

Safe Kids in Healthy Families

Selected Major Milestones for the First Five Years

Kids Come First Phase II

- Include educational advocacy by all in-home service providers through review and revision of contracts by 7/08
- Improve Independent Living Services through implementation of CA Contract Reform Model by 7/08
 - Match children re-entering care with caregivers using child-specific matching strategies by 6/08

2008

- Identify and better meet adolescent needs through improved screening and assessment tools by 9/07
- Create an integrated approach to adolescent services in collaboration with other DSHS agencies by 8/07
- Respond to children with multi-disciplinary case staffings by 5/07
- Integrate Child Health Education Track screenings through an automated database by 4/07

2007

- Implement Family Team Decision Meeting (FTDM) in identified offices by 12/06
 - Complete accreditation site visits by 12/06
- Revise system to substantiate allegations of abuse and neglect by 6/06
- Restructure Child Protective Services (CPS) and Child Welfare Services (CWS) models by 1/06
 - Implement Indian Child Welfare Act (ICWA) case review process in collaboration with DSHS agencies and partners by 1/06

2006

- Contact all children in non-emergent referrals within 72 hours by 12/05
 - Increase relative searches by hiring and training staff by 11/05
 - Visit children in placement every 30 days by 10/05
- Improve foster parent participation in court processes through court collaboration by 10/05
 - Provide discharge services and support to foster youth in care under age 21 by 9/05

2005

- Provide statewide foster parent support and recruitment through request for proposal by 12/04
 - Establish Continuous Quality Improvement Teams in all 44 field offices by 12/04
 - Pilot Customer Services Training Program by 12/04

2004

Kids Come First Phase II

A Road Map to the Future

Retrospective

Progress has been made within the administration since the implementation of the Kids Come First Action Agenda in 2000, as previously outlined on page 11 of this document.

Efforts to improve child safety, permanency and well-being have shown positive results due to those who worked together to develop and implement the Action Agenda as well as those who provided services to children and their families.

Despite this progress, the administration's ongoing quality assurance program revealed the need for further improvements in many areas.

The federal Child and Family Services Review; the accreditation process; settlement of the Braam et al vs. DSHS lawsuit; the Gomez Child Fatality Review and the administration's own ongoing, exhaustive internal audit of service delivery and stewardship revealed the need for continuous quality improvement in multiple areas.

Assessments

Child and Family Services Review (CFSR)

The federal Child and Family Services Review measures state compliance with the requirements of the Adoption and Safe Families Act (ASFA).

The CFSR assesses progress in the client outcome areas of safety, permanency and well-being, and in seven additional systemic areas to determine each state's capacity to serve clients. The review revealed that Washington, like many other states, must enhance service delivery to vulnerable children.

Braam v. DSHS

Jessica Braam, et al, v. State of Washington Department of Social and Health Services was filed in 1998 by current and former foster children who claimed they experienced significant harm to their well-being due to deficiencies in the existing foster-care system.

Following a series of legal proceedings, the case reached settlement in August 2004.

Under the settlement, DSHS will better address the needs of foster youth in six key areas, including: safe and stable placements, mental health services, foster and kinship family training and support, safety structures for sexually aggressive or physically assaultive youth, supporting siblings in placements and visitation, and adolescent services.

Gomez Child Fatality Review

In December 2003, the Children's Administration convened a multi-disciplinary fatality committee to review the events, case practice and decision-making that occurred prior to the death of two-year-old Rafael Gomez in September 2003.

The committee recommended improvements in several areas including case management and practice, child protection and child welfare services, collaboration, decision-making, and the operation of child protection teams.

All of these assessments in addition to the administration's own internal auditing processes have contributed to the development of a comprehensive plan for revitalizing and improving the child welfare system in Washington state, *Kids Come First Phase II: Safe Kids in Healthy Families*

Kids Come First Phase II Practice Improvement and Regional Initiatives

PRACTICE IMPROVEMENT

The administration as a whole and a number of field offices in all regions had already embarked upon efforts and initiatives to improve practice prior to recent findings. Field personnel and administrative management have demonstrated their commitment to improved outcomes for children and families through innovative and proactive efforts such as:

Accreditation

The administration began efforts toward meeting the highest standards in child welfare through engaging the national Council on Accreditation (COA) to assess management and services in all 44 field offices and the state headquarters. Washington state as a whole will be fully accredited when all 44 local offices individually meet COA standards. Full accreditation is expected in late 2006.

COA has established stringent standards for all administrative and service delivery activities. COA measures performance related to administrative practices through Organizational and Management Standards. Measurement of service delivery standards are conducted through a series of Service Standards. Currently, the Washington State Children's Administration headquarters office and 12 field offices have met the highest standards for child welfare practice according to COA. Six additional offices are preparing for accreditation in 2005.

Case Review

Case Review is an important component of the CA quality improvement model. It is a proactive process of reviewing, assessing and improving services to children and families through reviews of a random sample of open and closed case files in each field office. Practice is examined using a combination of qualitative and compliance measures to provide a complete picture of practice. Offices and regions utilize data from these reviews to identify strong areas of practice as well as those needing improvement.

Regional Initiatives

The following are examples of innovative programs and improvements being undertaken at the regional level.

Region 1. Families and Communities Together (FACT)

In Spokane, Children's Administration in partnership with other community organizations embarked upon a creative new approach to supporting children and families. FACT originated as a pilot project designed to support families through early intervention with the goal of preventing involvement with CPS. Through the integration of services provided by local agencies, including a variety of service providers at the Northeast Community Center, the local Junior High School and DCFS, families are accessing and receiving services earlier and easier, which enables them to care for their children's safety and well-being.

Cross-training allows the FACT social workers to assist families in applying for financial assistance and the financial workers to link families with needed resources. This local community based program is family-focused and uses a strength-centered approach to provide families with the support they need to keep their children safe.

Region 2. Common Ground.

The Common Ground Project originated out of a need to retain the services of caring and competent foster and kinship families and to help maintain children with challenging behaviors in safe and stable placements. Both caregivers and staff care so much about the safety and well-being of children in care, it is only natural to expect differences in opinions to occur from time to time. Resolving these differences respectfully and effectively is the goal of mediation through Common Ground. Caregivers who feel heard, included, and supported are more likely to continue to provide care for children in their homes.

Common Ground staff members have training in mediation, engagement, and other conflict resolution skills. The most important thing a Common Ground mediator can do is respond immediately to a foster or kinship family in need and listen fully to their concerns. After all concerns are aired, the Area Administrator is notified and an intervention plan is agreed upon. The entire process is relationship and values driven. Initial anecdotal evidence suggests that foster family retention has improved and placement disruptions for children with challenging behaviors have decreased since implementation of the Common Ground Project.

Region 3. Can You Hear Me Now? Yes, we're listening!

Following a staff survey, management learned that staff members felt communication within the region could use improvement. "Can You Hear Me Now? Yes, we're listening!" is part of the comprehensive work Region 3 is doing to improve staff communications. An electronic bulletin is distributed monthly that allows management to respond to staff inquiries and concerns.

In addition, these electronic newsletters include details about successful work efforts, acknowledgment of staff accomplishments and information about practice issues. With the exception of staff recognition, all staff communications through the project exclude identifying information so staff can feel free to make their concerns known. Staff members have the opportunity to feel heard, get well-deserved recognition and see their concerns addressed in meaningful ways. All of this translates to better morale and ultimately better service delivery.

Region 4. Culturally Competent Professional Practice (C2P2)

African American children represent 5.4 percent of Washington's child population; however, they represent 13 percent of the children in out-of-home placement. Since there is no statistical evidence showing that child abuse and/or neglect is higher among one ethnic group than another, other factors must be considered as contributing to the disproportionality of African American children in care.

In an effort to address possible cultural bias and improve cultural competence, C2P2 began pairing mentors individually with social workers to help staff and supervisors recognize and utilize African American cultural norms. C2P2 also works with staff to build upon family strengths, acknowledge family and kin as resources, and link families to culturally appropriate service providers. C2P2 continues developing strategies to engage all CPS workers in Culturally Competent Professional Practice coaching.

Region 5. Family Assessment Stabilization Team (FAST)

Since October 2000, the Pierce County Regional Services Network and Region 5 DCFS have contracted with Catholic Community Services to provide a crisis response team to intervene in families where children are at risk of being placed due to the child's behavior or where children are at risk of disruption from their current placement.

Between January and June 2004, the average team response time was 67.5 minutes and families received an average of 76 days of service following a FAST response. Of those children/youth receiving FAST intervention, 97 percent were diverted from hospitalization and 87 percent had their placement stabilized. Of the six adoptions at risk for disruption during the period, 100 percent were preserved.

Region 6. Neglect Project

The problem of chronic neglect has been on the rise in recent years, and Region 6 set out to determine ways of intervening in families with repeated findings of neglect. Through the Neglect Project, several intervention strategies were identified, including family engagement, relationship building and involvement in decision-making. Other helpful strategies involved outreach to fathers, grandparents and other extended family members. Social workers were provided with reduced caseloads so they could provide more intensive support and intervention.

Specific project criteria included families having at least six prior referrals for neglect, at least one child under age six and a social worker with a family caseload of no more than 15 cases. Flexible funding was made available and special emphasis was placed on identifying and meeting the developmental needs of children regardless of whether those needs might be dental care or educational advocacy.

Early evidence shows a reduction in re-referrals of the families involved in the project and family response indicating that those families felt heard and respected and the project is benefiting their children.

Kids Come First Phase II

The administration recognized the need to build on these efforts and to foster practice consistency by developing a single plan that would coalesce the vision, goals and objectives of the administration with the mandates specified by the CFSR, Braam settlement agreement and Gomez fatality review.

The result, *Kids Come First Phase II*, is designed to improve every facet of the Washington State Child Welfare System, institute a mechanism for measuring how well the plan is implemented and maintain accountability to children and families, the public and the legislature for system improvements.

Kids Come First Phase II Vision and 10 Point Plan

KIDS COME FIRST II VISION

Kids Come First Phase II: Safe Kids in Healthy Families (KCF II), is a long term road map for addressing the challenges of balancing the needs of child safety and family preservation and creating and sustaining an improved child welfare system in Washington State.

Kids Come First II touches every corner of the child welfare system, including parents, relatives, tribes, foster parents, service providers, schools, court systems, social workers, advocates and community partners. This outreach reinforces the belief that it is the responsibility of all of us to make sure that abused and neglected children have homes with families - whether birth parents, relative caregivers, or foster parents - that are strongly committed to keeping them safe and healthy and ensuring their needs are appropriately met. The Children's Administration cannot do this alone. KCF II is a commitment to building strong and sustainable partnerships to help keep children safe.

KIDS COME FIRST II TEN POINT PLAN

Summary of Major Improvements

1. Safety

- Earlier face-to-face contact with children
- Clarifying the role of CPS
- Implementing Family Team Decision Making (FTDM)
- Strengthening Child Protection Teams (CPTs)
- Improving collaboration with community partners

2. Permanency

- Earlier engagement of pertinent parties in case planning and decision-making
- New in-home and out-of-home CWS model
- Improved collaboration
- Emphasis on minimizing multiple placements, re-entries and disproportionality
- Increased child-specific adoption recruitment
- Early engagement of resource families
- Services to support guardianship and adoptive families

3. Engagement

- Conducting comprehensive searches for family and tribal connections
- Placing stronger emphasis on family involvement
- More frequent contact with children and families
- Improved assessment and case planning
- Parent mentoring

4. Child and Family Well-Being

- New initiatives to improve educational outcomes
- Parent Aid program

- Increased training and foster parent involvement with families
- Integration of previous and current child health, development and well-being assessments

5. Adolescents

- Maintaining children until age 21
- Improving independent living programs
- Increased emphasis on permanency for children and youth of color
- Integrated service system for adolescents
- Establishment of a youth advisory committee and youth conferences

6. Kinship Care

- Conducting comprehensive search for kin
- Providing training stipends for kinship caregivers
- Improved access to services for kinship caregivers
- Post guardianship support and resources

7. Resource Family Recruitment and Retention

- Creating a new foster care recruitment and support program
- Setting up an after-hour crisis line for caregivers
- Increasing caregiver participation in decision-making activities
- Providing conflict resolution mechanisms
- Creating a tribal licensing process
- Increasing efforts to recruit and retain minority and school-based foster families
- Child-specific recruitment
- Providing mandatory on-going training and annual assessments

8. Consultation and Collaboration

- Improving government to government relationships with tribes
- Creating a new model for collaboration with contractors/providers
- Improving collaboration with the court system

9. Array of Services

- Developing a new model for children's mental health services
- Improving client access to substance abuse services
- Collaborating to implement research-based service models

10. Quality Assurance

- Increased training for staff, foster parents and contracted providers
- Quality assurance model for Indian Child Welfare Act compliance
- Increased information technology capacity
- Improved contract management
- Improved customer service

This document, like all of the work accomplished on behalf of the Children's Administration, is the result of collaboration and commitment on the part of many individuals and work teams.

The more than 2,000 region and field personnel who daily seek to protect and enhance the quality of life for vulnerable children are the true champions whose work is reflected in these pages. In addition to field personnel, countless others working in support and ancillary roles help accomplish the task of ensuring child safety, permanency and well-being.

The following individuals, work groups and entities warrant special acknowledgment for their contributions to the development and publication of this report.

- Marianne K. Ozmun, Data Unit Communications Manager, for facilitating the annual report work group and serving as the report author; always maintaining a commitment to the children represented and those who work on their behalf.
- The Children's Administration Data Unit including, Supervisor Tammy Cordova, Cindy Ellingson, Matt Orme, Lisa Barber, Bob Ensley and Dusty Teter for working tirelessly to ensure that the data included is accurate and timely.
- Management Services Division, Division of Program and Policy, Practice Improvement Division and Field Operations Division program managers and staff for contributing content and acting as consultants and editors.
- Special thanks to the Annual Report Planning Workgroup and contribution coordinators: Mardy Beck, Barbara Bofinger, Marlon Buchanon, Tammy Cordova, Sonja Heard, Martha Holliday, Pam Kramer, Clover Lockard, Lonnie Locke, Susan Muggoch, Bob Partlow, and Chris Trujillo.
- Appreciation to the Office of Publications Management for designing a publication that reflects the children served by the administration

and the dedicated personnel working on their behalf. All members of the Unit including: Debbie Kirkendall, Unit Supervisor and Holly Miranda, report designer as well as Michael Lumsden, Lynn Morgan, Jean Roberge and Matt Ruhl contributed through creative consultation and mentoring.

- Thanks to Kip Vaughan of Kip Vaughan Graphic Design kipvaughan@netscape.net for contributing photography for the Children Wait page.
- Support for this project is provided by the National Center for Civic Innovation (NCCI). Funding from NCCI makes possible design enhancement, greater community engagement and wider distribution of this report.

The administration recognizes that while certain individuals and workgroups made direct contributions to this document, there are countless others who contributed information regarding field work, initiatives, good news stories and other vital content.

Children's Administration wishes to extend both appreciation and admiration to all of those who work daily to improve the quality of life for vulnerable children, including: foster parents, adoptive parents, relative caregivers, respite providers, Guardians ad Litem, CASA volunteers, BRS providers, tribal partners, Washington state legislators committed to child welfare and child advocates statewide all of whom comprise the state child welfare team.

The Children's Administration is appreciative of those who contributed to this project, and is immensely grateful to those of you who are doing the daily work of protecting children and improving young lives.

Thank you