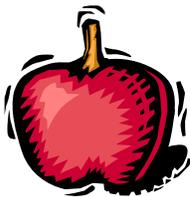


Section B: Program Information

(1) DSHS Children's Administration Report Card



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

**Annual Progress and Services Report FY 2006
DSHS Children's Administration Report Card**

June 30, 2006

TO: Robin Arnold-Williams, Secretary
Department of Social and Health Services

FROM: Cheryl Stephani, Assistant Secretary
Children's Administration

SUBJECT: DSHS CHILDREN'S ADMINISTRATION REPORT CARD

The state Department of Social and Health Services (DSHS) works with other child and family serving systems to maintain a public child welfare system that keeps Washington's children safe from further abuse and neglect.

The ultimate goal of the child welfare system is to connect vulnerable children and families to the right service at the right time to meet both short-term and long-term needs for safety, permanency, and well-being. This includes critical work to:

- Sustain family and cultural connections
- Reunify families whenever possible
- Identify permanent homes for children when reunification is not possible.

In addition to DSHS, judges and court commissioners, guardians ad litem, legal representatives, Tribes, parents, foster parents, extended family members, and community service providers are vital to the system. They provide checks and balances and key services to help ensure that the best interests of children are served.

All partners in the system need to work together and support each other to achieve and sustain excellence in Washington's child welfare system. All parts of the system need to be in balance.

In May 2005, you appointed me to lead the Children's Administration of the Department of Social and Health Services. This document reviews the challenges that were facing the administration when my tenure began, updates you on the current status of the organization, and identifies the strategic priorities that the administration will work on to improve our overall performance over the next few years.

Initial Assessment

In May 2005, the administration was not meeting all the national child welfare standards set by the federal government. Although it had identified a very broad reform agenda, including a negotiated agreement to improve outcomes for children in the foster care system, the infrastructure for accomplishing the agenda was not in place. The timelines for accomplishing significant change on so many fronts were unrealistic. Many of the reform items focused on addressing dysfunctions in the system without addressing the root cause of the dysfunction. The result was an over-promised agenda that outstripped the organizational capacity of the administration to deliver on its plans.

Organizational Infrastructure

The organization was highly regionalized without an effective overarching framework that provided commonality in approach, consistency in practice, and excellence in outcomes. Service effectiveness was not connected to the expenditure of resources and some of the strategies to achieve outcomes

lacked effective fiscal controls to monitor service provision and costs. Service availability or historical expenditures for services drove what was provided to meet identified needs, without a consistent pathway between needs assessment, treatment planning, and service provision. The level of trust was not high among and between different parts of the administration, community business partners, other stakeholders, and the general public. Business processes were more complex than needed. Expectations and lines of accountability were not clear.

That being said, the people who work in the system care deeply about their work, work very hard at their jobs, and give of themselves above and beyond what they are compensated to do.

Policy makers, stakeholders, advocates, Tribal and service partners, and community members also care deeply about protecting children. Because the stakes are high, we all want to contribute – and the agenda grows, child welfare policy grows, and the messages are sometimes mixed. With focused efforts and when direction and priorities are clear, resources can and will be provided to do what needs to be done. A recent example is the response by the Governor and Legislators when new resources were needed so children could be visited more frequently by their social workers. The Governor's GMAP (Government Management Accountability and Performance) process gave us the opportunity to demonstrate that simply shifting resources was not sufficient to meet the mandate to visit with children every 30 days.

So, what is required to help the organization achieve its promise?

Internally – a fundamental transformation of the system had to occur. Difficult questions about accountability, effectiveness, and the strategic use of existing resources needed to be explored. For example, we had to ask ourselves the following tough questions:

- Are we putting our money in the places that make the most difference in achieving outcomes for vulnerable children and families?
- Are we pursuing the right outcomes?
- How do we identify and enhance the upstream business processes to improve our ability to reach our goals and not leave us reacting to dysfunctions created because we have not provided the right service at the right time to the right population?
- How do we improve service effectiveness?

Externally – we needed to think about the broader child welfare effort:

- How do we create a joint vision in which one part of the vision builds upon another?
- How are supports for at-risk families structured prior to the first referral?
- How do we accomplish successful transitions when the state child welfare program steps out and the community or other child-serving agencies step in?
- How do we increase self-reliance in families?
- How do we make sure that strategies to support families do not include incentives to continued dependence?

Where to Begin

The initial assessment of the status of Children's Administration led to an understanding of the key areas that needed to be addressed to repair and improve the system. Over the long-term, work needed to be done to:

- Rebuild trust with both internal and external stakeholders.
- Improve business and service delivery systems.
- Clarify expectations.
- Strengthen partnerships.

- Approach changes/reform by fundamentally examining and being prepared to change structures, practices, and service arrays, as necessary.

In the short-term, meeting our child safety obligations by more quickly investigating allegations of abuse and neglect was required. In addition, ongoing efforts to achieve the targets in the federal program improvement plan and those negotiated to improve foster care were necessary.

Building the Foundation

Internally – Getting our house in order

Accomplishing quicker response times demanded immediate organizational focus. The task was clear and supported by line staff and the administration's leadership. But responding more quickly was only part of the picture. The quality of the response matters too.

In order to begin to position the administration to accomplish sustainable improvements in all parts of the work that needs doing, the slower job of rebuilding trust and developing an organization capable of achieving and sustaining outcomes needed organizational focus and attention.

Even the words we choose to identify changes and improvements under way impact how our work is perceived. To stress the importance of engaging and working with families and communities, we are building a child welfare system that focuses on **Safe Kids – Healthy Families**, and this is what we are calling our efforts.

We have begun an ongoing effort with the Boeing Company Lean Team to examine and improve our structure, management, and organizational culture. The Lean Team is a group of professional change managers employed by the Boeing Company whose time and resources are donated. Boeing made this pro-bono voluntary commitment to us because of our determination that long-term systemic change is needed and their assessment that we are ready to move forward. The Lean Team designs exercises to improve how we work together, communicate, and make decisions. They are providing tools and business community best practices to help us create new practice and business models.

Working with the Lean Team, the CA extended leadership team began to explore what it would take to repair the rift in leadership that had occurred over the past several years and to build a high-performing Children's Administration capable of achieving and sustaining the outcomes that we all want to see for children and families.

We began with a common goal: Improve outcomes for children and families served by CA. We challenged each other to think broadly and courageously and identified the most foundational elements that needed to be tackled in order to succeed. Throughout the Summer and Fall of 2005, we worked to identify strategies and define what had to be done to build a strong and sound foundation that could support and sustain fundamental changes in our social work practice, the service options we provide, and our organizational culture and structure. We charted a strategic course that would lead us to improvements in four key areas. In turn, improvements in these four areas would lead us to improved outcomes for children and families.

- Strong child welfare practice that protects children and works to strengthen families.
- Strong array of services to meet clients' needs.
- Strong, well-trained and supported workforce.
- Strong business strategies.

Externally – DSHS cannot do it alone

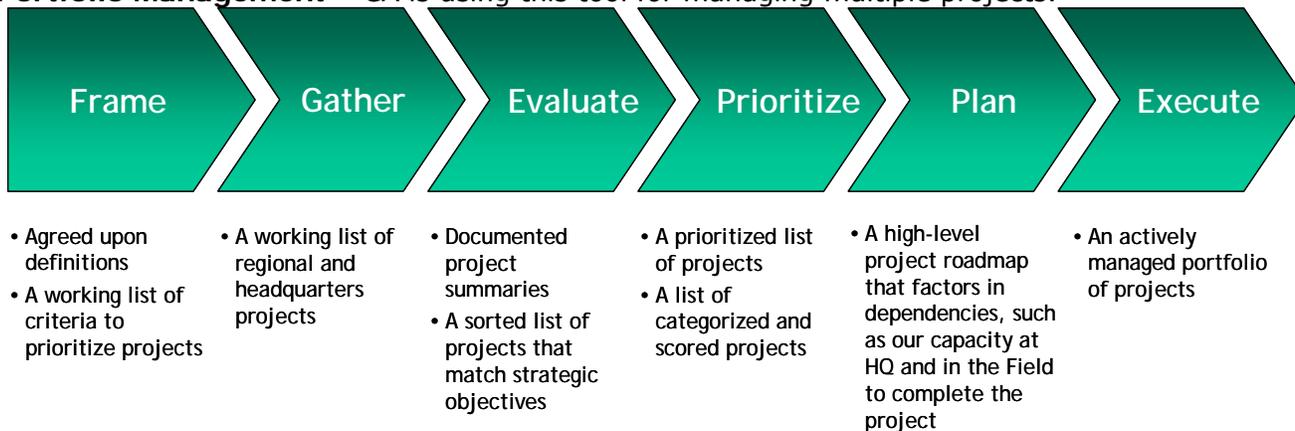
Underlying all of the above is the critical work with community and Tribal partners, service providers, faith communities, community members, and extended family members, statewide and community by community.

Over the next few years, we must continue our work with partners, stakeholders, and community groups to ensure that Washington State has the best child welfare system possible. We cannot do it alone. DSHS is just one part of the overall child welfare system.

Sustaining Reform into the Future

Laying the right foundation is the key to achieving and sustaining reform that has positive results for children and families. The success of this change process lies in its comprehensive approach, each piece supporting the others, and forming the foundation on which to build sustainable reform. It is very difficult for any agency to successfully complete multiple improvement agendas. CA is using a process called Portfolio Management to minimize the risk of failed projects.

Portfolio Management – CA is using this tool for managing multiple projects.



Summary

We recognize the need for reform. Focusing only on symptoms will not produce the outcomes we need from the child welfare system. The challenge is to push the pace of reform, but not to the breaking point. We must start building the right foundation to create the organizational capacity to sustain reform.

Another key to sustaining improvements in the child welfare system is to change the “culture” in which we conduct our business and provide services. CA has begun a sustained effort to examine and improve its structure, management, and organizational culture. This effort is led by a group of professional change managers known as the Lean Team, employed by the Boeing Company, whose time and resources are donated. CA is learning new ways of working together, making decisions, and communicating with each other. Efforts are underway also to strengthen methods of communication with stakeholders and partners.

We know we must make progress on our reform agenda as we build organizational capacity. Our focus is on improving the lives of the children and families we serve. Every change we make, we do with that focus in mind.

The attached report card assesses how we are doing on the tasks we set for ourselves related to each of the areas identified above. We have hit the mark in some areas, not yet in others. In all areas, there is continued work that needs to be done. But overall, we are making progress and making it in areas that will set the right foundation for further and continued improvement.

DSHS Children's Administration Report Card
Safe Kids – Healthy Families
 May 2005 – May 2006

How We Are Doing – What the Data Tells Us

The primary goals of the Department of Social and Health Services (DSHS) Children's Administration (CA) focus on the themes of child safety, permanency, and the well-being of the children and families we serve. CA uses a variety of measures to monitor progress towards these goals.

GMAP (Government Management Accountability and Performance) is the process through which state government agencies demonstrate performance outcomes in key priority areas. DSHS and CA participate in quarterly GMAP presentations to the Governor and her Cabinet. During these sessions, CA receives valuable feedback regarding policies and practices to help improve performance.

An emphasis on child safety brought a mandate from the Governor for CA to respond to all child abuse and neglect referrals in a shorter period of time and to visit children more frequently. The GMAP process tracks progress on these priorities, along with outcome measures for the key priority areas.

Legend | Think "stop light"

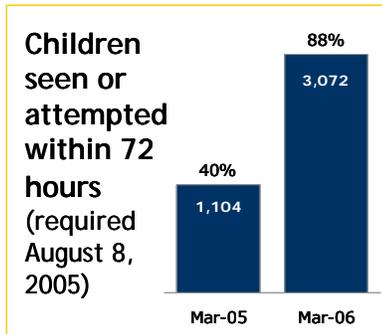
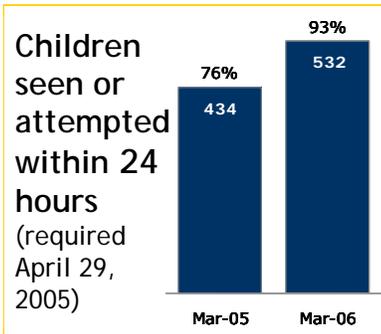
- GREEN = We're meeting or exceeding performance targets.
- YELLOW = A caution sign. We're watching this measure closely and are taking steps to bring it back on target.
- RED = Yikes! This performance measure is off track. Immediate action is needed.

Child Safety Priorities

Children will be safe from abuse and neglect

Responding quickly to abuse and neglect

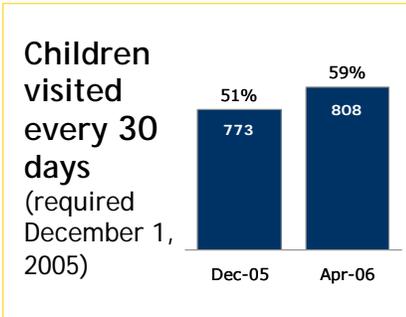
Seeing kids more quickly



State target: 90% by September 2006

Source: CAMIS SER download 06/09/06. Number is the total children needing visits.

Seeing kids more frequently
Social worker visits with children on in-home dependencies



Strategy

An increase in the number of social workers in FY 2007 (a need identified through the GMAP process) will enable us to make better progress on this measure.



State target: 90% by September 2006

Frequent social worker visits with children and families are associated with better outcomes in child and family well-being.

Note: This measure is a proxy for the 30-day visits. It actually captures any kind of visit. CA is developing a specific code to track 30-day visits. The new measure will be used in future reports.
 Source: CAMIS SER download 04/11/06.

Outcome Measures

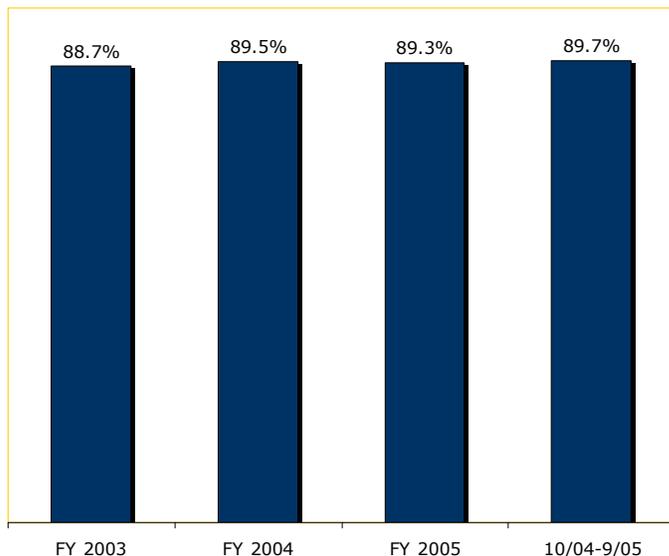
The following outcome data uses point in time or exit cohorts, which are all children exiting the system in a given year. National experts agree that using entry cohort data to track outcomes, rather than exit cohorts or point in time, allows one to more readily see the impact of policy changes.

CA has long-recognized the value of managing by entry cohort data and has used it on a limited basis since 2003, as resources allowed. CA is working to implement an efficient way to routinely run and access entry cohort data. Future report cards will display entry cohort data and newly developed targets.

Child Safety

Preventing recurrence of abuse and neglect

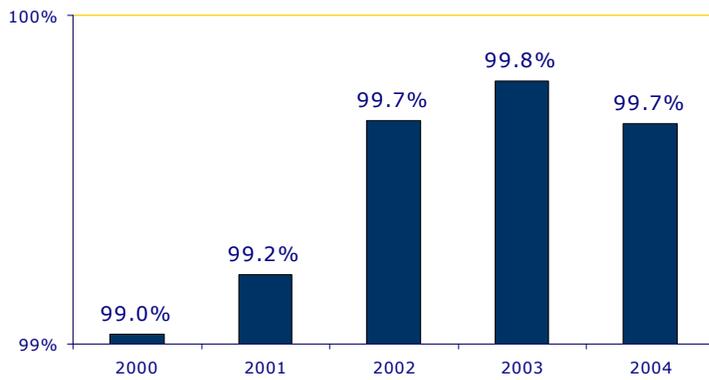
Percent of children not experiencing repeat maltreatment



Federal standard: 93.9% or better

Reducing incidence of abuse in foster care

Percent of children who are safe from abuse and neglect while in out-of-home care



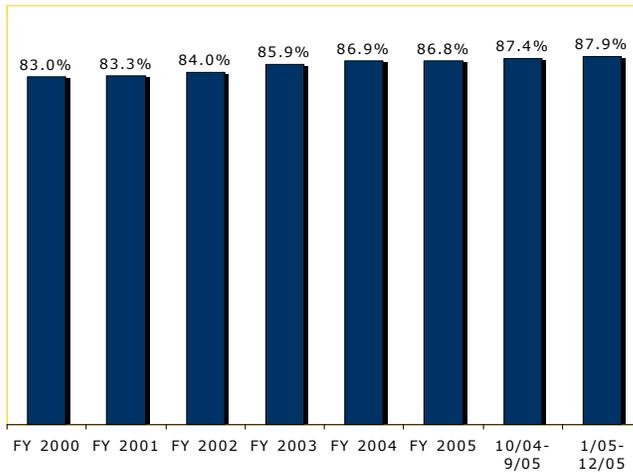
ON TARGET
 Federal standard:
 99.43% or better

Note: This is a federal measure that is updated annually.

Placement and Permanency

Preventing re-entry into out-of-home care

Percent of children in care who had not re-entered care within the prior 12 months

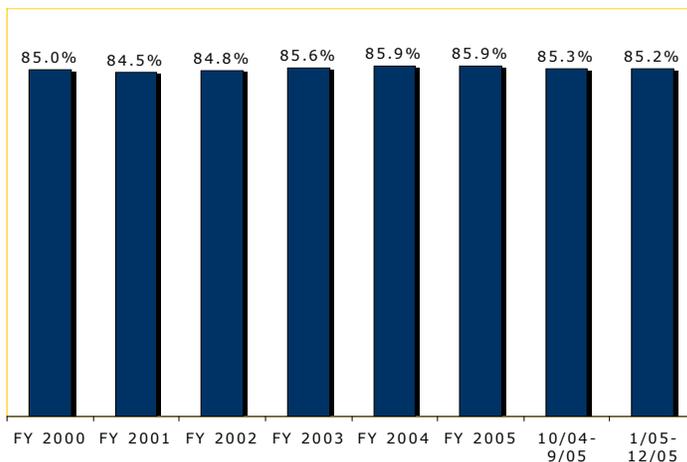


Needs Improvement
YELLOW

Federal standard:
 91.43% or better

Placing children in stable living situations

Percent of children with less than 3 placements (no more than one move)

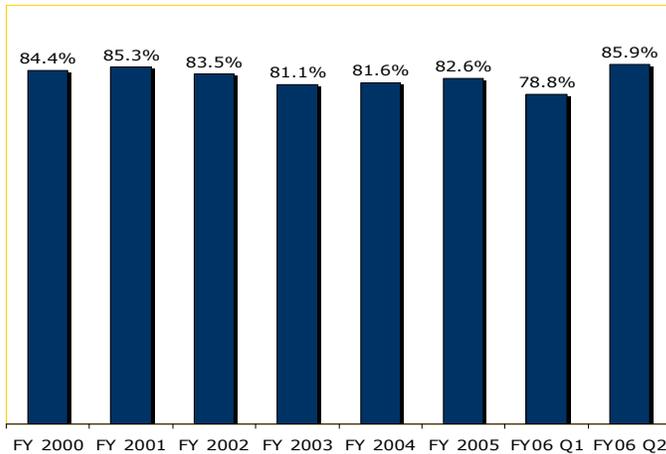


Needs Improvement
YELLOW

Federal standard:
 86.7% or better

Returning children home quickly

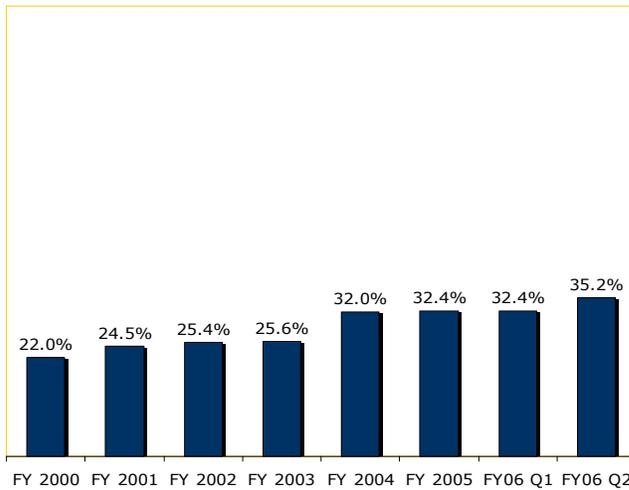
Percent of children returned home within 12 months of placement



Federal standard:
76.2% or better

Finding permanent families when children cannot return home

Percent of children adopted within 24 months



Federal standard:
32% or better

Note: This measures time from the date children were placed in out-of-home care. State and federal law requires us to work with parents at least 15 months to correct problems before we ask the court to end parental rights.

Where We Started One Year Ago – May 2005

Huge agenda focusing on discrete changes in response to many problems

- Child and Family Services Review / Program Improvement Plan
- Braam foster care lawsuit settlement agreement
- Child fatality review recommendations
- Kids Come First Phase II: Safe Kids—Healthy Families

	CFSR/PIP	Braam	Child Fatality Reviews	KCF2	Total of PIP/Braam/ Child Fatality Unduplicated**
Actions Steps	96	87	31	208	169
Sub-Steps	517	437 (approx)*	199	1099	898

*Numbers are based on the Braam Panel's February 2006 implementation plan. In the original agreement, there were 54 action steps and 286 sub-steps.

**Some steps are contained in both PIP and Braam and, of the 31 child fatality review steps, 20 are in PIP or Braam.

NOTE: Level of effort of each action step and sub-step varies significantly.

Problem: Lack of systemic focus and organizing principles – addresses dysfunction rather than core issues.

Little organizational capacity and follow-through to implement changes

- Business processes – multi-million dollar budget overspend
- Organizational culture – gaps between expectations and resources to do the job
- Automated management information system – not meeting needs

Problem: Lack of supporting infrastructure to do the job right.

Inconsistent practice around the state and organizational values not operational

- Expectations for practice – not well defined
- Policies and procedures – unclear, too many
- Service delivery – big variation in what and how services are delivered

Problem: Lack of clear direction to staff on what to prioritize and how to do the work.

Difficult relationships with community partners and service providers

- Contracted provider relationships – strained by budget cutting
- Community partners – insufficient trust and credibility
- Tribal relationships – unsatisfactory collaborative processes

Problem: Lack of clear communications and focus on solutions when working with partners in the child welfare system.

Fundamental Transformation of the System

Fundamental changes are underway in CA to help children and families in the state's child welfare system get the services and the support they need to rebuild their lives and families.

This culture shift requires a strong foundation that will support and sustain:

- Consistent and best child welfare practices
- Accountability in conducting day-to-day business
- Improved outcomes for families
- Improved options for services
- Improved options for out-of-home placements for children
- Support for a strong workforce that has the tools needed to do their jobs.

Over the past year, CA leadership has identified problems, planned for sustainable improvements, and begun rebuilding.

Achieving Success Requires Focused Work in Four Key Areas

Strong Practice

- Clearly define practice model
- Invest in resources and tools to support practice
- Clarify roles and responsibilities
- Redesign Child Protective Services/ Child Welfare Services structure

Strong Workforce Support

- Invest in supervisors
- Streamline paperwork, policies, procedures, tools
- Reduce caseloads
- Focus on recruitment/retention of quality staff
- Develop leaders

Strong Services

- Guide investments through evidence-based practices
- Involve youth advisory boards
- Create a basic service array - consistent and available statewide - through contracts review

Strong Business Processes

- Implement a comprehensive and functional management information system (SACWIS)
- Develop a financial and resource management accountability system

Strong Practice

Child Safety – Keeping children safe is the basis for the work done by CA. Seeing kids quickly following child abuse and neglect allegations and visiting with children living at home while under the department's care are safety priorities.

A year ago

- Policy requires social workers to begin investigating allegations of child abuse within 24 hours, when referrals indicate risk of serious harm, and within 10 days for other referrals requiring investigations.
- Some kids go as long as 90 days before a social worker makes a visit.
- Governor Gregoire requests that timelines for seeing children involved in a report of abuse or neglect be shortened and children be visited by social workers more often.

Today

- Policies have changed. Social workers now are required to conduct face-to-face visits or attempt the visits with children at the highest risk of abuse within 24 hours of receiving a referral of maltreatment. All other children are seen within 72 hours instead of 10 days.
- Children under the state's care, but living in their own homes, must be visited every 30 days. We are not currently meeting this mandate, hitting our target only 59 percent of the time.
- In March 2006, social workers reached or attempted to reach more than 3,000 allegedly abused and neglected children within the mandated timeframes.

Next Steps

- The Governor supported funding in the 2006 supplemental budget to begin hiring nearly 200 new staff to support the 30-day visits to kids in their own homes. Her plan calls for additional workers in the next biennium. Once fully staffed, social workers will be able to visit all kids in state care every 30 days, whether in their own homes, in foster care, or placed with relatives.

New Practice Model – Quicker responses and more visits by social workers are not enough to rebuild and improve the lives of children and families. Families need to quickly engage in services as soon as their needs have been identified in order to succeed. Investing in a new practice model will help social workers make the cultural and institutional shift to earlier and more successful family engagement and service interventions. Providing services to families early is a long-term investment strategy.

A year ago

- Social work practice and family service options are inconsistent and inequitable across the state.
- The differing roles that social workers have throughout the child welfare system are unclear in some cases. Offices have different practices on when to transfer cases from Child Protective Services (the child abuse investigative arm) to Child Welfare Services (which usually deals with family services and placement decisions).
- Support of foster parents in managing challenging child behaviors is lacking in many areas.

Today

- CA is developing a practice model that will make social work practice more consistent throughout the state, while ensuring the continuation of local programs which meet specific community needs. Development is integrated with other major initiatives, such as building requirements for the new SACWIS (automated information system), contracts review, and implementation of evidence-based programs. The practice model team is involving staff and stakeholders in the development of the model.
- Offices are implementing Family Team Decision-Making meetings as much as possible within existing resources. This increases family and caregiver participation in establishing plans for children.
- Foster parents are not always viewed as critical team members, although ongoing efforts and increased focus on gathering input and notifying foster parents of hearings and staffings are underway.

Next Steps

- A redesign of how child protection investigations and child welfare services are handled will be tested starting in June 2006. The redesign clarifies the roles of investigation and ongoing service provision.
- The new practice model will include training social workers to engage children and families in services as early as possible. Early services will help avoid the harm children experience

because of ongoing or repeat abuse and neglect. Engaging families early will help prevent the need to place children in out-of-home care. Skill-building for social workers is an important part of the new model.

- A foster parent survey conducted by Washington State University will help us identify critical areas where we need to focus attention on support, inclusion, and training.
- The practice model also will address the partnership role of foster parents in caring for children and assisting with maintaining family relationships when possible.

Placement and Permanency – Some children can be kept safe from abuse or neglect only by moving to foster homes or relatives. Finding homes that suit the needs and personalities of those children is critical to their sense of security and stability. The ultimate goal is to reduce the number of times children move between homes in efforts to find suitable placement. If a child cannot be reunited with the family, the department must find a safe and permanent place for the child to call home as soon as possible.

A year ago

- CA struggles to identify sufficient and appropriate placement resources for these children.

Today

- The struggle of finding appropriate placements continues. This is a nation-wide issue that cannot be solved with only one approach.
- A statewide contract for foster parent recruitment and retention yielded a “break even” effort and did not provide an overall increase of out-of-home care options.
- Placement resources are being examined in order to identify many out-of-home care options so kids can have families that give them security and stability and meet their unique needs.

Next Steps

- A plan is under development to create out-of-home care options that include relative care, kinship care, foster care, and group care.
- The Boeing Lean Team is working with licensing staff to create a future vision and culture and to make significant business process improvements, such as a shortened licensing process cycle time.
- Children will be placed within their families or with other people familiar to them whenever possible.

Strong Services

Child and Family Well-being – Children served by CA must experience improvement in their lives. This is accomplished through services provided to a child and his or her family. Service options must be available to meet the varied needs of children and their families. For instance, a father with mental health issues or a mother facing substance abuse would not be well-served through offers of only parenting classes or anger management.

A year ago

- Access to services varies across the state.
- The quality of the services provided is inconsistent.

Today

- CA is working to improve and expand the types of services available throughout the state, including the use of evidence-based programs.
- CA offers two evidence-based programs:

- Multidimensional Treatment Foster Care (MTFC)
- Functional Family Therapy (FFT).

Next steps

- Two additional evidence-based programs will be implemented in the coming year.
- Performance-based contracts begin July 2006.
- New services that target families referred for neglect begin in 2007.
- The new practice model and SACWIS support a pathway between assessing families' needs, planning their treatment, and early engagement in appropriate services.
- The historically underspent Family Support Services budget provides the opportunity for developing an evidence-based service array that will match to the current needs of families to improve their ability to safely parent their children.

Strong Business Processes

Budget Management – The public has the right to expect that state agencies abide by strong fiscal policies and make wise and effective use out of every dollar. CA must show the public that it is accountable and that it can effectively budget limited resources. Revamping the way we conduct business will allow CA to effectively manage resources, support field operations, increase accountability, and better forecast the need for resources.

A year ago

- In January 2005, CA projected to significantly overspend its budget.
- Efforts to bring spending into alignment with the legislatively authorized budget contributed to broken relationships between headquarters, field offices, business partners, and other key stakeholders.

Today

- CA is enhancing knowledge, skills, and abilities in budgeting.
- CA is on-target for expenditures in administrative and field services, foster care, and adoption support services. It is significantly underspent in the family support services category.

Next Steps

- Build better budget tracking tools so regions can effectively plan and track budgets and the leadership team can monitor overall spending levels and make timely mid-course adjustments.
- Develop methods for equitable service payment rates.

Contract Management – About 40 percent of the children's budget is spent on contracted services. That leaves the department with the responsibility of ensuring that services paid for are delivered and that they meet the needs of our clients.

A year ago

- The automated contracts database was disorganized and not maintained with up-to-date information; 44 percent of all contracts were inaccurately showing as active.
- CA began an independently led review of all its contracts.

Today

- The automated contract database is 99 percent accurate and is organized by service type.
- As of May 2006, CA reviewed 928 contracts and implemented the following contract changes:
 - Contracts clearly outline the exact services that will be provided

- Payments are based on a fee-for-service or on a monthly invoice tied to a detailed budget in the contract.
- Changes that enhance availability and effectiveness of services have been addressed jointly with contracted service providers.

Next Steps

- The contracts review is improving business practices in contracts in the short term and will provide better service options in the long run, such as an improved alternative response to child abuse investigations.

Community relationships – CA must work with other public and private community partners to develop and coordinate case planning for children receiving services through the child welfare system. We have a responsibility to support and build relationships with courts, foster parents, schools, Tribes, and community service providers who also work directly with our children and families.

A year ago

- The role of the statewide Children, Youth, and Families Services Advisory Committee is unclear and some parts of the child welfare system are not represented.
- Community relationships are strained because of CA's budget problems.
- Contracts with service providers lack procedures for fiscal and program accountability.
- No formal ongoing relationship exists between the court system and CA management.
- Family to Family pilots operating in offices meeting accreditation standards.

Today

- The Children, Youth and Families Services Advisory Committee has a new charter, broader representation, and is serving in a formal advisory role.
- Discussions with contracted community partners are in progress to improve service contracts and business relationships.
- CA is meeting quarterly with the chairs of the child and family law subcommittee of the superior court judges association, the juvenile court association, and the administrative office of the courts to work on statewide issues as they arise.
- A revised "Statewide Agreement of Mutual Understanding between Children's Administration and the Washington State Court Appointed Special Advocate (CASA) Program" is signed. This lays the ground work for CA's relationship with the CASA programs around the state.
- A statewide Memorandum of Understanding between CA and the Office of Superintendent of Public Instruction is completed and 57 local school agreements are signed. These address issues such as transportation for children placed in out-of-home care.
- The appointment of an experienced Indian Child Welfare manager and the recent annual summit is increasing our focus and the opportunities to work with Tribal representatives on critical Indian Child Welfare issues.

Next steps

- Statewide collaboration protocols provide a foundation for consistent methods of communication and collaboration between CA and its service providers.
- Continue ongoing efforts to build partnerships community by community through the Family to Family initiative and the accreditation process.

State Automated Child Welfare Information System (SACWIS) – CA’s current information system (CAMIS) is antiquated and can not provide the information and reports needed to help social workers and managers do their jobs.

A year ago

- CA lays the groundwork for replacing the aged CAMIS system with a new state of the art information system that will help capture data needed to meet federal requirements and help social workers do their jobs.

Today

- The 2006 Supplemental budget includes \$7.6 million for a new automated information system.

Next steps

- The RFP for a implementation vendor is planned for release in August 2006 with a projected start in the Winter 2007.
- The case and provider management portion of the new system will be implemented in the Fall 2008. Finance and contracted services functionality and interfaces will follow.
- The new system to improve case management and reinforce good practice will be fully implemented in Spring 2009.

Strong Workforce

Reduced Caseloads – For some time, CA has operated with a funded ratio of one social worker to every 24 children. This caseload size limits social workers’ ability to visit frequently with children on their caseloads and to do all of the many things required of them. According to national studies, frequent visits with children are associated with better performance on many of the other child welfare outcomes.

A year ago

- The caseload average is 1:26.

Today

- Caseload average is about 1:24 in April 2006.
- The number of new social workers acquired in the 2006 Supplemental budget will be recruited, hired, and trained throughout Fiscal Year 2007.

Next steps

- Request funding for additional social workers in the 2007-2009 Biennial budget to enable social workers to visit all children every 30 days.
- Contract for a workload study of direct service workers to understand the time and staff needed to comply with statutory and policy requirements. The study also will provide an analytical tool to assess the impact of policy initiatives on workflow.

Workforce Safety – Child welfare social work is a dangerous profession. Every day, social workers go into the homes of families in crisis and run the risk of becoming the focus of an assault. In 2005, the Legislature created a workgroup to make recommendations for responding to the sometimes volatile, hostile, and threatening situations faced by social workers. The workgroup provided its report to the legislature in December 2005.

A year ago

- There is no peer support system for second-hand trauma.
- Recourse for injuries on the job applies only to workers in institutions.

- The legislatively mandated workgroup on worker safety is formed.

Today

- A statewide critical incident response task force completed an initial draft of statewide protocols.
- Social workers get same compensation for worker injuries as do nurses and others who work in DSHS institutions.
- Satellite phones are available to social workers in areas of the state without cell phone coverage. In areas where satellite phones do not work, radios have been ordered and access to the Washington State Patrol radio frequencies is being arranged.

Next steps

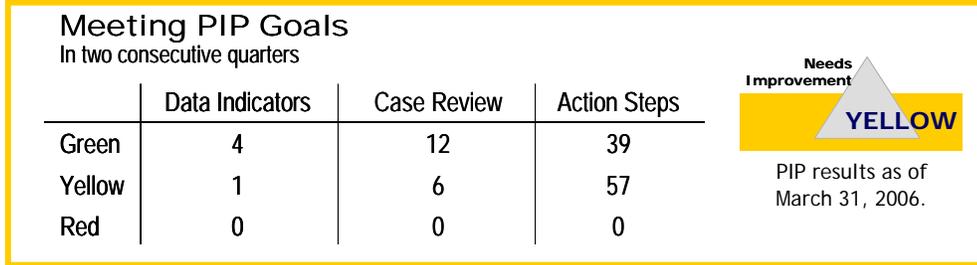
- Yearly safety training for all staff.
- Implement protocols to support staff involved in incidents and improve debriefing and communication.
- Identify and implement a process that allows social workers to access databases containing critical information regarding dangerous clients.

Appendix A – Federal Child and Family Services Review

Program Improvement Plan (PIP)

An item is considered achieved when the PIP goal is met for two consecutive quarters. Achieving the goal by September 2006 means meeting:

- 5 of 7 federal data indicators that were not met during the review
- 18 of 23 case review items
- 96 action steps.

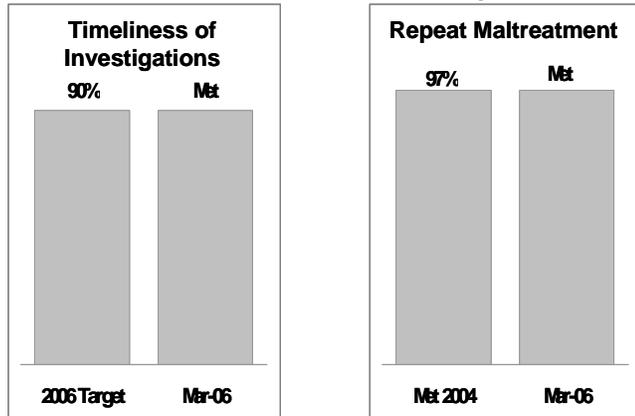


Federal Data Indicators - Child Safety

	Federal Review Results	2006 Target	March 2006
Repeat Maltreatment	10.8%	9.9% or less	Met
Abuse and Neglect in Foster Care	.32%	.57% or less	Met

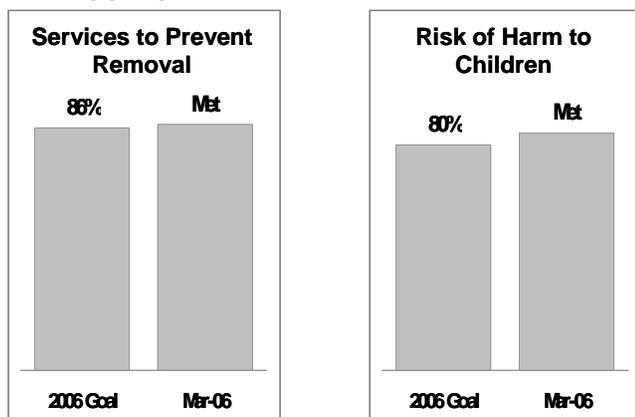
Case Review - Child Safety Outcome 1

Children are first and foremost protected from abuse and neglect



Case Review - Child Safety Outcome 2

Children are safely maintained in their own homes whenever possible and appropriate



Federal Data Indicators - Permanency

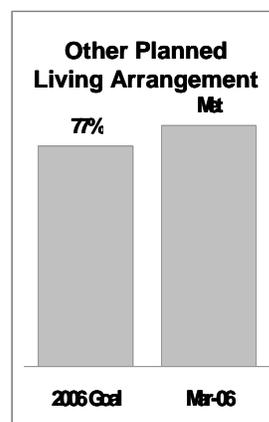
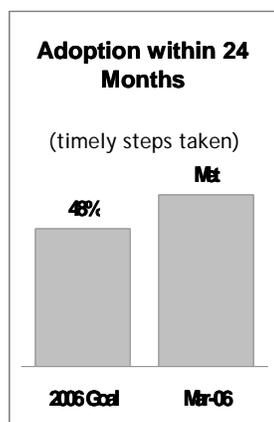
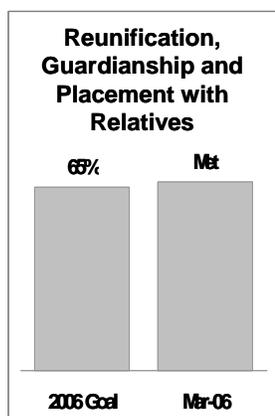
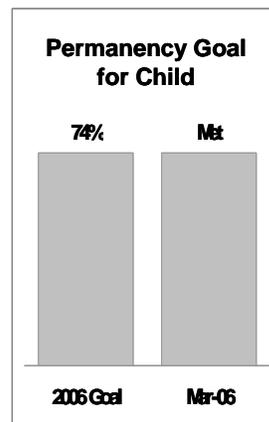
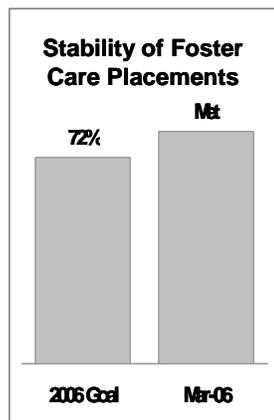
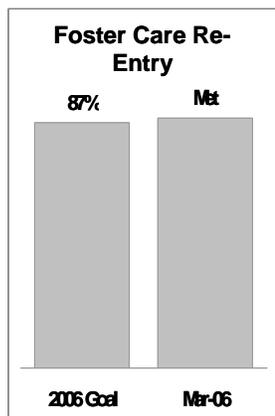
	Federal Review Results	2006 Target	March 2006
Re-Entry into Out-of-Home Care	14.8%	11.55% or less	Met
Stability of Placement	83.7%	86.1% or more	85.2%
Reunification	81.6%	76.2% or more	Met
Adoption	26.7%	27.5% or more	Met

Strategy

- Expand Family Team Decision-Making (FTDM). FTDM is showing good initial results in stabilizing placements when kids are in out-of-home care. FTDM has piloted in Spokane, Yakima, Vancouver, Tacoma, Bremerton, and two sites in King County, covering about 40 percent of the state.
- Improve skill-based training for foster parents, including the use of evidence-based programs to help manage the behavioral problems of children in care and prevent the need for placement changes.
- Advertise the statewide after-hours crisis support line for foster parents and caregivers, operating after business hours, when social workers and foster care licensors are not available. Crisis line workers listen and offer advice about managing children with emotional or behavioral problems.

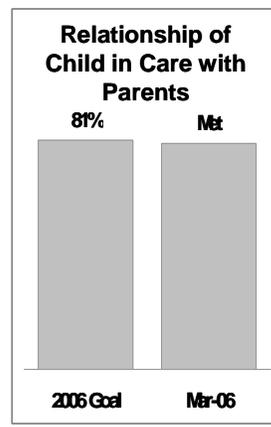
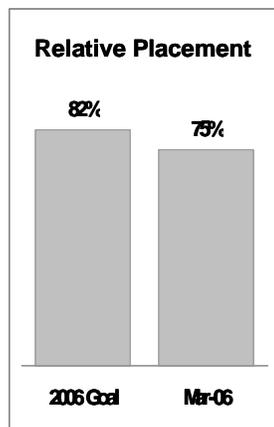
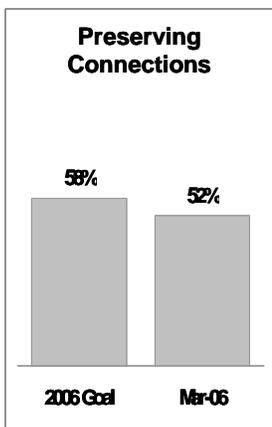
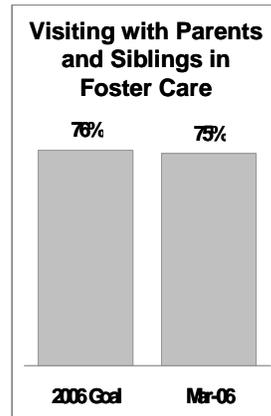
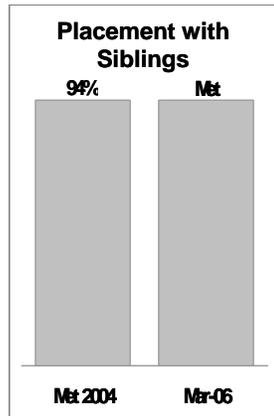
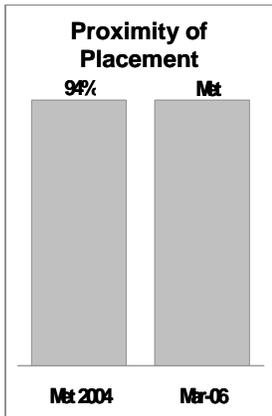
Case Review - Permanency Outcome 1

Children have permanency and stability in their living situations



Case Review - Permanency Outcome 2

The continuity of family relationships and connections is preserved for children

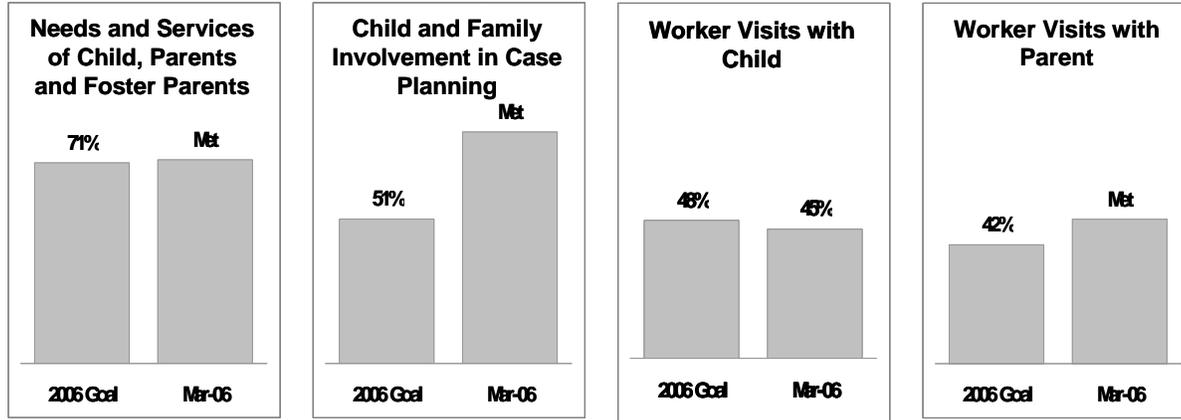


Strategy

- Increase resources for parent-child and sibling-child visits when children are in out-of-home care. Expand Family Team Decision-Making (FTDM). Families, children, friends, and relatives are participating in high numbers in the pilot sites. An early FTDM meeting leads to the identification of relatives as placement and support resources and maintains family connections.
- Incorporate in the new practice model methods to engage families early in services that keep children safe in their own homes.
- Improve access to services and supports for unlicensed relative and kinship caregivers to maintain placement with a family known to the child.
- Improve tools for conducting Native American ancestry and relative searches.

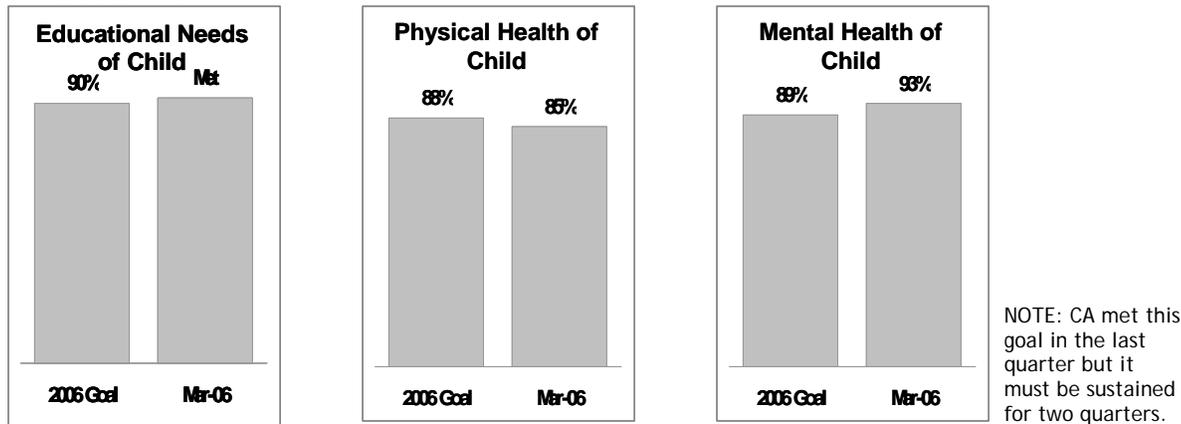
Case Review – Child and Family Well-Being Outcome 1

Families have enhanced capacity to provide for their children’s needs



Case Review – Child and Family Well-Being Outcome 2 and 3

Children receive appropriate services to meet their educational and physical and mental health needs



Strategy

- Education advocates are stationed in all six CA regions across the state to help foster children graduate from high school and move on to future educational opportunities.
- Improve tools for matching children with appropriate evidence-based programs that meet their mental health needs.
- Integrate Pre-Passport and Passport into a new Child Health and Education Tracking (CHET) model and improve screening tools.
- Assess medical and mental health approaches for children in out-of-home care.

Appendix B – Foster Care Lawsuit Settlement Agreement

As part of an August 2004 settlement agreement in a class-action lawsuit filed on behalf of children in the state's foster care system, an oversight panel of five child welfare experts and advocates was selected to monitor compliance and the program improvement goals agreed to in the settlement.

The panel has the general responsibility to work collaboratively with the department to develop outcomes, benchmarks, and action steps and to establish professional standards regarding each of the six areas identified in the settlement agreement:

- Stable placements
- Mental health services
- Foster parent training and support
- Unsafe or inappropriate placements
- Separation of siblings when placed in out-of-home care
- Services for adolescents

The settlement agreement is a mixture of specific action steps from the reform plan, time tables, and benchmarks with broad improvement goals. The Braam Oversight Panel released an implementation plan in February 2006.

CA is making significant progress on the action steps and is engaged in reforming the system to improve outcomes, not only for children in foster care, but for all children and families served by the child welfare system. Expectations about the pace, scope, and progress over time, along with the magnitude of moving all of the 53 measures nearly simultaneously, will challenge the organizational capacity to deliver and sustain improvements.

The first of the ongoing monitoring reports was issued by the panel on March 28, 2006, covering the performance period from July 24, 2004, the effective date of the settlement agreement, through December 31, 2005. It was limited to a review of the action steps. Baselines for the measures will be set later. The Panel concluded that CA had failed to complete 32 of the action steps.

It is difficult to get a precise count of action steps completed, for several reasons. There is much duplication and overlap in the implementation plan and some mixing of action steps and sub-steps. In some cases, an action step is marked incomplete even though sub-steps are not yet due.

We are working with the plaintiff's attorneys and panel members to make future monitoring reports clear, functional, and useful in helping all parties involved improve conditions for Washington's foster children. This work includes proposing revisions to the implementation plan to reduce duplication and focus on outcomes rather than processes.

Settlement Agreement Implementation Plan

Implementation Plan

- 53 Benchmarks
- 87 Action Steps
- 437 sub-steps (approx)

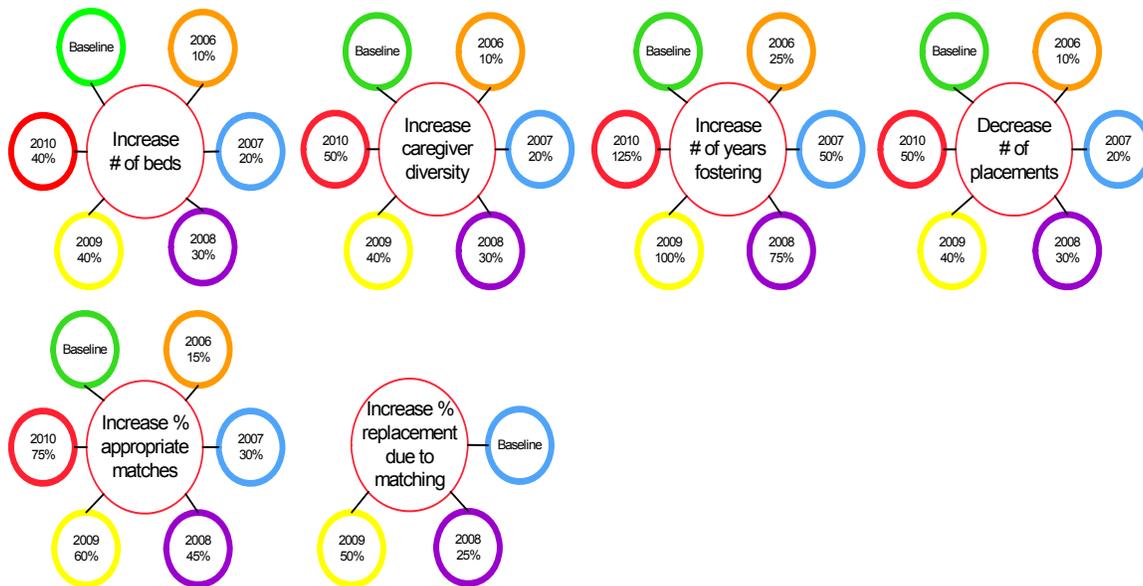


March 30, 2006

The following charts indicate the scope and magnitude of the expected progress and pace of making improvements. Large circles represent measures and smaller circles indicate the percent of progress required each year.

Placement Stability

GOAL 1: Each child in the custody of the Department shall have a safe and stable placement with a caregiver capable of meeting the child's needs.

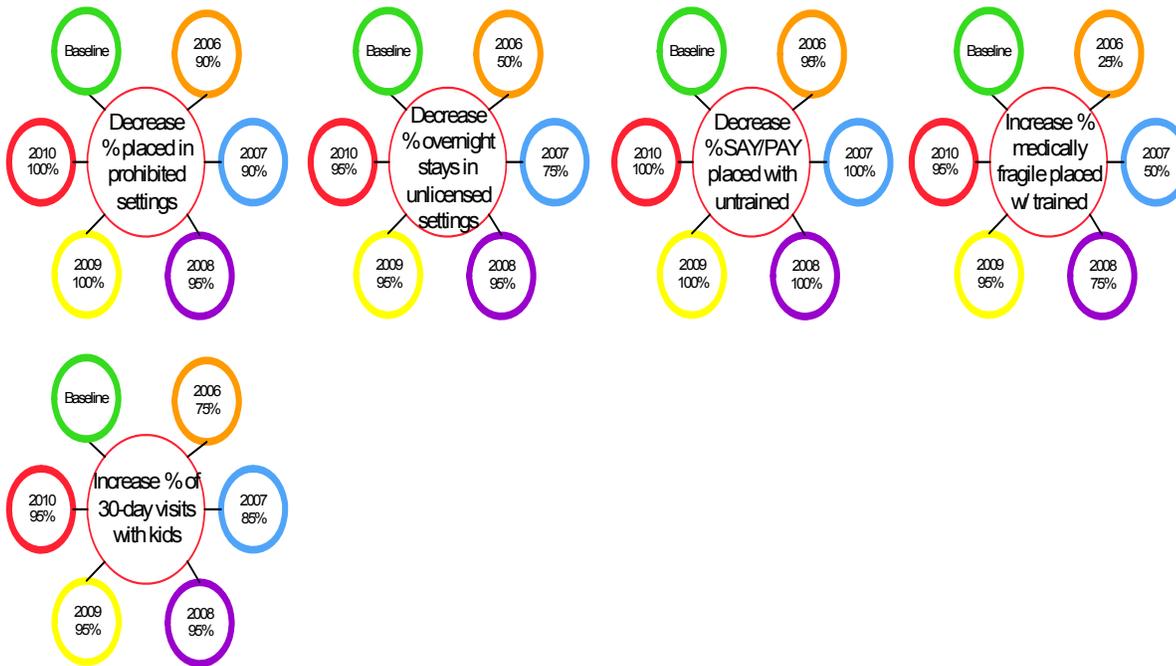


<p>3.2.1</p> <p>Implement Family Team Decision Making Meetings (FTDM) (5 sub-steps)</p>	<p>6.1.1</p> <p>Require multi-disciplinary case staffings for children who have been in 3 or more placements (7 sub-steps)</p>	<p>6.1.3</p> <p>Provide respite to resource families to support placements at risk of disruption (5 sub-steps)</p> <p>MH</p>	<p>6.1.4</p> <p>Notify child's rep prior to placement move, except in emergencies which is next day (3 sub-steps)</p>	<p>6.1.5</p> <p>Review and revise ISSP & guidelines to address child's placement history at each dependency review hearing (3 sub-steps)</p>
<p>6.2.2</p> <p>Implement strategies to increase appropriate matching at time of placement (7 sub-steps)</p>	<p>6.2.3</p> <p>Implement strategies to increase appropriate matching between children and caregivers (7 sub-steps)</p>	<p>6.2.7</p> <p>Implement the RFP for providing statewide foster parent support and recruitment (9 sub-steps)</p> <p>FP SS Ad</p>	<p>6.2.8</p> <p>Implement the RFP for providing statewide school-based foster parent recruitment (3 sub-steps)</p> <p>SS</p>	<p>8.3.2</p> <p>Develop and implement initial assessment policy to support immediate relative placements (9 sub-steps)</p>
<p>8.3.3</p> <p>Implement relative home study (9 sub-steps)</p>	<p>8.3.4</p> <p>Hire and train relative search staff to support finding potential relative resources (3 sub-steps)</p> <p>SS</p>	<p>13.1.1</p> <p>Revise policy & procedure re: when/how service plans (ISSP) are written & updated (5 sub-steps)</p>	<p>14.1.8</p> <p>Develop a plan by 6/30/05 for review and approval by Braam Panel to reduce caseloads to COA standards (3 sub-steps)</p>	<p>17.2.1</p> <p>Develop and implement pilot programs providing therapeutic foster care (4 sub-steps)</p>
<p>21.1.1</p> <p>Develop and implement revised policy framework for kinship care (6 sub-steps)</p>	<p>24.1.3</p> <p>Develop and implement state and regional resource mngmnt plans (2 sub-steps)</p>			

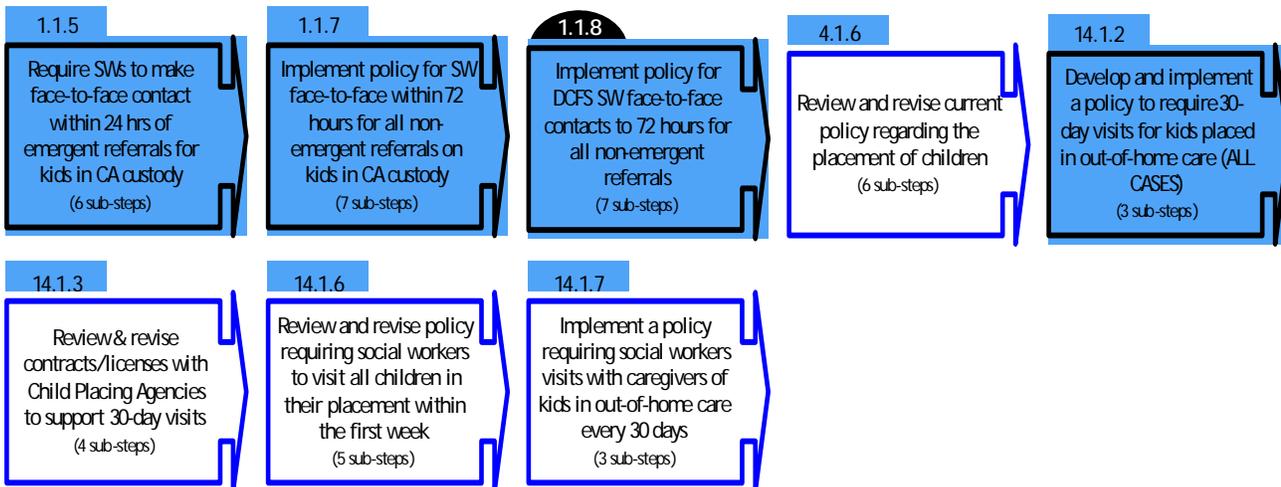
Rectangles with BLACK TABS indicate new action steps developed by Braam Panel in the February 2006 Implementation Plan. SHADED boxes indicate COMPLETED items. Lightly shaded boxes indicate that implementation has occurred; however, additional steps are still in progress (such as reporting). Status is based on CA's December 2005 Braam status report. Action Steps that support multiple Practice Areas are listed in the section where they first appear and include an indicator for the other areas in which they appear (i.e. "SS" = Sibling Separation)

Unsafe / Inappropriate Placements

GOAL 1: All children in DCFS's custody shall be placed in safe placements.

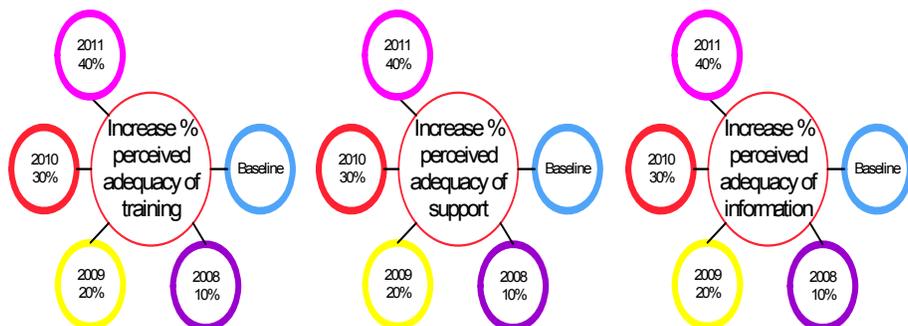


GOAL 2: The State shall continue to meet or exceed the federal standard for out-of-home care safety measure.

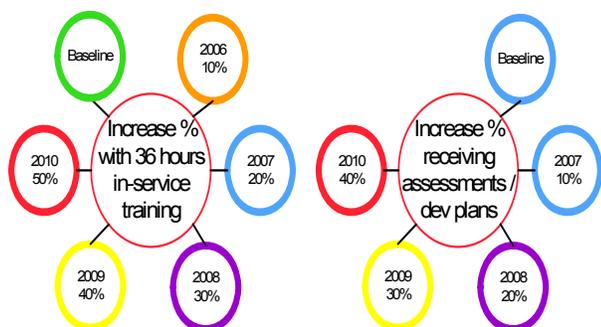


Foster Parent Training and Information

GOAL 1: Caregivers shall be adequately trained, supported and informed about children for whom they provide care so that the caregivers are capable of meeting their responsibilities for providing for the children in their care.



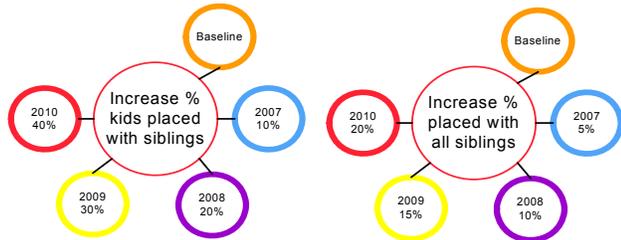
GOAL 2: The Department shall offer and provide accessible pre-service and in-service training to all caregivers sufficient to meet the caregiving needs of children in placement.



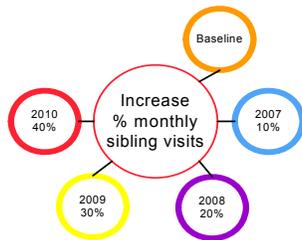
<p>New</p> <p>Contract with SERSC to implement caregiver survey (8 sub-steps)</p>	<p>4.2.3</p> <p>Develop and provide training on engaging families, relatives, and fathers (4 sub-steps)</p>	<p>6.2.1</p> <p>Implement statewide after-hours support crisis line for foster parents and caregivers (7 sub-steps)</p>	<p>6.2.5</p> <p>DLR Licensors develop and implement annual assessment and development plans for foster parents (8 sub-steps)</p>	<p>16.3.1</p> <p>Provide foster parents and caregivers with child's Passport at time of placement or within 5 days (6 sub-steps)</p>
<p>16.3.2</p> <p>Provide foster parents and caregivers with results of all screenings within 5 days (6 sub-steps)</p>	<p>16.3.3</p> <p>Increase participation of foster parents and caregivers in Pre-Passport staffings (4 sub-steps)</p>	<p>22.1.2</p> <p>Develop and implement cross-training between foster parents and staff (3 sub-steps)</p>	<p>22.2.2</p> <p>Require notification to all resource families and provide support to increase participation (8 sub-steps)</p>	<p>40.2.1</p> <p>Implement a policy requiring ongoing training for caregivers including engagement training (6 sub-steps)</p>
<p>40.3.2</p> <p>Develop a plan, subject to review and approval of the Panel, for training of unlicensed caregivers (3 sub-steps)</p>				

Sibling Separation

GOAL 1: Improve the quality and accessibility of services to adolescents in the custody of DCFS consistent with the allegations set forth in Section II, Paragraph 2.3 of the Plaintiffs' Fifth Amended Complaint.



GOAL 2: Frequent and meaningful contact between siblings in foster care who are not placed together and/or those who remain at home should occur, unless there is a reasonable basis to conclude that such visitation is not in the best interest of the children.



7.1.5

Implement case conferences 30 days prior to dispositional (fact-finding) hearing (4 sub-steps)

12.1.5

Submission and implementation of the IV-E Demonstration Waiver (REMOVED) (4 sub-steps)

18.1.1

Develop policies and protocols regarding visitation framework (6 sub-steps)

Mental Health

GOAL 1: Each child in the custody of DCFS shall have an initial physical and mental health screening within 30 days of entry into care.



New

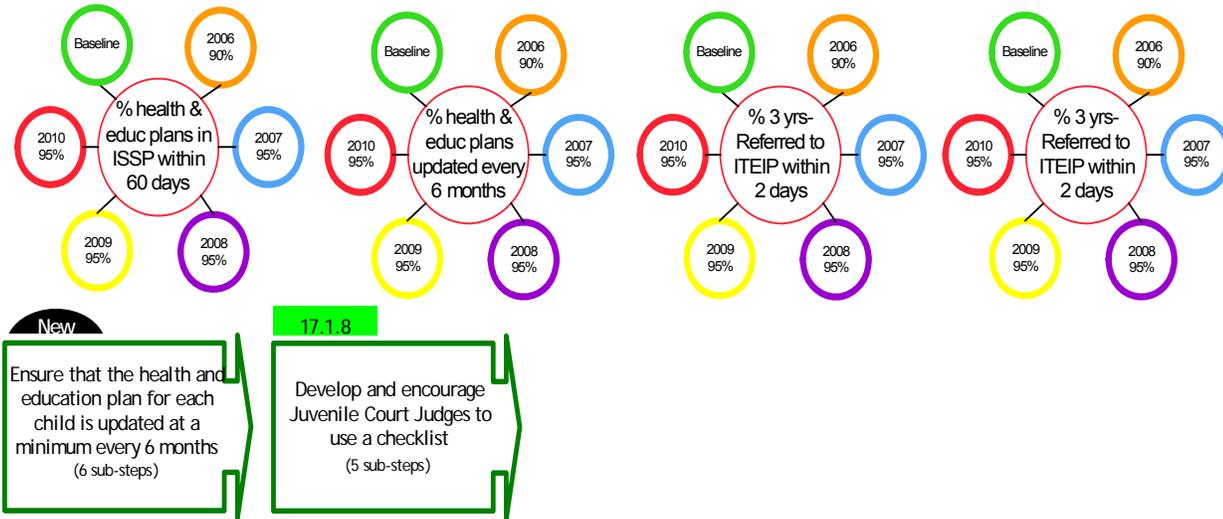
Develop a plan to meet Outcome 1 and COA standards for children to receive health screen within 72 hours (7 sub-steps)

New

Develop a plan to review and ensure the quality of the CHET process that will address issues (8 sub-steps)

Mental Health (continued)

GOAL 2: Plans to meet the special needs of children in the custody of DCFS will be included in child's Individual Service and Safety Plan (ISSP).



GOAL 3: Children in the custody of DCFS shall receive timely, accessible, individualized and appropriate mental health assessments and treatment by qualified mental health professionals consistent with the child's best interest .

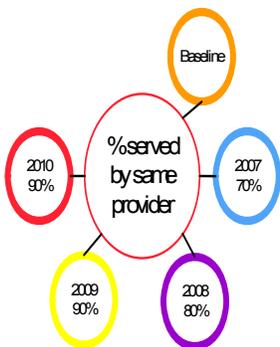


Mental Health (continued)

GOAL 3: continued

<p>17.1.7</p> <p>Periodically reassess foster children's mental health needs (4 sub-steps)</p>	<p>New</p> <p>Include families, caregivers, Tribes, etc in planning and decision-making regarding mental health services (5 sub-steps)</p>	<p>New</p> <p>Ensure children's access to MH crisis line, foster parent knowledge of MH crisis line, and referral to foster parent crisis line (5 sub-steps)</p>	<p>New</p> <p>Provide notification of right to administrative review (2 sub-steps)</p>	<p>New</p> <p>Develop a process to assess services and outcomes for children from diverse racial and ethnic backgrounds. (6 sub-steps)</p>
<p>New</p> <p>Ensure that translation and interpretation services are available (2 sub-steps)</p>	<p>16.1.4</p> <p>Using CHET, identify service gaps & create plans to fill gaps thru maximizing local resources (4 sub-steps)</p>	<p>16.2.1</p> <p>Improve availability and utilization of regional medical consultants (3 sub-steps)</p>	<p>New</p> <p>Implement "No Wrong Door" Shared Planning policy Now (7 sub-steps)</p>	<p>17.1.4</p> <p>Complete implementation of the newly developed agreements with RSN (3 sub-steps)</p>
<p>New</p> <p>Update RSN contracts regarding number and reason for denials (4 sub-steps)</p>	<p>New</p> <p>Identify and implement strategies to provide alternative plans, assessments, and treatment services for denied children (5 sub-steps)</p>	<p>New</p> <p>Conduct annual review of services, identify MH service gaps, and make plans to fill gaps and use EBP where applicable (5 sub-steps)</p>	Ad	

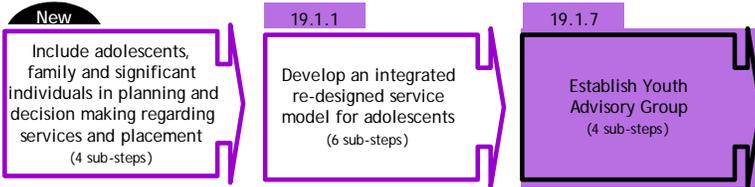
GOAL 4: Continuity of treatment providers will be maintained, except when it is not in the best interest of the child.



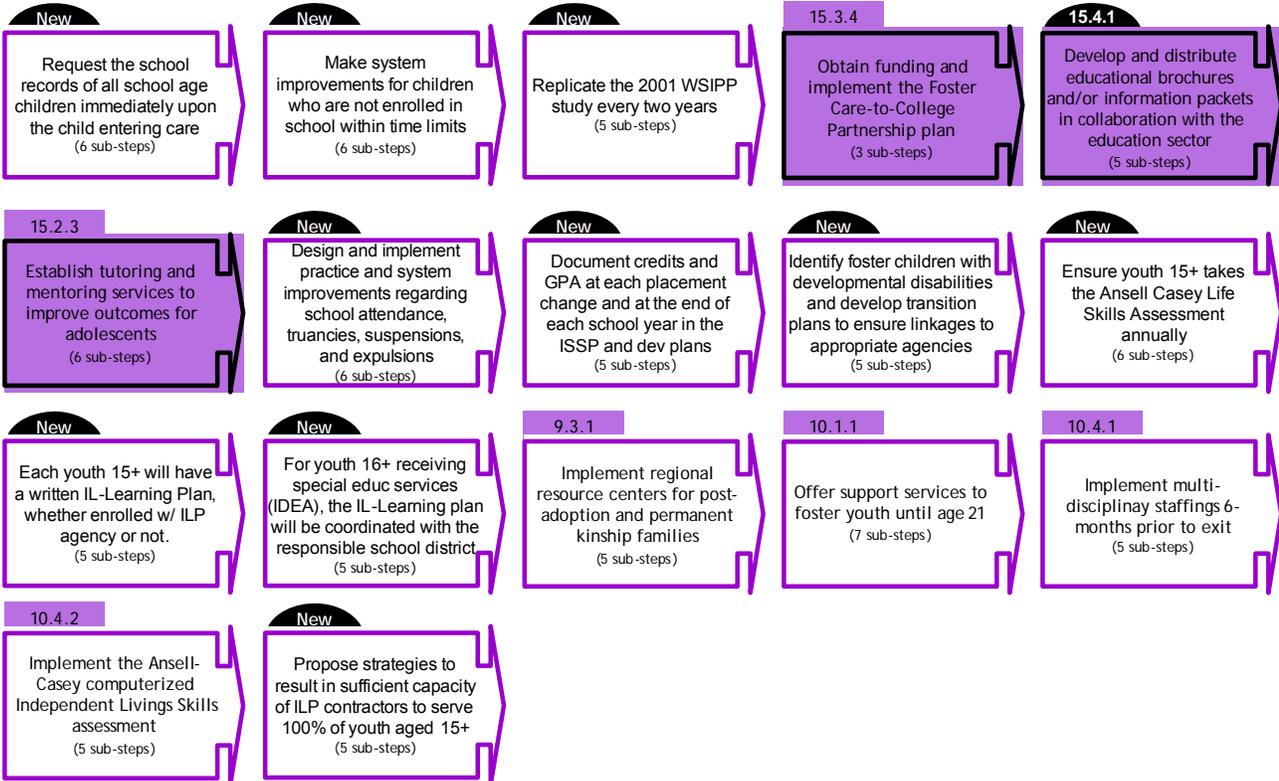
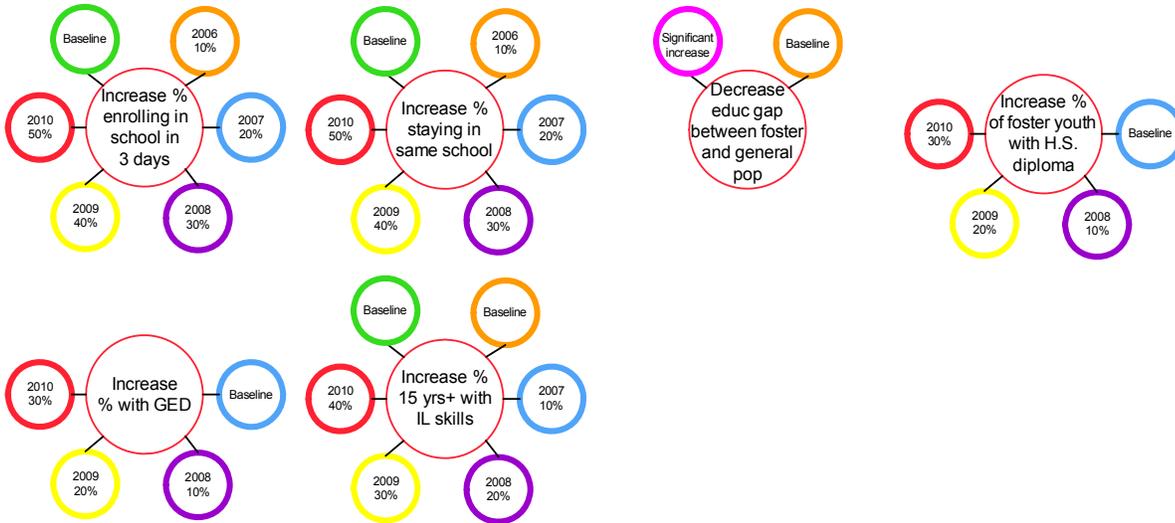
<p>New</p> <p>Develop and implement policy discouraging short-term interns as primary treatment providers (5 sub-steps)</p>	<p>New</p> <p>Implement strategies to increase the likelihood a child will have the same individual provider over course of MH care (4 sub-steps)</p>
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Services to Adolescents

GOAL 1: Improve the quality and accessibility of services to adolescents in the custody of DCFS consistent with the allegations set forth in Section II, Paragraph 2.3 of the Plaintiffs' Fifth Amended Complaint .

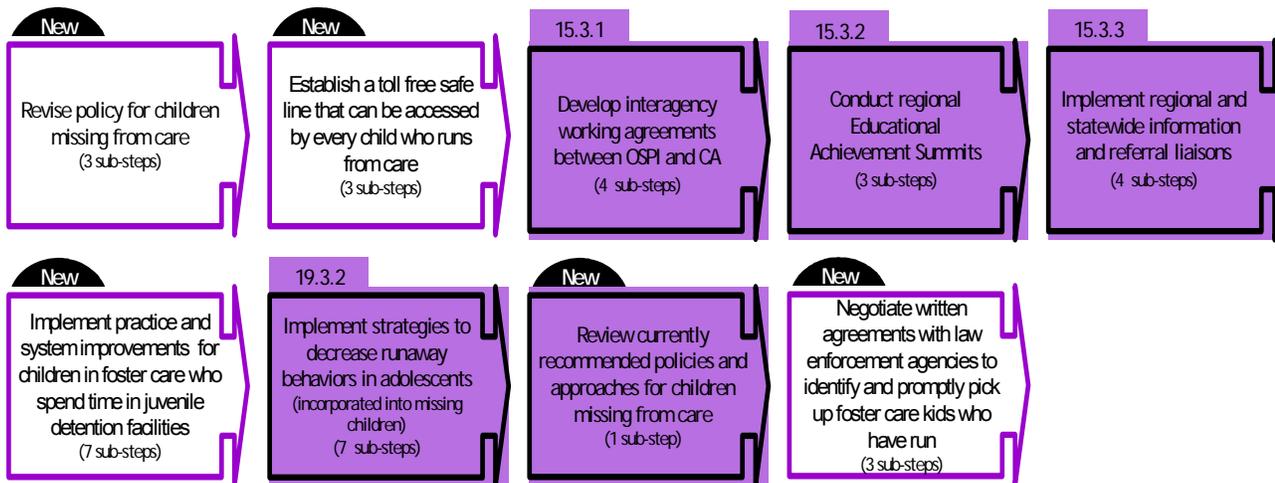
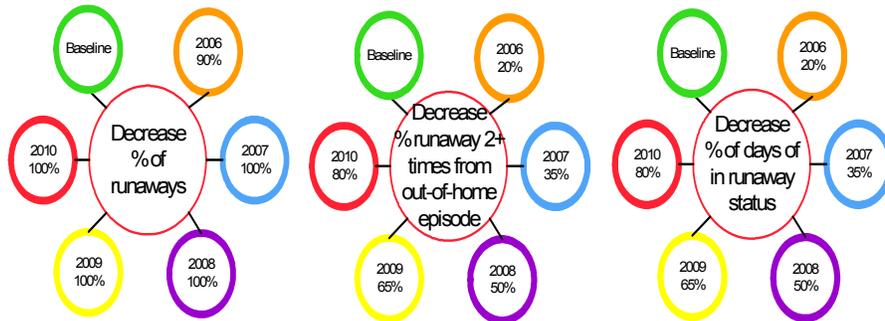


GOAL 2: Improve the educational achievement of adolescents in the custody of DCFS and better prepare them to live independently .



Services to Adolescents (continued)

GOAL 3: Reduce the number of adolescents on runaway status from foster care.

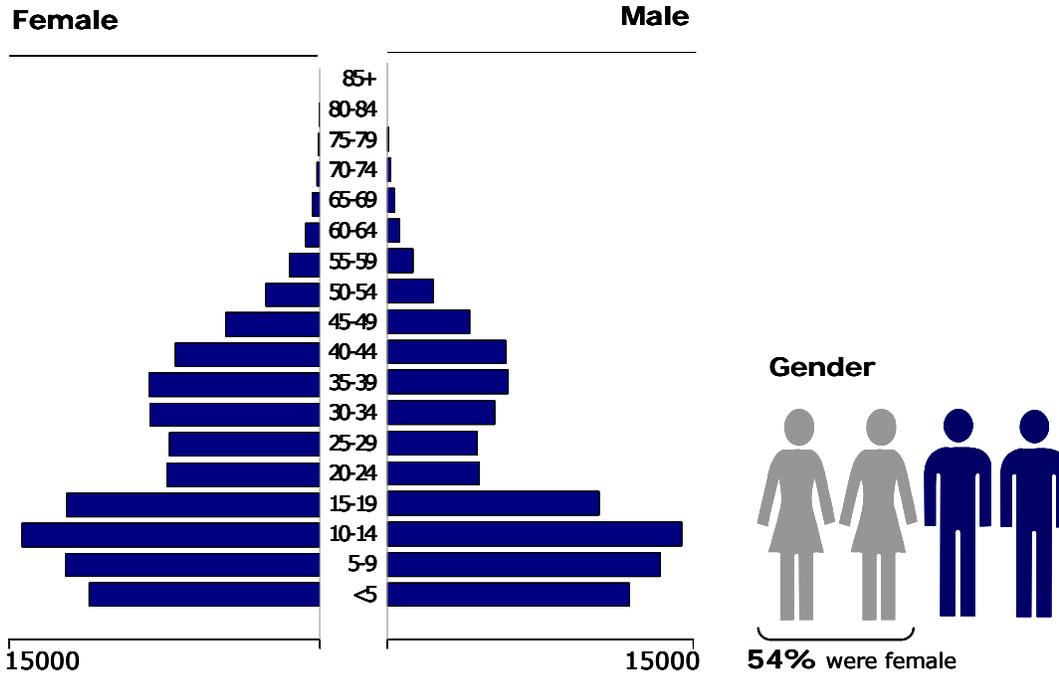


Appendix C – Demographics

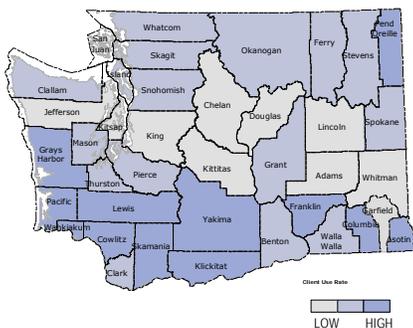
CA | Age and Gender Distribution

Source: DSHS, RDA, CSDB, May 2006.

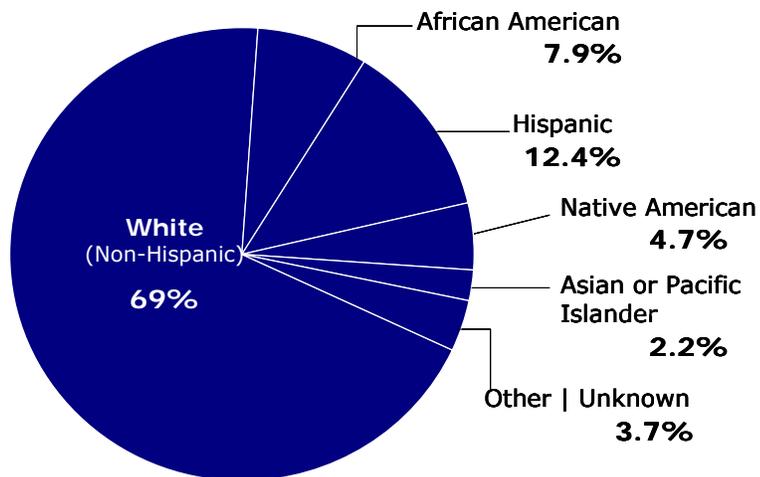
CA served almost 200,000 Total Clients in Fiscal Year 2004



Children's Client Services by County July 2003 - June 2004

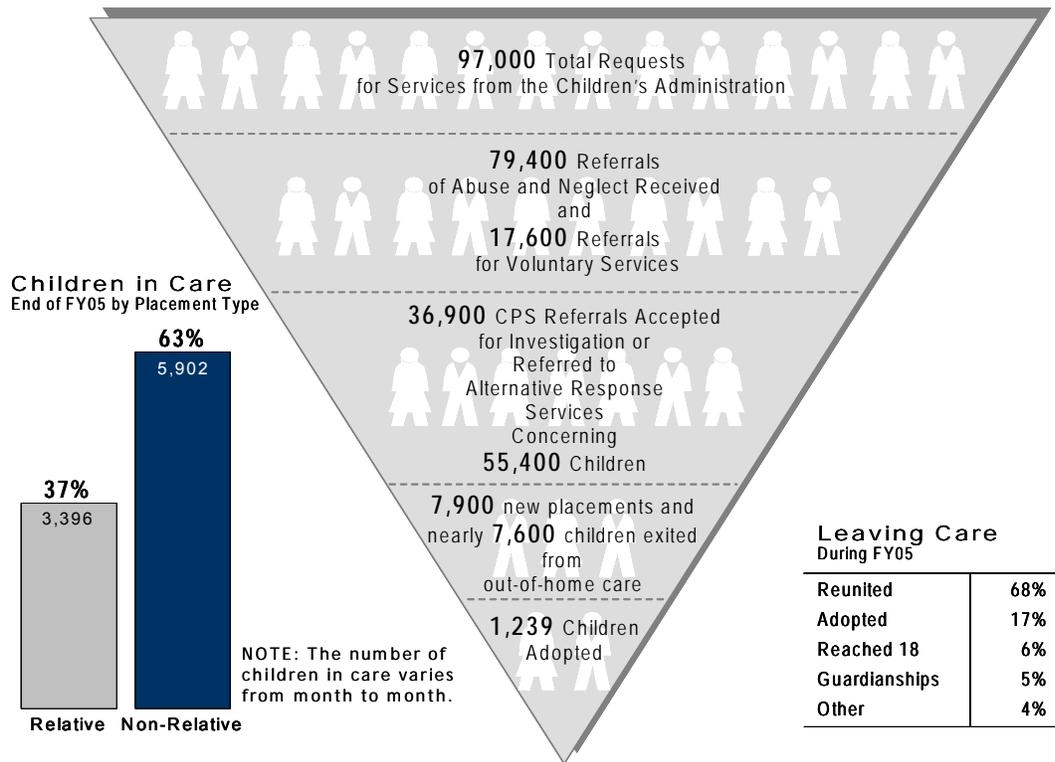


Race | Ethnicity



Persons of Hispanic Origin are counted only under the "Hispanic" category. Because the CSDB receives client race information from multiple sources, several race designations may be recorded for a single client. For clients having more than one race reported to CSDB, the most frequently occurring non-white race is assigned.

Fiscal Year 2005 in Review



Out-of-home care options by type of placement During Fiscal Year 2005

Placement Type	Description	Number of Homes/Facilities Serving Children	Monthly Average Number of Children Served ¹⁾
Family Foster Care	Family homes - all levels of care	5,288 ²⁾	7,224
Receiving Care	Short notice temporary care	1,303	417
Level 1 - Basic Care	For children with few needs	4,586	2,956
Level 2	For children who need higher levels	1,815	1,457
Level 3	of care, determined through a	1,448	1,257
Level 4	foster care rate assessment tool	870	791
Treatment Foster Care	Specially trained foster parents caring for children with high needs	789	499
Relative Care	Unpaid care for children placed with relatives	5,126	4,385
Staffed Residential Facilities	Home with rotating staff providing services to youth with high needs	64	109
Group Care	Facility-based care serving youth with high needs	48	304
Crisis Residential Centers	Temporary shelter for youth focused on family reunification	15 ³⁾	297 ⁴⁾

1) Includes guardianship, Tribal custody, and licensed relative care.

2) 5,966 total licensed homes. Homes provide more than one level of care.

3) Licensed as of June 2005; includes regional and secure CRCs.

4) Source: EMIS, reported by contractors.