus on visits with children may also be a contributing factor. With the emphasis on the safe reunification of children we would expect SW visits with parents to improve.

Well Being Outcome 2: Children receive appropriate services to meet their educational needs.

Item 21: Educational needs of the child

How effective is the statewide child welfare system in addressing the educational needs of children in foster care and those receiving services in their own home?

Previous Rating

CFSR-1 Item 21 was rated as an **Area Needing Improvement** because in 23% of the applicable cases, reviewers determined that Children's Administration had not made enough efforts to meet children's educational needs. Children's Administration was not consistent in its efforts to meet children's educational needs, particularly the needs of children who receive services while they remain in their own homes. This item was rated as a Strength in 95% of the foster care cases compared to 50% of the in-home services cases.

Policy and Practice Improvement

Policy

Educational Planning, Monitoring and Documentation

Ongoing educational planning, monitoring, documentation and tracking of children's educational progress are vital to support school success for all children in the care or custody of Children's Administration. The social worker has the primary responsibility to insure the educational needs of these children/ youth are met documented. WA does not have practice or policy guidelines that pertain to educational issues for children receiving in-home services.

Case Planning & Shared Planning

In order to make the most appropriate decisions regarding the safety, permanency and well-being of the children we serve, it is important that staff make use of a Shared Planning process and insure that the **Child Health and Education Tracking** assessment is completed and integrated into the case plan.

Child Health and Education Tracking (CHET)

CHET is designed to identify and organize essential information about the well-being of all children in the care or custody of the state. The purpose is to assess the current well-being, and identify long-term needs of children in care or custody. Well-being factors include physical health; development; social, family and community connections; education and emotional/behavioral health. CHET screens are not completed for children who remain in their own homes.

Enactment of HSB 1058 / Fostering Connections / Adoption Act of 2008

This legislation has brought structure for attaining student stability and for collaboration, communication and cooperation in the educational planning and focus on education attainment for children in the foster care system.

Practice

Superintendent of Public Instruction (OSPI) and DSHS-Childrens Administration Working Agreements

Collaborative efforts have improved communication, coordination and cooperation of services for children in out of home care. OSPI has designated staff to work with Children's Administration on foster care issues. 182 of the state's 295 school districts have entered into local agreements. These agreements cover more than over 90% of the school-aged children in foster care. Agreements require notification to the school (district) of the child's/youth's placement in out-of-home care. Each school district has the opportunity to work with local regions regarding transportation, school stability, educational success and improving graduation rates for foster youth.

Education Advocacy Coordinators / Treehouse

Educational advocates are available to all children in out of home care – grades K thru 12. There are 14.6 FTEs statewide with advocates assigned to each region. Advocacy is provided in the form of direct services, consultation and information and referral. In FY 2008-2009 1386 children/youth were served. With the expansion of the program the contract has been revised to expand the number of children served to 2400. Education Advocacy Coordinators intervene on behalf of youth who are faced with challenging obstacles to being successful in school including suspensions and expulsions.. They have a current focus on graduation rates and credit retrieval for foster youth to assist in on time graduation.

CHET

Screening for educational, physical, developmental and mental health strengths and concerns is required for each child entering care to be completed within the first 30 days of their placement. CHET Screeners gather important education information such as grades, attendance records, and special education plans to assist the social worker and caregiver in meeting the child's educational needs.

DSHS-Childrens Administration Education Summits

39 Educational Summits were held over a three year grant period to provide training to a total of 2,384 social workers, educators, caregivers, and community partners. Cross training provided at the Education Summits enabled educators, social workers, caregivers and community partners to come together, discuss important information and develop effective strategies to support educational success for children and youth in foster care.

DSHS-Childrens Administration Regional Education Leads

Each region has an identified staff to work with local school districts to establish MOUs, and have prioritized those school districts with the highest rates of removal due to child abuse and neglect. Education leads are important in providing local leadership and support to social workers and caregivers who have educational questions.

FamLink Information System

FamLink documents individual educational plans/progress/adjustment and will be used to report educational status to the court. A FamLink template will document individual education plans and replicates the Judicial Checklist for reporting to the court in dependency cases. This collection of data has laid the ground work for collecting documentation of academic attainment, and for initiating and maintaining educational planning.

Building Bridges Workgroup

State Legislature and DSHS-Childrens Administration initiative focusing on at-risk populations to increase on-time graduation rates and decrease dropout rates. Currently funding has been cut to this program by 60% and Children's Administration will participate with the redesign of this project.

The Office of the Superintendent of Public Instruction, the Washington State Institute of Public Policy and DSHS-Childrens Administration are actively partnering to develop reports on achievement (WASL test scores), dropout/graduation rates, and evaluation of education advocacy programs.

Data

Educational needs of child	2007 Statewide Results	2008 Statewide Results	2009 Statewide Results
Central Case Review	85.00%	85.00%	86.00%

In 2009 Central Case Review data ranged from 78% in Region 1 to 94% in Region 4.

The Central Case Review data is based on a sample size of 310 cases in 2007, 304 cases in 2008 and 264 cases in 2009. The Central Case Review data is based assessing and addressing the educational needs of the child.

For in- home cases, there was an increase from 79% in 2008 to 83% in 2009.

For out-of- home cases remained the same at 87% in 2008 and 2009.

Children with completed CHET Screens within 30 days of placement	2007 Statewide Results	2008 Statewide Results	2009 Statewide Results
CHET Database	47.00%	63.30%	64.00%

Since 2007 the percentage of children with completed CHET Screens within 30 days of placement has increased 17% because of policy and practice improvements.

Strengths & Challenges

Based on information obtained through multiple work sessions with the Statewide Assessment Team and regional-local staff and community focus groups the following is concluded concerning the Children's Administration's ability to address the educational needs of children in foster care and those receiving services in their own home.

Strengths

- Family to Family principles encourage community involvement and coordination of educational services
- Education Summits across the state to highlight the educational needs of foster children.
- Memorandums of Understanding with local school districts
- Community partners: Casey Family Programs, the College Success Foundation, YMCA, Boys and Girls Clubs of America, the United Way, and the Alliance for Youth (America's Promise)
- Children's Administration established contracts to recruit and retain foster parents in local school districts with the highest removal rates to better insure a child's education can continue
- Early Childhood Education curriculum was developed in three levels: pre-school, school aged and post-secondary readiness. These are offered as part of the Educational Advocacy contract and as a voluntary service of Treehouse with private funding (1,200 individual trained in one of these curricula, learning basic educational rights and responsibilities.
- Developed policy and practice manuals about education at these three levels and distributed them along with training to all social workers and many caregivers

Challenges

- Difficulties with information delivery delay the child's/youth's enrollment
- The statewide annual dropout rate for all high school students in Washington ranges between 5 and 6%. However between 8% and 13% of foster youth with a long-term (a full year) placement drop out of high school.
- Foster youth with longer-term placements (360 days or more during the school year) have lower dropout rates and higher graduation rates compared with foster youth with short-term placements during high school.
- Educational Advocates may be facing additional cuts to funding
- Foster children with special needs are beyond the resources of some schools
- Schools are not adequately involved in addressing the trauma that abused and neglected children experience.

- Staffing levels at schools are limited, making it difficult for staff to receive timely education information year round
- Placement instability is highly correlated with poor educational outcomes
- Need for cross training in schools how to work with/assist/assess high needs kids
- Social Worker lack training and information about the educational system
- Educational Records do not follow the youth as they move homes/caregivers do not receive these materials necessary to help the school enroll and appropriately place youth
- For older youth, shared planning meetings at age 17.5 are too late to address high school graduation issues and prevent drop-out. These meetings, if held earlier, could involved education as a focus and increase high school graduation rate

Summary

The educational attainment of children/youth in out-of-home care is a focus of Children's Administration, school districts, stakeholders, community members and the Braam settlement agreement. Given this level of support, progressive actions have been taken to train staff, monitor progress and develop advocates.

Although we have seen an increase in the support for and advocacy of children/youth in care, the High School/GED completion rate is unacceptably low. Of specific concern is a lack of special educational services for children/youth in Washington's rural areas. Of the youth that are graduating we have seen a gradual increase in the usage of post secondary participation with an increase in youth choosing to take advantage of post secondary education opportunities through the Education and Training Voucher Program. For example in the 2007-08 Academic Year 194 youth participated the ETV program. Currently in Academic Year 2009-10, 422 youth are participating.

Well Being Outcome 3: Children receive adequate service to meet their physical and mental health needs

Item 22: Physical health of the child

How effective is the statewide child welfare system in ensuring that the physical and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

Previous Rating

CFSR-1 Item 22 was rated as an **Area Needing Improvement** because in 17% of the applicable cases, reviewers determined that the Children's Administration had not adequately addressed the health needs of children in either the foster care or in-home services cases.

Policy and Practice Improvement

Policy

Child Health and Education Tracking (CHET)

Health Information – Evaluation, Care and Documentation

Ongoing medical evaluation, care and documentation of a child's/youth's medical condition and information is vital to the well-being of the child. The social worker has the primary responsibility to ensure that the child's/youth's medical needs are assessed, treated and documented.

Case Planning & Shared Planning

In order to make the most appropriate decisions regarding the safety, permanency and well-being of the children we serve, it is important that staff make use of a Shared Planning process and insure that the **Child Health and Education Tracking** assessment is completed and integrated into the case plan.

Medical/Dental Services for Children in Out-Of-Home Care or Receiving Other Services

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT), program is a federal preventive health care benefit. The purpose of this program is to screen children and youth 20 years of age and younger in order to identify physical and/or mental health problems.

Children and youth who are in care 30 days or longer are screened with a validated tool for mental health and substance abuse concerns. When indicated children and youth are referred to appropriate services. Under Healthy Kids Services, Medicaid-eligible children and their families are provided specific mental health evaluation and treatment. For eligible children under 19 years of age, mental health services must be determined to be medically necessary as a result of a Healthy Kids/EPSDT health screen.

Practice

Service Gap Analysis

DSHS-Childrens Administration worked with communities to identify service gaps and secure resources for children in foster care.

Braam Benchmarks

Children's Administration has developed plans to improve coordination, access, and availability of health care information and services.

CHET

CHET Screeners are required to obtain the EPSDT and dental examination results during the first 30 days of out-of-home care. The screening reports include any noted concerns or recommendations made by a medical/dental provider which is shared with the social worker and caregiver.

12 Additional CHET FTEs

In 2008 Washington's Legislature provided funding to add 12 CHET social workers to complete health and education screening of children / youth entering care.

FamLink information system

Reminds social workers to schedule an EPSDT within the first 30 days of placement. In 2009 FamLink was implemented and included the ability to document the child's "unmet needs" when they are identified.

Child Information/Placement Referral

Provides important health, mental health, and education information to foster parents and caregivers at the time of placement.

Medicaid Purchasing Administration (MPA)

Health care services transferred responsibility from Children's Administration to HRSA which will increase the medical expertise available to children, foster parents/ caregivers, and social workers.

Regional Medical Consultant

Positions transferred to MPA in order to maximize their utilization and take advantage of the medical expertise in developing Medicaid policies that impact children in out-of-home placement on January 1, 2010 as a part of the new Fostering Well Being Program. These positions remain located in the regional offices and are available for social worker consultation around the medical needs.

Passport Program

Passport was redesigned and implemented within the HRSA program structure. The new program will include specific care coordination elements to improve access and communication for children with complex health needs. The Fostering Well Being program was implemented January 1, 2010 and it . The program provides a more cohesive set of health related services and supports to children, caregivers and social workers.

The Department relies on Caregivers to seek appropriate medical care services for children in their homes, however it is the Departments ultimate responsibility to see that children receive necessary services.

Foster Parent PRIDE training includes information for caregivers about meeting the health care needs of children placed in their homes. In addition caregivers are required to attend Blood Born Pathogen Training and CPR prior to licensure.

Availability of medical providers is not usually an issue however certain areas of the state frequently struggle with an adequate number of dental providers who take Medicaid. Recently the Medicaid Purchasing Administration provided staff with a link to their list of all Medicaid medical and dental providers.

Data

Physical health of child	2007 Statewide Results	2008 Statewide Results	2009 Statewide Results
Central Case Review	80.00%	75.00%	76.00%
Children with annual EPSDT Screening*	56.50%	57.00%	Not Available

*Source: EPSDT claims and encounter records from RDA based on HRSA records.

In 2009 Central Case Review data ranged from 62% in Region 2 to 86% in Region 4. The Central Case Review data is based on a sample size of 473 cases in 2007, 421 cases in 2008 and 343 cases in 2009. The Central Case Review data is based assessing and addressing the physical health educational needs of the child. For children in state custody this includes EPSDT screenings.

For in-home cases, there was an increase from 74% in 2008 to 78% in 2009. For out-of-home cases, there was an increase from 75% in 2008 to 76% in 2009

In 2008, 57% of children received an annual EPSDT screen, which has remained stable in 2007.

Strengths & Challenges

Based on information obtained through multiple work sessions with the Statewide Assessment Team and regional-local staff and community focus groups the following is concluded concerning the Children’s Administration’s ability to ensure that the physical and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services:

Strengths

- Children’s Administration is a member of the MPA Foster Care Health Workgroup to discuss policy and health issues related to children in out-of-home placement
- Children’s Administration attended multiple meetings of the Vulnerable Children’s Workgroup sponsored by MPA
- The 1624 Workgroup was requested to give input and feedback on the on the development of policies to address health issues
- The Fostering Well Being Program providers a more coordinated response to the identified health needs of children in care
- CHET Screeners are assessing and summarizing the child’s physical health status for children in out-of-home care longer than 30 days. The information is shared with social workers and caregivers as case plans are decision placements are made

Challenges

- FamLink was not able to incorporate the CHET Program into the system. Data is tracked in a separate data base until FamLink is ready; Availability of data reports have been limited since FamLink went live
- EPSDT outcomes are impacted by foster parent/caregiver ability to meet the timelines
- Difficulty in accessing medical appointments within expected timeframes due to physician schedules
- Lack of consistency of stable relationships can greatly affect physical/mental health care
- Need to provide training regarding services to kinship caregivers
- Foster parents / caregivers do not know about services & how to access
- Shortage of physicians, dentists and orthodontists willing to take medical coupons

Summary

The healthcare needs of children & youth in care has been a focus for Children's Administration. Given the need to coordinate services across the state of Washington, healthcare service responsibility was transferred from Children's Administration to MPA. To ensure evaluations and treatment of health concerns are addressed CHET social worker FTEs were increased. In addition regional medical consultants are available and implementation of the Fostering Well Being program began January 1, 2010. Each region has a unique hurdle to cross regarding service availability; however the most difficult barrier is that of a lack of dental services in rural areas across the state.

Well Being Outcome 3: Children receive adequate service to meet their physical and mental health needs

Item 23: Mental/behavioral health of the child

How effective is the statewide child welfare system in assuring that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

Previous Rating

CFSR-1 Item 23 was rated as an **Area Needing Improvement**. This determination was based on the finding that the outcome was rated as substantially achieved in 59.2% of the applicable cases, which is less than the 90% required for a determination of substantial conformity.

The CFSR case reviewers found that the Children's Administration was not consistently effective in meetings children's physical and mental health needs, particularly for children in the in-home services cases. Key concerns identified in some foster care cases pertained to delays in accessing mental health services and/or providing mental health services that did not meet the child's needs.

Policy and Practice Improvements

Policy

Individual Service and Safety Plan (ISSP) and Health and Education Record

The ISSP is the formal case plan presented to the court to address the health and educational needs of the child/youth under Children's Administration and Court supervision. Specific behavioral / mental health issues and services are required to be completed within 60 days of the child's removal from the parent, and are updated a minimum of once every six months.

Child Health and Education Tracking (CHET)

Case Planning / Shared Planning Meeting / Multiple Placement Staffing

For any child/youth experiencing mental health concerns that may disrupt or has disrupted placement within the parent's home or within an out-of-home placement a Shared Planning Meeting is required. The purpose is to develop an intensive case plan to improve placement stability. Required participants include social worker, supervisor, biological parent(s), child, resource/ caregiver family, GAL/CASA, extended family, service providers, community representatives, and any other supports identified by the child.

Practice

Service Gap Analysis

Children's Administration worked with communities to identify service gaps and secure resources for children in foster care.

Braam Benchmarks

Children's Administration developed plans to improve coordination, access, and availability of health care information and services.

Additional FTEs for the CHET Program

In 2008 Washington's Legislature provided funding for 12 additional staff to complete health and education screening of children / youth entering care.

FamLink information system

Reminds social workers to schedule an EPSDT within the first 30 days of placement and provides an automated reminder for annual EPSDT screenings. In 2009 FamLink was implemented and included the ability to document the child's "unmet needs" when they are identified. It also provides an automated reminder for annual EPSDT screenings.

The Child Information/Placement Referral

Provides important health, mental health, and education information to foster parents and caregivers at the time of placement.

CHET Screen improvements:

- Children's Administration regularly monitors the completion rates of mental health screens in the CHET Program.
- In February 2009, the CHET Program changed mental health screening tools to improve completion rates.
- In 2008 policy revisions required social workers to make a mental health referral within 5 business days of being notified of an identified concern by the CHET screener.

Mental Health Medicaid Fee-for-service benefit

Beginning in 2009 the Medicaid benefit was expanded to provide mental health coverage up to 20 sessions for children with mild to moderate mental health concerns. Any child with a medical coupon will receive these services with no associated fee. Any child still placed in the home would need rely on parental resources.

The Regional Support Networks (RSN) continue to be available for those children who have serious mental health concerns and meet their access to care standards. The RSN's are the publicly funded managed mental health care system, set up by county governments, for chronically mentally ill adults and children.

Data

Mental Health of Child	2007 Statewide Results	2008 Statewide Results	2009 Statewide Results
Central Case Review	86.0%	81.0%	84.0%

In 2009 Central Case Review data ranged from 75% in Region 3 to 94% in Region 1.

The Central Case Review data is based on a sample size of 297 cases in 2007, 287 cases in 2008 and 268 cases in 2009. The Central Case Review data is based upon assessing and addressing the mental/behavioral health needs of the child including substance abuse.

For in-home cases the data remained the same in both 2008 and 2009 at 78%.

For out-of-home cases, there was an increase from 82% in 2008 to that of 86% in 2009 however that was within the 5% margin of error.

Over the last three years Central Case Review data has remained within the 5% acceptable margin of error.

Health & Recovery Services Administration (HRSA) Database:

Children with assessment within 30 days of the request	2007 Statewide Results	2008 Statewide Results	2009 Statewide Results
HRSA data match with children in placement	No Data Available	85.7%	90.9%

Since 2008 the percent of children with a completed mental health assessment within 30 days of the request to the Regional Support Networks has increased 5.2%. In 2009, 90.8% of children in out-of-home care received a mental health assessment within 30 days of the request.

Strengths & Challenges

Based on information obtained through multiple work sessions with the Statewide Assessment Team and regional-local staff and community focus groups the following is concluded concerning the Children's Administration's ability to ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services:

Strengths

- Children's Administration consulted with stakeholders to improve mental health screening tool for the CHET Program.
- Children's Administration is a member of the MPA Foster Care Health Workgroup to discuss policy and health issues related to children in out-of-home placement.
- Children's Administration attended multiple meetings of the Vulnerable Children's Workgroup sponsored by MPA.
- The 1624 Workgroup was requested to give input and feedback on the on the development of policies to address health issues

Challenges

- FamLink conversion issues have impacted ability to track information
- FamLink was not able to incorporate the CHET Program into the system -data is tracked in a separate data base until FamLink is ready
- Difficulty in accessing mental health services – especially in rural areas
- Lack of consistency of stable relationships can greatly affect physical/mental health care
- Children in foster care have better physical/mental health care than children on in-home dependencies - Need to insure health care of children post dependency
- Need to provide training regarding services to kinship caregivers
- Foster parents / caregivers do not know about services & how to access
- Difficult behaviors of children / youth beyond the skill level of many care givers and providers

Summary

Given the trauma of child abuse and neglect experienced by children/youth entering out-of-home care, the provision of mental health services that respond to their needs is critical. To address this need Children's Administration has increased staffing levels for completing CHET evaluations. In addition, improved coordination with "Regional Support Networks" has successfully increased the local responsiveness and there has been some service array increase. One area of need that remains is the lack of services in rural areas across Washington. There has been an expansion in Trauma Focused Cognitive Behavioral Therapy training to community mental health providers through the Division of Behavioral Health and Recovery. This effort has significantly increased capacity at the local level for all Medicaid children who require this type of service.