



Section C: Program Information

(1) Child Welfare Services

A Look Back and A Look Ahead

**Child Safety
Permanency
Well-Being
Supporting Client Outcomes**

**Children's Administration
Department of Social and Health Services**

Child and Family Services Plan FY 2010 - FY 2014

Child Welfare Services - A Look Back and a Look Forward

Introduction

Protecting the children of Washington State from abuse and neglect is a top priority of the Children's Administration. To achieve this, the Children's Administration is continually working to provide quality services to vulnerable children and families, and to maintain accountability to those who use and those who fund services, as well as to the community at large.

Goals

The strategic plans in the previous sections of this report (Section A1 and A2) identify objectives, outcomes, and broad strategies in support of our four major goals of:

- ◆ **Child Safety:** Children will be safe from abuse and neglect.
- ◆ **Permanency:** Provide stable, nurturing, and permanent placements as quickly as possible for children who are placed into out-of-home care.
- ◆ **Child and Family Well-Being:** Help families and communities improve the well-being of children in their own homes and in out-of-home care.
- ◆ **Supporting Client Outcomes:** Continuously improve the organization's capacity to achieve excellent outcomes for children and families.

Although our goals and objectives remain clear, continuous improvement requires us to reassess our strategies to make sure we are expending resources to have the greatest impact on reaching them.

The highlights of Children's Administration's accomplishments from FY 2005-2009 and FY plans for 2010-2014 are reported in this section.

Child Safety Highlights – FY 2005-2009

2005

• **24 Hour Emergent Response Policy**

Effective August 1, 2005 the 24 Hour Response to Emergent Referrals policy was updated. The changes include:

- The intake process for emergent referrals, including supervisory review, must be completed within 4 hours of date and time CA receives the referral.
- The CA social workers who conducts or attempts to conduct the initial face to face contact(s) must input the action into an SER within 7 calendar days, noting the date and time of the interview(s).

• **72 Hour Non- Emergent Response Policy**

Effective August 1, 2005 the policy was updated to CA social workers to have face-to-face contact with all alleged victims of child abuse or neglect in non-emergent referrals within 72-hours from the time and date CA receives the referral.

• **Practice Model**

In 2005, CA staff and management began to develop a practice model that would build a strong and sound foundation to support and sustain improved outcomes for children and families. This included having a well-trained and supported workforce.

- The objectives of this improvement initiative, that CA calls "The Practice Model" was to provide an overarching framework for child welfare practice in Washington State and give

social workers the tools, skills and support they need. Practice Model achievements in the past four years include (descriptions/explanations under year the items were implemented):

- CPS/CWS Redesign
- Structured Decision Making (SDM)
- Safety Assessment
- Family Assessment
- Solution Based Casework (SBC)
- Solution Focused Management (SFM)
- Assessment of Progress
- Family to Family

2006

• **Family to Family**

In 2004-2006, CA partnered with the Annie E. Casey Foundation in implementing four Family-to-Family strategies designed to improve child outcomes. These strategies are:

- Building Community Partnerships
- Family Team Decision Making (FTDM)
- Resource Family Recruitment, Development, and Support
- Self-Evaluation

Research is showing that FTDM supports child welfare practice by resulting in:

- More children placed with relatives.
- Shortened length of stay for children placed with relatives.
- Increased placement stability.
- More reunifications with biological parents.

• **Training on Safety and Risk Assessment**

Refresher training on Safety and Risk assessments was provided for all CA staff and supervisors.

• **CPS/CWS Redesign Model**

The CPS/CWS Redesign model was designed (implemented January 1, 2007) to support child safety and the earlier engagement of families in services.

2007

• **CPS/CWS Re-design**

Effective January 1, 2007, the CPS/CWS Redesign was in most CA offices and designed change to how Children's Administration (CA) is organized to provide services to clients. The CPS/CWS Redesign helps in focusing the roles and responsibilities of CA 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

The purpose of the Redesign includes:

- 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; and
- Create a model that accommodates future practice enhancements.

- **Neglect Legislation**

In January 2007, new neglect legislation went into effect which expanded the definition of negligent treatment or maltreatment of child allowing the department to engage families earlier and place a stronger emphasis on the issue of neglect. The intent was that the department be involved in cases of chronic neglect where the health, welfare or safety of the child is at risk. To decrease the likelihood of future neglect the court may reinforce a parent's early engagement in services when chronic neglect exists in a family.

- **Structured Decision Making (SDM)**

In October 2007, CA adopted an actuarial risk assessment model, Structured Decision Making® (SDM) to replace the former risk assessment tool after considerable input from focus groups, national experts and the Practice Model. The SDM is a research-based, relatively simple and structured assessment. Its purpose is to identify families who are most likely to experience a future event of child abuse or neglect. The principle behind SDM is that decisions can be improved by clearly defined and consistently applied decision-making criteria, readily measurable practice standards, with expectations of staff clearly identified.

- **Prenatal Substance Abuse Policy**

In October 2007, the policy was updated in response to the federal Child Abuse Prevention and Treatment Act (CAPTA). The policy addresses the needs of newborns exposed to substances in utero and to address the "Plan of Safe Care" requirement. It also clarifies CA authority to accept referrals for CPS investigation or initiate court action on an unborn child.

- **Audio Recording Child Abuse Interviews**

In 2007, CA updated policy to support the audio recording of CPS physical abuse interviews.

- **Children seen face-to-face by a social worker following a referral accepted for investigation**

The federal program improvement goal for timely investigations is for social workers to make face-to-face contact with children within required response times at a rate of 90 percent. The administration surpassed this goal in every quarter of FY 07 for both emergent and non-emergent referrals with 96.8% of children in emergent referrals seen within 24 hours, and 94.6% of children in non-emergent referrals seen within 72 hours.

- **Children who do not experience re-abuse**

The federal standard requires a minimum of 94.6% of children who have been the victims of abuse or neglect will be protected from any additional founded allegations of abuse or neglect. Washington State did not meet the federal standard, however has made consistent improvement since 2001. In FFY 2007 (the latest data available), 92.7% of children in Washington State were protected from repeat abuse and this is more than in any year since data tracking began.

- **Child Fatality Data** has been collected since 1997 in an effort to identify children most at risk. The number of child fatalities that meet the criteria for a fatality review has decreased each year CY 2001 - CY 2007 (108 down to 59). Of those fatalities that require review, the number of child deaths resulting from natural/medical or accidental causes has decreased. The number of deaths caused by homicide or suicide has remained relatively constant, with fewer than ten deaths in each category each year. The increase in the number of child fatalities where the cause of death is unknown or undetermined is due in part to ongoing investigations, and in part to an increase in the classification of Sudden Infant Death Syndrome (SIDS) fatalities as undetermined.

2008

- **Child Abuse and Neglect (CA/N) History Checks**

Criminal background policies related to the Adam Walsh Child Protection and Safety Act legislation were updated in July 2008. CA conducts FBI fingerprint-based checks for all prospective foster/adoptive parents, relative caregivers and all other adults in the home.

When emergency circumstances exist and do not allow for a national fingerprint check to be completed prior to placement, authorized staff at Central Intake process requests from social workers. This allows social workers to receive immediate criminal history data from the National Crime Information Center (NCIC) database prior to placing a child with unlicensed individuals. CPS investigators can also request criminal history information on the subject of the investigation to increase child and worker safety.

- **Updated Information for Mandated Reporters**

In December 2008, CA updated information for mandated reporters to provide new and updated information about child abuse and neglect including:

- How to report abuse or neglect.
- Definitions of child abuse and neglect including:
 - Legal definitions
 - Signs and symptoms
 - Common indicators
- Describes what happens when child abuse or neglect is reported.
- Describes who is legally required to report child abuse or neglect.

- **Practice Guide to Intake and Investigative Assessment**

In 2008, CA updated the practice guide to support intake and CPS workers and their supervisors in making important decisions. This guide is intended to:

- Provide a better understanding of each decision point during the intake process and investigative process and the tools available to help make important decisions.
- Help investigators understand the IA and the tools contained within it.
- Give guidance for using the Family Action Plan.

- **Child Abuse and Neglect Investigation – Law Enforcement Protocols**

In July 2008, in response to a legislative mandate (SHB1333) Washington State Counties updated their sex abuse protocols. The updated protocols include the coordination of child fatality, child physical abuse, and criminal child neglect investigations between the county and city prosecutor's offices, law enforcement, children's protective services, local advocacy groups, emergency medical services, and any other local agency involved in the investigation of such cases. Investigative protocols also include statewide guidelines for first responders to child fatalities developed by the Criminal Justice Training Commission.

In response to a legislative mandate (SHB1333), law enforcement protocols were updated. The investigative protocols include:

- Investigations of child fatality, child physical abuse, and criminal child neglect cases.
- Statewide guidelines for first responders to child fatalities developed by the Criminal Justice Training Commission.
- Give guidance for using the Family Action Plan.

- **CPS Investigation Findings**

Substitute Senate Bill (SSB) 5321 went into effect October 1, 2008 and made several key changes to CPS Investigation findings. It removed inconclusive findings and changed the definition of unfounded finding. The following finding definitions are:

- Founded means the determination following an investigation by CPS that based on available information it is more likely than not that child abuse or neglect did occur.
- Unfounded means the determination following an investigation by CPS that based on available information:
 - It is 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.

- **Safety Assessment**

The Safety Assessment was revised in 2008 to provide a structured and consistent way to assess a child's immediate safety. This includes creating a separate question about domestic violence.

The question, "Have there been acts of domestic violence or threats of domestic violence by a caregiver or a person with frequent access to the child that has placed the child at risk of serious and immediate harm in the last 90 days?" is based on:

- o Screening for domestic violence at each stage of the case is important.
- o Shifts the focus from a "current incident" response to include incidents within the last 90 days.
- o Guides the worker to assess indirect violence that places a child at harm.

- **Solution Based Casework (SBC)**

CA chose SBC as the clinical model for child welfare practice because it 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. These give social workers the skills and support they need to do their jobs well. The training and coaching is on-going, and training will be adjusted as CA receives critical feedback from supervisors and social workers.

- **Solution Focused Management (SFM)** - To support social workers in their use of SBC, CA trained all management staff in SFM. SFM helps CA managers support social workers as they implement SBC. It is a parallel process that reinforces manager's use the same values, techniques, and language staff uses with their clients. SFM involves:

- o Identifying what's already working and amplifying it to make useful changes.
- o Focusing on what's possible rather than on causes of problems.
- o Getting managers to stop doing what isn't working and look for opportunities to do things differently.
- o Encouraging managers to turn to the expertise and strengths within their team for solutions that work.
- o Encouraging managers to apply solution focused principles and concepts in their management style, including language and questions derived from solution focused interviewing.

- **Family Team Decision Meetings**

As of 2008, all offices in the state are implementing Family Team Decision-Making meetings. CA is working towards achieving 100% capacity, however, this goal is also dependent upon available resources. To date, over 10,000 FTDM meetings have taken place.

- **Children who are placed in out-of-home care due to abuse or neglect with prior placement due to abuse or neglect**

CA has shown rates of children in placement due to abuse or neglect with prior placement due to abuse or neglect between 5.9% and 8.1% since tracking began, with an average prior placement rate of 6.93 percent. In FY 2008, the rate was 7.5%.

- **Children who are free from abuse or neglect in out-of-home care**

A new federal standard requires that a minimum of 99.68 percent of children in out-of-home care will be free from founded allegations of abuse or neglect. Washington State's performance has historically been significantly better than national standards. In FY 2008, 99.77 percent of children were free from abuse or neglect in out of home care.

- **Foster homes receiving health and safety checks**

CA has exceeded the state requirement of 10% foster homes monitored for health and safety since FY 2003, with 13.4% in FY 2008, exactly replicating the percentage from the previous year.

2009

- **Central Case Review**

2009 Revisions - Central Case Review tool was updated in 2009 to add questions and decision rules to include major and policy and practice changes, revisions were also made to include changes in the Round 2 CFSR instrument.

Central Case Reviews are conducted at the office level. The purpose of the reviews is to:

- Evaluate progress in meeting federal Child and Family Services Review (CFSR) outcomes in the areas of Safety, Permanency and Well Being.
- Measure key elements of CA policy and quality of practice with an emphasis on child safety.
- Provide individual feedback to social workers and supervisors on cases reviewed to support the professional development of staff.
- Facilitate the development of annual Practice Improvement Goals with social workers, supervisors and managers at the office level.

- **Family Assessment**

The Family Assessment page is a compilation of information used to identify issues surrounding the family and to develop a plan to address those issues. The information entered into various assessments about the strengths and needs of both the individual participants and the entire household supports the Family Assessment. The compiled information is used to first balance strengths against needs, then identify unmitigated needs, and finally develop a plan to address the unmitigated needs.

- **Assessment of Progress**

The Assessment of Progress helps the social worker assess progress toward goals made on the Family Assessment and compliance with the service plan. The purpose of assessing progress is to determine if there has been sufficient movement toward each goal of the case plan to significantly reduce or eliminate the safety or risk issue(s) targeted. It is completed every 90 days for an FVS or FRS case; 180 days for a CFWS case, at case transfer, service completion, goals completed, and new service related need for a child/youth or caregiver. The Assessment of Progress page has four tabs: Participants Strengths/Needs Goals Recommendation

- **Asking Domestic Violence Universal Screening Question**

In July 2009, CA will require intake social workers to ask 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 Intake workers must screen all intakes for domestic violence (DV) to assess whether a child is in clear and present danger from DV.

- **FamLink**

On February 1, 2009, Washington State replaced its child welfare information system with a new web based information system FamLink in order to better support client service delivery.

FamLink will enhance intake, child protective services, child welfare services and better support workers to make timely, informed decisions to achieve Washington's safety, permanency and well-being goals. FamLink will reduce the redundancy in documentation.

- **Decision Tree in FamLink**

The intake worker uses the decision tree matrix after a decision has been made to screen in an intake. It is a FamLink tool used to guide Intake in determining program response type, e.g., investigation or alternative intervention, and response time (emergent or non-emergent) for an investigation. It does not replace critical thinking and can be adjusted.

○ **Chronically Referring Families**

In the fall of 2008, a Chronicity Indicator was developed. It was designed to help the social worker identify families re-referred to CPS because there is growing evidence of the importance of early identification and community involvement in service planning.

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 the following criteria:

- 3 accepted CPS or DLR/CPS intakes in the prior year;
- 4 accepted CPS or DLR/CPS intakes in the prior 2 years;
- 5 accepted CPS or DLR/CPS intakes in the prior 3 years; or
- 2 or more founded allegations in the past 2–6 CPS referrals.

When the Chronicity Indicator is flagged on a person, social workers must review the history and assess for patterns of acts or omissions by the parent/caregiver and follow policy for services and case staffings.

• **Early Family Support Services (EFSS)**

CA has improved its EFSS contracts with public health and private agencies. The outcome-based contracts include a new assessment and classification system to track family and individual outcomes in several domains. This assessment will be piloted in a few sites around this state this summer and early fall with a statewide implementation date of January 2009.

The service now has two pathways: short-term service and a longer 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. 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.

Child Safety – Look Forward – FY 2010-2014

FY 2010

- **New CPS Domestic Violence policy**

In July 2009, WA will require children be interviewed apart from siblings, caregivers or alleged perpetrators (even if DV is not indicated). When DV is identified all persons (e.g. children, caregivers and alleged perpetrators) must be interviewed separately. In addition, investigators must assess the danger posed to the child and adult victim by the alleged DV perpetrator. This is done by completing the specialized DV questions in the Safety Assessment and by conducting a specialized domestic violence assessment.

A DV-CPS Guide was developed in consultation with the Washington State Coalition Against Domestic Violence (WSCADV) and a national expert on CPS-DV issues.

- **SAY/PAY –**

In July 2009, CA is implementing a process Quality Assurance process for SAY/PAAY. This QA process will include continuing to use the supervisor approval process already programmed in FamLink. In addition, each Region has established a quality assurance/risk management process. The quality assurance includes individual or committee (identified by the Region) who will review the identification of youth as SAY/PAAY and the plans created to supervise and support the youth.

- **EFSS**

As part of the EFSS program, CA is phasing in two Evidence-Based/Promising Programs (EBP/PP) Promoting First Relationships and Triple P- Positive Parenting Program. In FY 10, we will also look at the program, Project SafeCare to determine whether it will be a good fit for EFSS.

- **CPS Findings**

CA will develop and implement training to support improvement in consistency of CPS investigation findings.

- **Assessment of Substance exposed Infants**

Continue implementation of an assessment program for newborn infants diagnosed at birth as substance exposed and CA received an intake referral related to the infant's exposure.

FY 2011-2014

During the coming years CA will:

- Implement training and case review plan to improve accuracy in completing the Structured Decision Making tool.
- Collaborate with the Domestic Violence Coalition to provide a comprehensive DV training to CA staff to improve response to children and families who are involved with CA and experiencing domestic violence.
- Continue collaboration with the Washington State Coalition Against Domestic Violence (WSCADV) and a national expert on CPS-DV issues.
- Continue to focus on Safety by:

- o The intake, assessment, screening, and investigation of reports of abuse and neglect.
- o Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.
- o Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems). Continue to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

Permanency Highlights FY 2005-2009

2005

- **Practice Model**

In 2005, CA staff and management began to develop a practice model that would build a strong and sound foundation to support and sustain improved outcomes for children and families. This included having a well-trained and supported workforce.

- o The objectives of this improvement initiative, that CA calls "The Practice Model" was to provide an overarching framework for child welfare practice in Washington State and give social workers the tools, skills and support they need. Practice Model achievements in the past four years include (descriptions/explanations under year the items were implemented):
 - CPS/CWS Redesign
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 - Family to Family

- **Multiple Placement Staffing**

Effective May 2005, began Phase I of conducting a staffing for all children who have been in 5 or more placements.

2006

- **Family to Family**

In 2004-2006 CA partnered with the Annie E. Casey foundation in implementing four Family-to-Family strategies designed to improve child outcomes. These strategies are:

- o Building Community Partnerships
- o Family Team Decision Making (FTDM)
- o Resource Family Recruitment, Development, and Support
- o Self-Evaluation

As of 2008, all offices in the state are implementing Family Team Decision-Making meetings. CA is working towards achieving 100% capacity, however, this goal is also dependent upon available resources. To date, over 10,000 FTDM meetings have taken place.

Research is showing that FTDM supports child welfare practice by resulting in:

- More children placed with relatives.
- Shortened length of stay for children placed with relatives.
- Increased placement stability.
- More reunifications with biological parents.

- **Kinship Care Framework**

Implemented the Kinship Care Framework (Initial License, Relative Home Study, Relative Search, Respite, etc.) laying down the foundation for working more effectively with relatives.

- **Multiple Placement Staffings**

Effective May, 2006 implemented Phase II and III of conducting a staffing for all children who experienced four 4 or more placements-completed and all children who experienced three or more placements on an on-going basis.

- **Behavioral Rehabilitative Services**

In July 2006, CA added language to the BRS contract requiring BRS providers to convene a child and family team meeting on entry and exit.

- **Shared Planning Policy**

Effective September 1, 2006 Shared Planning policy required a that Shared Planning meetings be held at 72-hours (where FTDM is available), 30 days, 180 days, 9 to 11 months and *every 12 months thereafter until permanency is achieved.*

- **Reunification and Trial Return Home**

Effective September 30, 2006, there is now a six-month trial period which begins at when the child transitions home. During this time, CA 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. 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.

- **Reunification Assessment and Transition Safety Plan**

Effective September 30, 2006, CA eliminated the age qualifier (12 and under) on the Reunification Assessment and Transition and Safety Plan to include all dependent children in care longer than 60 days due to child abuse and neglect.

- **Parent Child Sibling Visits (PCV)**

Effective September 2006, CA implemented new PCV visit policy in Family Team Decision Meeting (FTDM) sites across the state. The Visitation Guide to support parent /child and sibling visits was also developed.

- **LICWAC Permanency Planning Policy**

Effective September 30, 2006, the policy changes guide social workers to conduct permanency planning at LICWAC staffings within 60 days of the original placement date (OPD). The policy changes also reflect the commitment of Children's Administration (CA) to engage Tribes in the case planning process.

2007

- **CPS/CWS Re-design**

Effective January 1, 2007, the CPS/CWS Redesign was in most CA offices and designed change to how Children's Administration (CA) is organized to provide services to clients. The CPS/CWS Redesign helps in focusing the roles and responsibilities of CA social workers to improve our service delivery to families. The Redesign involves providing services in the following three tracks:

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The purpose of the Redesign includes:

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

- **Monthly Social Worker Visits**

Effective April 2007, monthly social worker visits with children in out of home care, unlicensed relative care (age birth to 5 years) were implemented.

- **Background Checks for Adults Living in the Home (Sirita's Law)**

Effective July 1, 2007, prior to a dependent child returning home this policy requires the social worker to:

- o Complete a background check on all adults living in the home.
- o Identify and assess all caregivers for service need.
- o Inform parent of their responsibility to notify the department if there is a change in caregivers.
- o Notify the court if a caregiver is not engaged in planned services.

- **Adam Walsh Act** - Effective July 1, 2007 background checks were required for all out prospective out of home caregivers.

- **Caregiver Information Sharing Policy and Child Information and Placement Referral Form** - Effective April 30, 2007, CA policy requires information sharing to be standardized and recorded on the "Child Information/Placement Referral Form" (DSHS 15-300).

- **Caregiver Right to be Heard in Court Proceedings**

Effective July 1, 2007 policy took effect giving caregivers who previously had the "opportunity to be heard" now have the "right to be heard" and the courts will not proceed if the caregiver is not notified properly. Social workers must provide caregivers with written notice of the Court hearing at least 10 working days (14 calendar days) prior to regularly scheduled court hearings. Notification by certified mail is required.

- **Records to Courts (Rafael Gomez Act)**

Effective July 2007, social workers submitting an ISSP to the court to recommend a new placement or change in placement (i.e. placement with a parent, relative or other suitable person) must submit documents related to persons in the home where placement is recommended and only relevant sections and not the entire history of the subject of the report.

- **Reinstatement of Parental Rights**

Effective July 2007, dependent youth, 12 years and older, (and younger children, with the show of good cause) have the right to petition the court for reinstatement of parental rights if their permanent plan has not achieved or will not be imminently achieved within three years of termination or exhaustion of the appeal process.

- **Search for Out of State Placements**

Effective July 1, 2007, policy required CA to provide to the court in writing whether both in-state and out-of-state placements have been considered.

- **Definition of a Relative**
Effective July 22, 2007, expanded the definition of a relative of specified degree to include relatives of half-siblings and second cousins. This allows for placement of the child with suitable persons who are known to the child and/or family.
- **Children Missing from Care Policy**
Effective October 1, 2007, this policy created a new definition for youth frequently missing from care meaning youth that have been missing from care or home two or more times a month or repeatedly for short periods. Supervisor must approve a youth identified as a Frequently Missing from Care.

2008

- **Solution Based Casework (SBC)**
CA chose SBC as the clinical model for child welfare practice because it 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. These give social workers the skills and support they need to do their jobs well. The training and coaching is on going, and training will be adjusted as CA receives critical feedback from supervisors and social workers.
- **Dependency Matters - Hope Center Beds**
Effective June 12, 2008, this change expanded the definition for "Street Youth" and reduced admission requirements by accepting youth who are homeless or who exhibit risky behaviors such as criminal activity, prostitution or substance abuse. Youth may still self-refer to HOPE centers.
- **Notification to GAL - CASA**
Effective June 12, 2008, DCFS social workers are required to notify the Guardian Ad Litem (GAL)/ Court Appointed Special Advocate (CASA) when they learn of a referral (via a CAMIS alert) of child abuse or neglect on a dependent child and again when the investigation is complete and a finding is made.
- **Parent-Child-Sibling Visits**
In July 2008, funding from the legislature was provided for contracted twice-monthly sibling visits for siblings living apart, the policy was implemented statewide effective September 1, 2008.
- **Placement with other Relatives or Suitable persons**
CA implemented policy allowing social workers to make placements with relatives or suitable persons prior to completion of a full home study under the following conditions:
 - Emergent placements using NCIC
 - Urgent placements using in-state BCCU check and Area Administrator approval
- In July 2008, CA Collaborated on the implementation of **TANF Changes to Support Family Reunification**. Effective August 1, 2008, parents receiving TANF can continue to get cash and medical benefits when a child is temporarily absent and expected to return to the parent's home within 180 days (previously 90 days).
- **Visitation Plan**
Effective September 1, 2008, CA required written visitation plans be developed within three business days of court ordered placement or when VPA is signed. The first visit is expected within 72 hours of placement (if not possible, within five business days).

- **Social Worker Monthly Health and Safety Visits**

Effective September 1, 2008, CA implemented the final phase-in of the monthly visit policy. The policy required the assigned social worker to conduct private and individual face-to-face visits every calendar month not to exceed 40 days between visits for ALL children in care. The policy also includes children in Long Term Foster Care (LTFC) agreements (Braam requirement) and Voluntary Service Agreement (VSA) cases (Child & Family Services Review requirement).

- **A Guide For Monthly Visits With Children In Their Own Home** was developed to support social workers.

- **Children reunified with their families**

The number of children reunified with their families has had a decreasing trend since FY 1998, with a high of 5619 children in FY 1998 to 4630 children in FY 2007. In 2004, the Washington State Institute for Public Policy concluded that one factor which may have contributed to this trend is a shift in the make-up of CA caseloads where reunifications may simply be more challenging to achieve due to more infants placed into out-of-home care, the substantial increase of children coming into care related to parental substance abuse, and an increase in the number of children placed with relatives. In FY 2008, there was a slight resurgence upward in the number of children reunified to 4,725.

- **The number of children placed into out-of-home care** has continually increased since FY 1999 (8693 children). Since FY 2004, there has been a dramatic increase (8984 in FY 2004; 9447 in FY 2005; 10,323 in FY 2008) in the number of children placed into out-of-home care since data tracking began.

- **Children reunified within 12 months of placement**

In FY 2007, CA embarked upon a Child Protective Services (CPS) and Child Welfare Services (CWS) redesign in an effort to improve safety and permanency outcomes for vulnerable children. The federal standard requires that at least 76.2% of children for whom reunification is the best permanent outcome be reunified within 12 months of out-of-home placement. CA has historically done well in this measure, however a downward trend beginning in FFY 2005 continues and in FFY 2008 73.0 percent of children were reunified within 12 months of placement. CA always errs on the side of safety and if efforts to ensure reunification require more time and effort, CA will take longer to finalize those reunifications.

- **Children adopted**

The number of adoptions finalized in FY 2008 continued to decrease when compared to the previous years. Washington State saw a record number of adoptions in FY 2006, and since then it has dropped slightly every year with the most recent year showing 1,177 finalized adoptions.

- **Children adopted within 24 months of placement**

CA has historically did not meet the federal target of 32% for children adopted within 24 months of placement. After exceeding the target for the first time in FFY 2006 (32.6%), the state rate of timely adoptions fell again in FFY 2008 (24.5%).

- **Children placed in guardianships**

In FY 04 there was a significant drop from the previous years (FY 2003 had 593; FY 2004 had 434) and since then, the number of children placed in new guardianships has remained relatively level (FY

2008 saw an increase to 406). CA makes every effort to secure reunification, adoption, or third-party custody whenever possible.

- **Length of stay for children in care**

While the percent of children who have been in care longer than two years has decreased significantly from a high of 41.3% in FY 1998, there was a slight increase in length of stay in FY 2008 to 39.9%. The median number of days children spent in out-of-home care has been relatively stable since FY 1999 with 547 days, but also increased slightly in FY 2008 to 572 days.

- **Children reentering care**

The federal standard requires that no more than 8.6% of children who have been returned home will come back into care for reasons of abuse or neglect within 12 months of reunification. CA has never met the federal standard in the ten years reported, however has demonstrated a decrease or leveling off in recent years with FY 2008 showing 10.6 percent.

- **Children with no more than two placements**

CA has demonstrated continual progress toward the federal standard of at least 86.7% of children in care will experience two or fewer placement moves. In FFY 2000 there were 82.8 percent of children with two or fewer placements and in FY 2008 that percentage increased to 85.8.

- **Minority children in care for more than two years**

The percent of African American children in long term care decreased to its lowest rate (24.1% in FY 2001 to 21.2% in FY 2008). The percent of Native American children in long term care has increased (12.5% in FY 2001 to 17.1% in FY 2008). In partnership with Tribes, CA developed an Indian Child Welfare (ICW) Case Review model and performed case reviews throughout FY 2007 in order to gain a better understanding of the unmet needs of Native American children in out-of-home care and to develop strategies for better serving these children.

- **Children placed with relatives**

CA has demonstrated an increasing trend in the percent of children in out-of-home care who are placed with relatives from FY 1998 (29.5%) to FY 2008 (38.7%).

2009

- **FamLink**

On February 1, 2009, Washington State replaced its child welfare information system with a new web based information system FamLink in order to better support client service delivery. FamLink will enhance intake, child protective services, child welfare services and better support workers to make timely, informed decisions to achieve Washington's safety, permanency and well-being goals. FamLink will reduce the redundancy in documentation.

- **Relative Search and Notification**

July 2009, new policy requires social workers to exercise due diligence to identify and provide notification to *all* adult relatives within 30 days after the child has been removed from the home.

- **Sibling Visits**

July 2009, policy requires social workers to make reasonable efforts to place siblings together at initial placement and at other times in the case planning.

- **Transition Planning for Youth**

July 2009, policy requires the development of a transition plan for youth that is personalized, youth directed and addresses specific areas:

- Education
- Employment
- Housing
- Health Insurance

- Local opportunities for mentors and continuing support
- Work force supports and employment services

Permanency Look Forward – FY 2010-2014

FY 2010

- **Notification to all Adult Relatives**
In July 2009, new policy requires social workers to exercise due diligence to identify and provide notification to *all* adult relatives within 30 days after the child has been removed from the home.
- **Reasonable Efforts to Place Siblings**
In July 2009, policy requires social workers to **make reasonable efforts to place siblings** together at initial placement and at other times in the case planning.
- **Transition Planning for Youth**
In July 2009, policy requires the development of a **transition plan for youth** that is personalized, youth directed and addresses specific areas:
 - Education
 - Employment
 - Housing
 - Health Insurance
 - Local opportunities for mentors and continuing support
 - Work force supports and employment services
- **FamLink**
With the Release of phase II of our automated FamLink system case plans will include components of the new practice model, including the family assessment, service plan and assessment of progress.
- **Notice to Parents**
CA is developing a notice to parents to attach to the case plan when they are involved in a dependency action. The notice encourages parents to participate in services and maintain contact with the child. The notice also explains concurrent planning and explains the results of not engaging in services and contact.
- **Courts to Enter or Modify Parenting Plans**
Recent legislation now allows dependency courts to enter or modify parent and visit plans for a dependent child in order to implement a permanent plan or dismiss a dependency.
- **Timeliness of Reunification**
CA is working with Partners for Our Children (POC) to examine the timeliness of reunification efforts. POC is meeting with each of the regions to discuss the data, to increase understanding of reunification patterns and to identify strategies to increase permanency rates through earlier reunification.

2011 - 2014

- Continue **Solution Based Casework.**
- **Family-to-Family**
Continue Family to Family recruitment model that focuses on finding placement resources in the child's neighborhood.

- Continued work on **Streets and Maps** computer program functionality to identify placement resources within school districts.

Child and Family Well-Being Highlights 2005-2009

2005

- **PrePassport renamed to Child Health & Education Tracking** program in 2005. CA implemented an integrated tiered system for evaluation of the health and developmental needs of children in out-of-home care.

2006

- **The Foster Care to 21 Program** was a three year pilot program that allowed 50 youth per year (from 2006 through 2008) who have graduated or obtained their GED to continue receiving placement services from DSHS until their 21st birthday, if they are pursuing post-secondary education.
- **Educational Advocates** were implemented in each of the six regions of Washington State to assist foster youth with educational issues.
- **Child Health and Education Tracking (CHET)** policy and guide was implemented to improve health care and education outcomes for children.
- **Youth Rights**
CA developed a video for adolescents in the foster care system to explain their rights, how the system works and how their voice can be heard.

2007

- **Medicaid extended** for foster youth until age 21.
- **Shared Planning Policy**
Effective April 30, 2007, social workers were required to:
 - Provide 5-days advance notice will be given to participants of a Shared Planning meeting whenever possible
 - Provide Foster parents/Caregivers with any recommendations resulting from the CHET screening.
 - Include an alternative plan if a child has been denied mental health or substance abuse services.
- **Health and Education Records to Youth Exiting Care**
Effective July 1, 2007, social workers must provide all youth aging out of care, prior to their exit, a full copy of the health and education records collected during their time in care. Social workers are required to inform youth exiting from care of CA's record retention policy, and how they can access their records after they exit from care.
- **Infant Toddler Early Intervention Program (ITEP)**
CHET screeners automatically refer children with suspected delays to the local ITEIP program for further evaluation.
- **New Education Policies**
Effective April 2007, new and updated policy clarified and provided guidance on the timeframes and information social workers need to provide for the educational well being needs of the

children and youth in their care. It also incorporated key items from the Social Worker's Practice Guide to Education.

- **The Foster Care to College partnership provided "How to go to College" seminars** to youth from 6th to 12th grade, as well as, a mentoring program to four of the regions in Washington State.
- **Contracted educational advocates** were available in each of the six regions of Washington State to assist foster youth to improve educational outcomes.
- A **common application process** was developed for foster youth and alumni which incorporated the Education and Training Voucher program, Governor Scholarship and other local scholarship opportunities for foster youth.

2008

- **Social Worker Monthly Health and Safety Visits**

Effective September 1, 2008, the final phase-in of the monthly visit policy was implemented. The policy required the assigned social worker to conduct private and individual face-to-face visits every calendar month (not to exceed 40 days between visits) for ALL children in care. The policy also includes children in Long Term Foster Care (LTFC) agreements (Braam requirement) and Voluntary Service Agreement (VSA) cases (Child & Family Services Review requirement).

- **Services for Adolescents**

Children's Administration updated its multi-disciplinary checklist that serves as a reminder of documentation and services CA provides to youth exiting care.

- A timeline of the various services available to adolescents in foster care was developed and made available to social workers.
- A mass promotion of services available to adolescents in foster care was conducted in January 2008. Packets including posters and brochures were sent to all youth age 15-18 in the foster care system, caregivers, tribes and community partners.
- The Independent Living Policy was updated to lower eligibility to age 15.
- Graduation celebrations were held around the state to celebrate foster youth graduating from high school or receiving their GED.
- Outreach was conducted through training, presentations and mailings to the local tribes, community colleges and universities, adoptive parents and social workers on the array of services available to foster youth.

- **Centers of Foster Care Health**

Three foster care medical centers of excellence were established through a collaborative effort with CA and the Washington State Health and Recovery Services Administration (HRSA) and will be a resource to foster parents, caregivers, social workers, and children. The initial pilot sites in Spokane, Seattle, and Longview were funded by the legislature to help establish medical homes for children in foster care. HRSA authorizes Medicaid eligibility and pays for health-related services for residents of Washington State including children in out-of-home placement who are at higher risk for poor health than any other Medicaid population.

- **Child Health and Education Tracking (CHET) - Mental Health Referral**

Effective April 15, 2008, the Child Health and Education Tracking Policy requires all children identified with mental health concerns to receive a comprehensive mental health assessment within fifty days of entering placement once a concern is identified during the CHET Screening process. To meet the requirement of a comprehensive mental health screening the policy provides specific timelines for making the referral to mental health. Once notified by the CHET Screening Specialist, the social worker makes a mental health referral within 5 working days

- **CHET Social Workers**

CA hired and trained 12 additional Child Health and Education Tracking (CHET) social workers to improve health care and education outcomes for children.

- **CHET Training**

In October 2008, CA provided statewide training for Child Health and Education Tracking social workers.

2009

- **FamLink**, CA's new information system has robust health and mental health pages. It is designed to be more responsive to health needs of children in care.

- **Children's Mental Health Initiative**

The Children's Mental Health Initiative completed its first strategy by implementing EBP's across child welfare, mental health and juvenile rehabilitation.

- **Consolidated Health Records**

Continue plans to implement a system to consolidate health records for children in care - The Mental Health Division and Children's Administration continue to work on Quality Guidelines between the two systems.

- **Transition Planning for Youth**

A transition-planning guide for social workers was developed. This guide will provide social workers with information and tools to assist in helping youth plan for their transition from foster care.

- **Protocols with School**

CA improved education support for children by implementing protocols with 141 school districts to improve communication, collaboration, and coordination. Ninety-one percent of children and youth in foster care attend schools with school district/CA agreements.

- **Education Advocacy**

Contracted educational advocates are available in each of the six regions of Washington State to assist foster youth to improve educational outcomes.

- **Compassionate Schools**

Education leads participated in OSPI "Compassionate Schools" initiative which focuses on supporting traumatized children in academic environments.

- **Youth Website**

CA developed and launched of phase two of the web site www.independence.wa.gov that provides access to information about the Chafee programs, resources available, and other topics of interest to adolescents aging out of care.

- **On-Line ETV Application**

In June 2009, an online application was made available for youth to apply to the ETV program. Youth are also able to apply to The Passport to College Promise Scholarship, which is state funded using the same application.

- **ETV Expansion**

Children's Administration expanded its ETV program by implementing regional Peer to Peer Mentor positions. These positions hire alumni of foster care and primarily focus on helping youth apply to and access ETV funds. They also help youth identify other eligible programs and services. Children's Administration expanded the program to serve Running Start eligible youth to help purchase books and supplies. Running Start youth attend high school but also take college level classes that typically result in completion of a two-year college degree.

- **Youth Scholarships**

CA continues to work with two private entities, The College Success Foundation and Seattle University and their scholarship programs (The Governors' Scholarship and Seattle Fostering Scholars), using the same application as above.

- **Youth Rights**

CA developed a video for adolescents in the foster care system to explain their rights, how the system works, and how their voice can be heard.

- **"Passion to Action" Video**

CA's statewide Youth Advisory Board developed a video on important persons in the lives of foster youth. This video has been posted on YouTube.

Child and Family Well-Being - Look forward 2010-2014

2010

In the next year, CA will:

- **FTDM**

Continue working towards achieving 100% capacity, however, this goal is also dependent upon available resources.

- **Electronic Health Record**

Begin work with Health and Recovery Services Administration on design of an electronic health record for children in out-of-home placement.

- **Medically Fragile Children**

- Identify and track children in out-of-home placement who are medically fragile.
- Implement care coordination for medically fragile children in out-of-home placement.

- **Coordination with School Districts**

Ongoing collaborations between school districts and CA offices to support educational stability.

- **Mentoring**

Continue the education mentoring program (SET Up) in four regions.

- **Cross-Training on Education Advocacy**

Develop cross-training modules in collaboration with the Center for the Improvement of Student Learning (CISL) regarding education advocacy, early learning, and post-secondary programs for educators, caregivers, and social workers.

- **Compassionate Schools**
Continue participation in OSPI “Compassionate Schools” initiative that focuses on supporting traumatized children in academic environments
- **Outcome Based Tutoring**
Continue implementation high quality outcome based Tutoring program with OSPI approved tutors.
- **Online Tutoring**
Implement free online tutoring program through Digital Learning Commons.
- **Education Stability**
Continue training social workers, educators and caregivers on the necessity of maintaining children/youth in their original schools whenever possible. Continue to implement the Educational Stability section of the federal law 6893- Fostering Connections.
- **The Foster Care to 21 Program** was a three year pilot program that allowed youth who have graduated or obtained their GED to continue receiving placement services from DSHS until their 21st birthday, if they are pursuing post-secondary education.

Recent legislation allows the program to continue to be available to youth, and beginning October 2010 the criteria allowing youth to remain in foster care after age 18 may be expanded. The department has the option of providing continued foster or group care to youth ages 18 to 21 who are enrolled and/or participating in a:

- High school, high school equivalency, or vocational school program; (same – no change)
- Postsecondary or vocational education program;
- Program or activity designed to promote or remove barriers to employment;
- Engage in employment for 80 hours or more per month; or
- Incapable of engaging on any of the activities described above due to a medical condition.

2011-2014

In future years, CA will:

- Support **ongoing collaboration** between school districts and CA offices to support educational stability.
- **Tutoring**
 - Continue implementation high quality out-come based Tutoring program with OSPI approved tutors.
 - Continue free on-line tutoring program through Digital Learning Commons.
- **Continue training** social workers, educators and caregivers on the necessity of maintaining children/youth in their original schools whenever possible. Continue to implement the Educational Stability section of the federal law 6893- Fostering Connections.

Supporting Client Outcomes Highlights - 2005-2009

2005

- **After Hours Support Crisis Line for Foster Parents and Caregivers**
Effective June 1, 2005, the Foster Parent & Caregiver Support Line became a resource for foster parents licensed by the Office of Foster Care Licensing (OFCL) and unlicensed relative caregivers caring for children in state custody. The support line is intended to help them handle emergent situations after business hours. Private Agencies already have programs in place to support their

foster homes; however, if they do call the support line, the support line workers respond. The support line is answered by Central Intake social workers who have been trained to respond to foster parents and relative caregivers in crisis

2006

- **Addressing Gaps in Mental Health**

Since 2006, on-going meetings have been held with the Mental Health Division, the CA internal mental health workgroup as well as twice yearly meetings with Regional Support Network Children's Coordinators to address gaps in service system and the mental health needs of children in foster care.

- **Chemical Dependency Counselors**

CA established Chemical Dependency Counselors were placed in local CA offices to help screen and support families through the substance abuse assessment and treatment process.

- **Evidence-based Practices**

Ca introduced Evidence Based Practices including Multi-Dimensional Treatment Foster Care and Functional Family Therapy.

- **Contract Review**

CA conducted a formal contract review process to help maximize resources and support better outcomes.

2007

- **A New Targeted Marketing Campaign for Foster Parents** began in FY 07 and continued through FY 08. This included a new branding and marketing campaign to accompany the targeted marketing work, creation of a new consistent statewide logo and slogan. The work of monitoring activities of potential foster parents, creation of a new on-line store for recruitment staff to order customized supplies, and combined targeted recruitment activities with ongoing Family to Family and "Streets and Trips" data-driven work were combined into one contract.

- **On-going Meeting with Foster Parents**

CA implemented regular meetings between high-level CA staff and foster parent representatives. Over the past five years, CA also has built support systems through the recruitment and retention contracts. A monthly statewide newsletter was begun in 2004, as was a foster parent ListServ has been established.

- **Monthly Newsletter**

A monthly statewide newsletter that began in 2004 was expanded and streamlined to include more relevant information to all foster parents and relative caregivers, as well as to be more accessible through the postal mail and available on line.

- **Foster Parent Critical Retention and Support Program Contracts**

Effective April 30, 2007, a new resource was made available for caregivers of children with high-risk behaviors. The foster parent critical support contract provides additional services to the foster parents of children who are sexually reactive, physically assaultive, or have other high-risk behaviors in order to maintain their placements.

- **A Foster Parent Survey** was conducted during FY 2007 to gather foster parent input on what they need to properly care for the foster children in their home. This phone survey was conducted by Washington State University and included 2,400 interviews of all caregivers (licensed or unlicensed). The results were released in September 2007 and included information on the specific training and support foster parents need, relationships with social workers, the foster parents' experience with shared planning, and the need for respite care. The results gave

us a clear picture of our strengths and the areas where we need to continue our improvement efforts.

- **Foster Home Licensing** - In FY 07, new regulations required more stringent background checks for all foster parents, adoptive parents, and planned placements with unlicensed relatives. Their homes must also meet rigorous licensing standards. Process Improvement Consultants from the Boeing Company worked with CA to carry out a Foster Home Licensing Process Improvement Initiative. In FY 2007, in spite of these stringent rules, CA demonstrated improvement in the percentage of licensing delays for the second consecutive year (33.8% in FY 2005, 33.6% in FY 2006, and 29.9% in FY 2007).
- **Child Health and Education Track (CHET)**
CHET added a "Connections" domain in 2007. The screener conducts an interview with the child to specifically discuss and document the child's strength and cultural and family connections. The social worker then follows up with appropriate supports and services.
- **Standardized referrals** through the CHET program to the Infant Toddler Early Intervention Program (ITEIP) were implemented.
- **Education Summits**
Education summits were conducted in each of the regions in Washington State which focused on building collaborative relationships between caregivers, social workers and the public schools.
- **Ed Advocacy Training**
Training was provided to nearly 1400 social workers on educational advocacy highlighting the educational needs of children and youth birth through post secondary
- **New Guide to Information Sharing**
Field Guide to Information Sharing was published and distributed across the state to social workers and other partners.
- **Published and Distributed Education Guides**
CA developed the Field Guide to Information Sharing for caregivers, educators, social workers, court professionals, and advocates.

2008

- **Education Summits**
Education summits were conducted in each of the regions in Washington State that focused on building collaborative relationships between caregivers, social workers and the public schools.
- **Educational Advocacy Program**
Staffing was increased to 1.5 FTE in each region for the Educational Advocacy Program to provide assistance and advocacy for school age foster children and youth to improve their academic success and graduate from high school. Approximately 2500 students were served by this program which was an 8% increase in services. This means that approximately 35% of the school-aged youth in care received educational advocacy services.
- **Tutoring Resource Guide**
CA developed a Guide to Tutoring Resources for caregivers and social workers to find high quality, OSPI-approved tutoring resources in their area.
- **Tracking School Record Submission**
A tracking system was developed to identify schools having difficulty transmitting records in timely fashion. Ongoing tracking is done to monitor/intervene when needed.

- **Compassionate Schools Summit**

Education Leads participated in school teams at OSPI Compassionate Schools Summit in 2008.

- CA **Provided training** to 600 educators, social workers, caregivers and community partners at Education Summits in each region to address educational stability and success for foster youth with a focus on post-secondary education programs available to youth.
- CA **Provided training** to 200 representatives from colleges and universities about the educational programs available for post-secondary education for youth in foster care. As a result of this workshop a contact person for foster youth was appointed at each college and university to increase the opportunities for foster youth to continue pursuing higher education.

- The results of the **Adolescent Survey for Youth in Foster Care** in WA State were released in August 2008. This survey was conducted by Washington State University. The purpose of this survey was to obtain information to help CA improve services for adolescents in foster care and provide data to the Braam Oversight Panel. A total of 706 interviews with youth were conducted. There were also three focus groups of current and previous foster youth that provided additional information about their experiences in foster care. Some of the findings of the survey ad focus groups included:

- The median number of years spent these youth spent in foster care, including relative placements, was six years.
- 59% of these youth were in the same placement for all of 2007.
- Youth behavior problems, problems in the family, and not getting along with placement accounted for 55% of the reasons youth moved.
- 52% of the youth said the foster care system had treated them very well in 2007; 34% said somewhat well and 14% said not very well.
- 45% of the youth said they received mostly A's, or mostly B's or a combination of A's and B's in 2007. Another 30% said they received mostly B's and C's.
- 89% said they were very well prepared or somewhat prepared to achieve their education goals.
- 79% of youth said they had contact with an adult member of their biological family in 2007.
- 90% of youth said that there is definitely or probably someone in whom they can confide or talk to.
- 91% said their health was excellent, very good, or good.
- 48% of youth were satisfied with the quality of support provided by their social worker, 27% somewhat satisfied and 25% dissatisfied.
- 50% of the youth with siblings not living with them had visits or other forms of contact with their siblings at least once a month or more often.
- 77% of the youth said their wishes and interests were heard in court in 2007.
- 47% of youth felt very well prepared to get a full time job, 38% felt somewhat prepared.
- 70% of youth said social worker referred them to an IL program.

- **Early Periodic Screening Diagnosis and Treatment (EPSDT) Information Sharing**

EPSDT information was provided to foster parents and caregivers in the Caregiver Connection Newsletter in September 2008 and November 2008.

- **Foster Parent Recruitment and Retention**

New and improved contracts to contract with providers, who hire current or former foster parent to recruit foster parents, build support groups and serve as liaisons between CA and foster parents were implemented in all regions. Of the 55 staff, all but three are current or former foster parents.

- **Fee for Service Mental Health**

HRSA implemented a newly expanded Fee for Service mental health benefit for children who do not meet the Regional Support Network Access to Care Standards. There are 600 new providers available through this network statewide.

- **DASA Services**

In 2008, the Legislature funded DASA to increase services for biological parents who need substance abuse services. "CA Reunite" funds have helped in filling out the continuum of funding so that all parents identified as needing services can receive them.

- **A Second Annual Foster Parent Survey** was conducted during FY 2008 to gather foster parent and caregiver input on what they need to properly care for the foster children in their home. Only 33 of 147 questions showed a statistically significant different response from the 2007 survey, and survey answers that differed tended to show increased satisfaction with their experience as a caregiver. Some high points:

- Nearly 85% of the foster parents and caregivers said they were treated professionally and with respect by their child's social worker always or most of the time.
- 80% said they talked with their child's social worker at least once a month; 60% of those foster parents said the contact was weekly or several times a month.
- 72% of licensed foster parents said they were likely to renew their license when it comes due.
- A higher percentage (69% versus 62% last year) said they had received training about understanding their role and responsibilities as a foster parent or relative caregiver.
- 73% (compared with 70% last year) said that the training they've received over the past three years had very or somewhat prepared them to care for the needs of foster children in their home.
- Nearly 95% said they were connected to ongoing and appropriate medical care for their foster child or children.
- 43% of foster children had been visited by a social worker one or more times each month. Nearly 70% reported that their foster child had been visited at least every three months, per the Children's Administration policy in 2007.

2009

- **Early Periodic Screening Diagnosis and Treatment (EPSDT) Information Sharing** was provided to foster parents and caregivers in the Caregiver Connection Newsletter in January 2009 and March 2009

- **Education Summits**

Education Summits were held the final year of a three-year grant. The summits focused on building collaborative relationships between caregivers, social workers and the public schools

- CA continued to introduce **Evidence-Based Practices** around the state including: Parent Child Interaction Therapy (PICT), Incredible Years, Promoting First Relationships, Project SafeCare, and Triple P, as well as continued to expand Multi-Dimensional Treatment Foster Care and Functional Family Therapy.
- **"Bright Futures"** specialized training was provided by CA to support foster parents by focusing on foster children's mental health and well-being. Initially, the workshop was devised and offered through a grant to the Department of Health with widespread acceptance. After the grant, CA completed the training in 2008. However, due to funding reductions in 2009, this training is no longer offered.

- **Chemical Dependency Counselors (CDP)**
CDPs are available in each Region. In FY09, the funding for CDPs was reduced due to a budget shortfall; however, at least one CDP in each Region has been maintained. There are eight CDPs statewide.
- **Collaboration on Access and Quality of Mental Health Services**
CA contracted with consultants to provide expertise and quality assurance to Medicaid Treatment Child Care program. These consultants provided on-going site reviews and work with providers to implement mental health EBP.
- **Addressing Cross Systems Mental Health and Health Issues**
Meetings with the mental health Regional Support Networks were held to address issues across systems. Monthly meetings were also held with the Office of Foster Care Health within HRSA, CA, DDD, and DOH to address cross-system issues.
- **Collaboration with DASA**
Collaboration with community partners and HRSA/Division of Alcohol and Substance Abuse occurred to improve access to chemical dependency services. CA participated in quarterly Substance Abuse Systems Integration (SASI) meetings with HRSA/DASA
- **Collaboration with Partners**
CA collaborated with community partners and the Economic Services and Aging and Disability Services Administrations to increase access to services for children and families by standardizing referrals through the CHET program to the Infant Toddler Early Intervention Program (ITEIP).

Supporting Client Outcomes 2010-2014

- **Collaboration Efforts**
Through the collaboration with service providers, CA will develop a strategic direction that will continue to support improvements in client outcomes. This includes identifying improved practices for parenting education that support parents' active application of skills taught in parenting programs. CA will:
 - Collaborate with school districts and courts to improve educational outcomes for children receiving services from CA.
 - Collaborate with OSPI and Higher Education Coordinating Board (HECB) in education to improve information sharing.
 - Hold on-going meetings with the Mental Health Division, CA internal mental health workgroup and twice-yearly meetings with Regional Support Network Children's Coordinators to address gaps in service system and the mental health needs of children in foster care.
- **Foster Parent Survey**
CA will continue the phone survey conducted by Washington State University that interviews of caregivers (licensed or unlicensed) by telephone. The survey gathers information related to specific training and support foster parents needs, input on relationships with social workers, the foster parents' experience with shared planning, and the need for respite care.
- **To Increase the Supply of Quality Foster Homes, CA will:**
 - Integrate all recruitment and retention by contractors and Family To Family.
 - Use data from the new Statewide Recruitment Information Center database to inform ourselves about points in the licensing process where CA could improve supports to help potential foster parent follow through to licensing.
 - Ensure that issues raised through the Foster Parent Consultation Team process that grew from House Bill 1624 continue to get high-level CA attention.

- Continue to build the number of support systems to provide greater support and satisfaction for foster parents, as well as engaging communities in supporting kids in care and their caregivers.
- **Caregiver Connection Newsletter**
CA will continue ongoing quality improvement of the Caregiver Connection newsletter and increase the use of e-mail to communicate with caregivers.
- **Communication Improvements**
CA will continue to explore and develop new ways to communicate using the tools such as social networking, Skype and cell phone technology.