



## **Appendix**

### **(1) Program Improvement Plan (PIP) Tracking FY07 & Attachments**



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

**Annual Progress and Services Report FY 2007 - FY 2008**  
**Appendix (1): Program Improvement Plan (PIP) –**  
**Tracking and Monitoring PIP items via the APSR**

Children’s Administration (CA) has met all of the case review performance targets that were included in the PIP. The only performance target we have not met is the aggregate score for placement stability (item 6). Our 8<sup>th</sup> quarter report indicates a performance of 84.7% while the performance target is 86.1%. To continue to progress and meet the target for this area, CA requested and Region X (ROX) approved the option of tracking and achieving this performance within the non-overlapping year.

All PIP action steps were completed within the two year PIP period. There are a few quality improvement projects in which full implementation continues to take place. Therefore, we continue to track and report on these ongoing efforts via the APSR. These projects include:

PIP Item	Page #
<b>2.3.1 (also 3.1.3)</b> In collaboration with contracted providers implement training for staff and foster parents on family engagement.	Pg. 3
<b>4.3.1</b> Restructure Child Protective Services / Child Welfare Services Model. g. Provide implementation plan for ROX approval	Pg. 4
<b>4.3.3</b> Implement a re-designed ISSP. g. Develop and submit a plan for statewide implementation.	Pg. 6
<b>6.1.3</b> Provide respite to resource families to support placements at risk of disruption and provide appropriate access to respite care for caregivers requesting and needing this service, to include in-home respite care for licensed foster parents. <ul style="list-style-type: none"> <li>• Management reviews plan for implementing the policy, including a plan for implementing the foster parent survey which will address the assessment of regional needs and the development of plans to address regional capacity</li> </ul>	Pg. 8
<b>7.1.3</b> Establish a permanency goal within the first 60 days of placement by developing practice guidelines for staff to specify the array of staffings that can be utilized for permanency planning <ul style="list-style-type: none"> <li>• Case Review team will provide report to office and region as part of the de-briefing process.</li> </ul>	Pg. 9

PIP Item	Page #
•	
<b>13.1.1</b> Develop policies and protocols regarding visitations for children in foster care to include <b>frequency</b> of visitation. <u>i.</u> Develop and submit an implementation plan for statewide implementation	Pg. 10
<b>13.1.2</b> Institute a placement agreement with the resource family that defines expectations around resource family/birth parent relationship building including an introductory meeting within 72 hours of placement.	Pg. 12
c. Submit plan for working with foster parents to develop strategies and recommendations for implementing the 72 hour introductory meeting within 72 hours of placement. (Language pending approval from feds)	
<b>19.1.4</b> For children placed in out-of-home care, develop and implement a policy to require 30-day visits between social and child.	Pg. 13
b. Submit a plan for implementation of 30 day visits to children in out of home placement in all offices (state wide implementation)	
<b>20. 1. 2</b> Review and revise contracts/licenses with Child Placing Agencies and make necessary changes to support 30-day visits.	See pg. 15
<b>29.1.1</b> Collaborate with the courts to review and revise policies to reflect:	Pg. 15
<u>g.</u> Define "notice"	
<u>h.</u> Define "right to be heard"	
<u>i.</u> Define "input"	
h. Provide copy of draft Survey of foster parents to assess their experience with timely notification and participation in court hearings through the WSU survey required for Braam.	
<hr/> <b>35.1.7</b> In collaboration with community partners and DASA, develop and implement new screening tool for chemical dependency and mental health.	Pg. 16
g. Submit a plan for statewide implementation of the GAIN SS screening tool	

## PIP Status Update

### ENGAGEMENT TRAINING

PIP # 2.3.1

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#### **Action Step 2.3.1**

Implement training for staff and foster parents on family engagement.

d. Provide regional based training to social workers and foster parents.

#### **Status update -**

ROX requested additional engagement training for staff, (including in-home services and placement services staff), foster parents be identified in the APSR.

Social worker engagement training - During the period of 10/06 - 4/07 16 social workers training sessions were held. Eight more trainings are scheduled between May and September 2007.

Foster parent and relative caregiver engagement training - During the period of 10/06-4/-7 32 foster parent and relative caregiver training sessions were held. Eighteen more trainings are scheduled between May and September 2007.

#### **Attachments:**

- Engagement Training Schedules

## PIP Status Update

### CPS/CWS RESTRUCTURE

PIP # 4.3.1

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#### Action Step 4.3.1

Restructure Child Protective Services / Child Welfare Services Model

- b. Management selects and approves new CPS/CWS practice model.
- c. Develop draft policy, practice guide, and training to support new CPS/CWS model.
- e. Orientate all regions and offices to the new redesign model so offices can begin to plan for their individual restructuring
- f. Test the tools associated with the redesign in 6 offices
- g. Regions submit restructuring plans

#### Action step 20.1.2

Review and revise contracts/licenses with child placing agencies and make necessary changes to support 30-day visits.

(NOTE: This item will be addressed by using social workers – CA has adopted the COA standard for social worker visits with bio-parents with children in out of home care. In addition, CA will apply monthly visits standards to visits with bio-parents with children residing at home (in-home dependency cases) – this standard will be incorporated into the redesign).

#### **Status update**

The Redesign model was approved by the CA management team on August 31, 2007 and the regional implementation plans finalized on October 31, 2006. Statewide training on the CPS/CWS Redesign was completed October through December 2006. Statewide implementation of the Redesign model occurred in January 2007. CA headquarters reviewed implementation progress in February and March and reported back to the management that implementation was going well. A six month review and report on progress will be reported to the Management team in June 2007.

#### **Monitoring**

Performance measures have been proposed to assist in the tracking of the impact of the redesign model.

#### **Expected outcomes of the CPS/CWS Re-design:**

1. Improvement in the CPS investigation process, and
2. Effective engagement of families in services to reduce risk and improve family functioning

#### **Proposed indicators for each outcome:**

Outcome: Improve the CPS investigation process

- a. Rate of initial face-to-face visits within policy expectations (Goal: emergent w/in 24 hrs, non-emergent w/in 72 hrs)
- b. Timeliness of assessment completion (Goal: assessments completed within 45 days)

**Additional impacts monitored by management will include:**

- i. Length of voluntary service agreements
- ii. Utilization and length of voluntary placements
- CPS and CWS caseload size (change in average case ratio)
- Rate of completed risk assessments documented in CAMIS (Goal: 100% of victims have an assessment finding after investigation)
- Referral date to voluntary services worker and time to case assignment (72 hours, 2 weeks, 30 days and 45 days).

**No Attachments**

## **Implementation Plan**

### **Item: Implement Revised ISSP (4.3.3)**

#### **PIP Status Update**

#### **RE-DESIGNED ISSP**

PIP # 4.3.3

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### **Action Step 4.3.3 Implement a re-designed ISSP**

#### **Status update – May 7, 2007**

The Service Plan, Voluntary Placement Agreement and the Visit Plan were tested in the five CPS/CWS redesign sites in July and August, 2006. The Voluntary Placement Agreement and Visit Plan were implemented in January 2007. Based on feedback from the test sites, the Service Plan tool was revised and re-presented to the management team in October, 2006 and implemented in April 2007.

Training of the of the Service Plan, Voluntary Placement Agreement and the Visit Plan was part of the CPS/CWS Redesign training package which occurred September – December 2006.

#### **Implementation**

The following items were posted for all staff on the CA intranet December 1 and **effective January 1, 2007**

- Signed Memo to RAs CPS/CWS Redesign
- CPS/CWS Redesign PowerPoint
- CPS/CWS Redesign FACT sheet
- Roles and Responsibility Chart
- Voluntary Service Plan Policy
- Voluntary Placement Agreement Policy
- Voluntary Placement Agreement (ages birth - 17) (DSHS form #09-004B)
- Voluntary Placement Agreement (ages 18-21) (DSHS form #15-321)

Social workers were trained on the new Voluntary Service Plan (DSHS 15-259A) in March 2006 and required to use the new form effective April 30, 2007. Important federal funding language was also added to this form.

#### **Monitoring**

Monitoring of the quality of service plans, visit plans and appropriate use of Voluntary Placement Agreement's will occur in two processes:

- 1) Within the context of Supervisor/social worker monthly case review
- 2) Within the State-wide Case review process

**Attachments:**

- CA web announcement to all staff
- Voluntary Placement Agreement Form (9004b)
- Service Plan Form (15-229)
- Signed memo to Regional Administrators announcing policy
- Voluntary Service Plan Policy

## PIP Status Update

### RESPITE

PIP # 6.1.3

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#### **Action Step 6.1.3 Respite**

Provide respite to resource families to support placement at risk of disruption and provide appropriate access to respite care for caregivers requesting and needing this service, in include in-home respite care for licensed foster parents.

- ~~Complete assessment of regional needs.~~
- ~~Develop plans to increase regional capacity to support respite policy address highest need.~~
- Management reviews plan for implementing the policy, including a plan for implementing the foster parent survey which will address the assessment of regional needs and the development plans to address regional capacity
- Implement policy

#### **Status update - Policy and Supporting Products**

Management reviewed and approved the plans for policy implementation and the plans for implementing the foster parent survey. The policy was implemented September 30, 2006 providing unlicensed relative caregivers who have children placed with them through CA, respite services when the placement is at risk of disruption (policy and supporting documents attached).

The foster parent survey is in the process of being administered. The survey involves approximately 100 questions. The survey will be administered through a telephone interview with 2400 caregivers (licensed and unlicensed). The results of the survey are expected in July 2007.

#### Attachments

- 6.1.3 - CA All Staff Intranet announcement
- 6.1.3 - Respite Policy

## PIP Status Update

### PERMANENCY GOAL WITHIN 60-DAYS

PIP # 7.1.3

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#### **Action Step 7.1.3**

Establish a permanency goal within the first 60 days of placement by developing practice guidelines for staff to specify the array of staffings that can be utilized for permanency planning

- e. Provide training to staff to support the policy changes (see 7.2.2)b
- a. Case Review team will provide report to office and region as part of the de-briefing process. (see below)
- b. Implement policy statewide (see 7.2.2)

Benchmark "g" - Because the permanency policy was just recently implemented, it is too early to determine the level of compliance with the policy.

ROX approved that the item (g) "case review will provide report to offices and region as part of the de-briefing process" be implemented beginning January 2007 when the new policy has been in effect for 4 months.

#### **Status update**

Case review has been reviewing perm plans in 60 days since November 2006 and the office results have been included in the debriefing process with offices since January 2007. This case review item will be included in the office reports beginning in June 2007.

#### **No Attachments**

## PIP Status Update

### VISITATION

PIP # 13.1.1

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**Action Step** 13.1.1 (sub steps d-f) Develop policies and protocols regarding visitations for children in foster care to include frequency of visitation.

#### **Status update – Implementation-Phase I**

Phase One of the visit policy implementation occurred in the 8 FTDM sites across the state from July-September, 2006.

FTDM sites are:

- Spokane
- Tri-Cities
- Yakima
- Kent
- Tacoma
- Bremerton
- Vancouver
- Office of African American Children's Services (OAACS)

Training was completed in these sites on the dates below:

- Statewide FTDM facilitators on July 10, 2006 with **27** staff trained.
- Spokane-August 16, 2006-**19** supervisors and AA's trained. They will train staff using Aspen code (0115ML28)
- Tri-Cities-August 3, 2006 with **36** staff trained.
- Yakima-August 17, 2006
- Kent-July 26, 2006 with **7** staff trained.
- Tacoma-August 23, 2006 with **26** supervisors and AA's trained. They will train staff using Aspen code (0115ML28)
- Bremerton-August 15, 2006 with **49** staff trained.
- Vancouver-August 31, 2006 with **56** staff trained.
- Office of African American Children's Services (OAACS)-August 29, 2006 with **25** staff trained.

These sites represent approximately 40% of all children in out of home placement

#### **Phase Two July 2007**

Selected offices will be phased in July 2007. Selection for phase two implementation is based on the following criteria:

- ⇒ Providing FTDM's for the past 12 months
- ⇒ Consistent facilitator
- ⇒ Offices serving high % of children in out of home care

Based on these criteria the next phase of implementation involves the following offices:

Region 1	Region 2	Region 3	Region 6
Colville	Walla	Everett	Stevenson
Newport	Walla	Lynwood	Kelso
Republic		Bellingham	Centralia

The third phase of implementation includes the remaining 15 offices where FTDM is operating.

The final and fourth phase of implementation will include remaining offices (11) that will implement the policy as they implement FTDMs.

**Initial Learnings from Phase I implementation**

CA's case review program conducted an initial review of visits between parents and children and siblings in the FTDM sites during the period September – December, 2006. Review criteria for fully achieved was: "During the last six months, if the child was placed in a different out-of-home placement from his/her sibling(s), were the sibling's relationships adequately maintained through visits and/or other forms of contact?"

In CPS cases with a child in placement, 71.4% of the cases were in full compliance. In CWS cases with a child in placement, 77.8% of the cases were in full compliance.

Based on feedback from field staff and the FTDM facilitators in the test sites, some revisions were made to the policy and practice guide. While most of the revisions were to clarify the intent of policy, the timeframe for the initial visit between parent and child was increased from the first 72 hours from original placement to 5 business days. While most offices anecdotally reported the initial visit happening within the first three days of placement, due to a variety of issues, there are occasions when this would not happen.

The revisions were distributed to the Phase I sites on December 20, 2006 with a cover email outlining the changes.

**No Attachments**

## PIP Status Update

### 72 HOUR INTRO MEETING

PIP # 13.1.2

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#### Action Step 13.1.2

Institute a placement agreement with the resource family that defines expectations around resource family/birth parent relationship building including an introductory meeting within 72 hours of placement.

f. Included workshops in annual conference on foster parents working with birthparent.

g. Submit plan for working with foster parents to develop strategies and recommendations for implementation of 72 hour introductory meeting within 72 hours of placement.

#### **Status update**

##### Benchmark f

Workshops in the annual foster care conference on foster parents working with birthparents are:

- Parent-Child Visits: The Caregiver Role
- Finding Our Roots

##### Benchmark g

CA has completed research and information gathering regarding barriers to implementing the 72 hour introductory meeting. Oregon and California children's services were contracted regarding their statewide implementation of introductory meetings. Practice has proven to be inconsistent in part due to increased workload for social work staff. Additionally, neither state holds the meetings within 72 hours of placement of the child. The current practice in both Oregon and California is having an introductory meeting between 5 and 14 days of placement, although it was agreed that earlier would be better.

Focus groups with foster parents were held in four of the six Washington state regions in the spring of 2007. After reviewing a brief summary of the purpose of the 72 hour introductory meeting, foster parents were asked to provide feedback on any benefits and concerns regarding these types of meetings with birth parents. The overall response was positive to the idea of the introductory meetings, with a clear understanding of the benefits to the child, their role as a foster parent and the birth parent. There are on-going concerns regarding safety for the child and the foster parent which lead to a recommendation of the introductory meeting occurring between 5 and 14 days of placement, when more is known about the situation and the birth parent.

#### **Implementation**

June 2007 – Recommendations for implementation of the 72 hour introductory meeting will be presented at the CA management team meeting in June 2007.

#### **No Attachments**

## PIP Status Update

### VISITS WITH CHILD IN OUT OF HOME PLACEMENT

PIP 19.1.4

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#### Action Step 19.1.4

C. Develop a plan for implementation of 30 day visits to children in out of home placement in all offices (statewide implementation)

#### **Status update - Policy and Supporting Products**

Policy for social worker visits with the child in out of home placement was approved by management team. Phase I of implementation began in March, 2007 with an effective date of April 30, 2007. Highlights of the policy include:

- The assigned social worker will visit with the child within the first week of out of home placement at the child's residence.
- The assigned Social Worker will provide monthly face to face visits not to exceed 40 days with children placed in out-of-home care, with the majority of visits in the child's residence.
- The content of the visits.

#### **Implementation:**

Phase-in Plan Summary

- Phase I was trained to and implemented within approved timelines.
- Phase II is scheduled for implementation in October 2007.

This phase in plan coincides with additional social work staff increased allotments.

#### **Monitoring**

By Case Review and By DATA Unit (CAMIS codes for 30 and 90 day visits)

- B. In-home populations will be documented with the 30-day codes and out-of-home populations will be documented with the 90-day code.
- C. "90-day health and safety" visit SER code has been renamed "health and safety" visit.

Phase	Population	Number of Children in Population	Training and Preparation for implementation	Policy effective
Phase I	Ages birth to 5 years in out-of-home, unlicensed relative placement	1,812	February 2007	April 2007
Phase II	Ages 6-18 yrs in out-of-home, unlicensed relative placement	1,597	August 2007	October 2007
Phase III	Ages birth to 5 yrs in foster care placement	2,362	February 2007	April 2008
Phase IV	Ages 6-18 yrs in foster care placement	2,856	May 2008	July 2008

**No Attachments**

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**PIP**

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**FOSTER PARENT SURVEY**

29.1.1 FOSTER PARENT SURVEY

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**29.1.1 Foster Parent Survey**

29.1.1. i. Survey foster parents to assess their experience with timely notification and participation in court hearings.

The foster parent survey is in the process of being administered. The survey involves approximately 100 questions. The survey will be administered through a telephone interview with 2400 caregivers (licensed and unlicensed). The results of the survey are expected in July 2007.

This survey is an independent, statistically valid, anonymous survey of foster parents and relative caregiver that is conducted annually concerning all areas of the Braam Settlement related to caregiver's work with foster children and associated outcomes and action steps.

The survey was developed and is being implemented in consultation with the an ongoing Advisory Committee which included the Washington State Foster Parents Association, CA Youth Advisory Group, the foster parent liaison staff in CA, foster parents, unlicensed caregivers and a DSHS staff member.

**No Attachments**

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## PIP

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GAIN SS  
35.1.7

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### **PIP Item # 35.1.7**

In collaboration with community partners and DASA, develop and implement new screening tool for chemical dependency and mental health.

- a. Provide schedule of CA staff training on new screening tool
- b. Submit a plan for statewide implementation of the GAIN SS screening tool

### **Implementation**

- Training
  - a. Two separate GAIN SS trainings were developed and completed – one for the substance abuse training curriculum and one for the neglect training curriculum.
  - b. The training of trainers was completed by 10/01/06.
  - c. Training of all case carrying social workers was completed by 12/31/06.
  - d. Ongoing GAIN-SS training is being provided as part of social work academy.

The effective statewide implementation date was 01/01/07, as scheduled.

### **Attachments**

- 35.1.7 - GAIN All Staff CA intranet announcement
- 35.1.7 - GAIN SS Policy

# **Appendix**

## **(1) Program Improvement Plan (PIP) Tracking FY07 Attachments**

**2.3.1 Engagement Training Schedules**

**4.3.3 CA Web All Staff Announcement**

**4.3.3 Voluntary Placement Agreement Form**

**4.3.3 Service Plan Form**

**4.3.3 Signed Memo to RAs**

**4.3.3 Voluntary Service Plan Policy**

**6.1.3 CA All Staff Intranet Announcement**

**6.1.3 Respite Policy**

**35.1.7 GAIN SS CA All Staff Intranet Announcement**

**35.1.7 GAIN SS Policy**

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

## Foster Parent Training and Information

### 2.3.1

"Provide training for licensed foster parents and relative caregivers on policy revisions and engaging families and children".

### UPDATED : Social Worker Engagement Training

During the period 10/06 and 4/07 - 16 social worker training sessions were held. The table below indicates the dates, location and number of participants per session.

Region	Location	Date	# participants	Future Scheduled Training Dates May - June 2007	
				<b>Region 1</b>	
<b>1</b>	Wenatchee	10/31/2006	11	5/15/2007	Wenatchee
	Toppenish	3/15/2007	22	6/26/2006	Spokane
				9/19/2007	Spokane
	<b>Attendees:</b>		<b>33</b>	<b>Future Classes Scheduled: 3</b>	
<b>2</b>	Yakima	12/5/2006	31	6/28/2007	Sunnyside
	Richland	12/6/2006	14	9/18/2007	Yakima
	<b>Attendees:</b>		<b>45</b>	<b>Future Classes Scheduled: 2</b>	
<b>3</b>	Mt. Vernon	11/3/2006	21	6/8/2007	Smokey Point
	Lynnwood	12/14/2006	18		
	Everett	4/18/2007	18		
	<b>Attendees:</b>		<b>57</b>	<b>Future Classes Scheduled: 1</b>	
<b>4</b>	OAACS	2/1/2007	10		
	Seattle	4/26/2007	15		
	<b>Attendees:</b>		<b>25</b>	<b>Future Classes Scheduled: 0</b>	
<b>5</b>	Bremerton	11/1/2006	25	6/25/2007	Tacoma
	Tacoma	11/2/2006	28		
	Tacoma	4/16/2007	15		
	<b>Attendees:</b>		<b>69</b>	<b>Future Classes Scheduled: 1</b>	
<b>6</b>	Port Angeles	10/18/2006	20	9/17/2007	Vancouver
	Vancouver	12/7/2006	40		
	Aberdeen	4/16/2007	16		
	Centralia	4/18/2007	15		
	<b>Attendees:</b>		<b>91</b>	<b>Future Classes Scheduled: 1</b>	
<b>Total Attendees: 320</b>				<b>Total Future Classes Scheduled: 8</b>	

## Foster Parent Training and Information

### 2.3.1

"Provide training for licensed foster parents and relative caregivers on policy revisions and engaging families and children".

#### UPDATED: Foster Parent and Relative Caregivers Engagement Training

During the period 10/06 and 4/07 - 32 foster parent and relative caregiver training sessions were held. The table below indicates the dates, location and number of participants per session.

Region	Month	# Classes Offered	# Classes Provided	# Participants	# Participants Completed	Future Scheduled Training Dates Jan - June 2007	
1	10/2006	1	0	0	0	6/5/2007	Colville
	11/2006	2	1	5	5	8/3/2007	Spokane
	12/2006	1	0	0	0		
	1/2007	0	0	0	0		
	2/2007	1	1	8	8		
	3/2007	1	1	7	7		
	4/2007	0	0	0	0		
<b>Subtotal:</b>		<b>6</b>	<b>3</b>	<b>20</b>	<b>20</b>	<b>Future Classes Scheduled: 2</b>	
2	10/2006	0	0	0	0	5/19/2007	Yakima
	11/2006	1	0	0	0	5/26/2007	Goldendale
	12/2006	1	0	0	0	8/13/2007	Tri-Cities
	1/2007	1	1	9	9		
	2/2007	1	0	0	0		
	3/2007	0	0	0	0		
	4/2007	0	0	0	0		
<b>Subtotal:</b>		<b>4</b>	<b>1</b>	<b>9</b>	<b>9</b>	<b>Future Classes Scheduled: 3</b>	
3	10/2006	1	1	7	7	7/17/2007	Mount Vernon
	11/2006	1	0	0	0		
	12/2006	0	0	0	0		
	1/2007	1	0	0	0		
	2/2007	1	1	13	9		
	3/2007	0	0	0	0		
	4/2007	2	0	0	0		
<b>Subtotal:</b>		<b>6</b>	<b>2</b>	<b>20</b>	<b>16</b>	<b>Future Classes Scheduled: 1</b>	

Continued on next page

Region	Month	# Classes Offered	# Classes Provided	# Participants	# Participants Completed	Future Scheduled Training Dates Jan - June 2007	
4	10/2006	0	0	0	0	5/23/2007	Seattle
	11/2006	1	0	0	0	6/9/2007	Seattle
	12/2006	1	0	0	0	6/11/2007	Kent
	1/2007	1	1	6	6		
	2/2007	1	0	0	0		
	3/2007	1	0	0	0		
	4/2007	0	0	0	0		
<b>Subtotal:</b>		<b>5</b>	<b>1</b>	<b>6</b>	<b>6</b>	<b>Future Classes Scheduled: 3</b>	
5	10/2006	1	1	5	4	5/9/2007	Tacoma
	11/2006	1	0	0	0	5/16-17/2007	Bremerton
	12/2006	0	0	0	0	5/17/2007	Tacoma
	1/2007	0	0	0	0	7/27/2007	Bremerton
	2/2007	2	1	4	4	8/2/2007	Tacoma
	3/2007	0	0	0	0		
	4/2007	0	0	0	0		
<b>Subtotal:</b>		<b>4</b>	<b>2</b>	<b>9</b>	<b>8</b>	<b>Future Classes Scheduled: 5</b>	
6	10/2006	1	1	10	10	5/14/2007	Vancouver
	11/2006	2	1	8	8	5/19/2007	Port Townsend
	12/2006	1	0	0	0	5/19/2007	Shelton
	1/2007	1	0	0	0	8/11/2007	Port Angeles
	2/2007	2	2	8	8		
	3/2007	0	0	0	0		
	4/2007	0	0	0	0		
<b>Subtotal:</b>		<b>7</b>	<b>4</b>	<b>26</b>	<b>26</b>	<b>Future Classes Scheduled: 4</b>	
<b>Total:</b>		<b>32</b>	<b>13</b>	<b>90</b>	<b>85</b>	<b>Total Future Classes Scheduled: 18</b>	

## CA WEB Announcement to All Staff

### New Policies - January

[CPS/CWS Redesign - Effective January 1, 2007](#)

[Neglect Legislation - Effective January 1, 2007](#)

[GAIN-SS - Effective January 1, 2007](#)

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The following item is posted December 1 and **Effective January 1, 2007**

### CPS/CWS Redesign

**Who do these changes impact?** Social Workers and their supervisors

The CPS/CWS Redesign is a structural change to how Children's Administration (CA) is organized to provide services to clients and is part of a larger initiative, called the Practice Model. The Redesign defines 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 Investigation and Assessment
- Family Voluntary Services
- Family Dependency Services

Although the redesign does not begin until January 1, 2007, we are providing the information and policy documents in advance to give offices and staff time to prepare for the new structure, policies and timeframes.

The policy and supporting documents can be accessed by clicking on the links below:

- [Signed Memo to RAs CPS/CWS Redesign](#)
- [CPS/CWS Redesign PowerPoint](#)
- [CPS/CWS Redesign FACT sheet](#)
- [Roles and Responsibility Chart](#)
- [Voluntary Service Plan Policy](#)
- [Voluntary Placement Agreement Policy](#)
- [Voluntary Placement Agreement \(ages birth - 17\) \(DSHS form #09-004B\)](#)
- [Voluntary Placement Agreement \(ages 18-21\) \(DSHS form #15-321\)](#)



## Service Plan

(not required if ISSP has been completed)

The Safety Plan addresses serious and immediate threats to a child's well-being. A Voluntary Service Plan may also be completed to assist the family in addressing the underlying conditions that make a Safety Plan necessary.

Native American Heritage?  Yes  No

Plan begins on \_\_\_\_\_ and will be reviewed on \_\_\_\_\_.

CONCERN/NEED	SERVICE TO MEET NEED	COMPLETED BY WHOM

- In-home. This service plan is designed to alleviate the current risk factors and help assure safe and proper care of the child. If progress is not made to alleviate the risk factors, the planned arrangement for the child is placement out of the parent's home. A dependency petition may be filed if the parent does not make progress in alleviating the risk factors.
- Out-of-home. This service plan is designed to alleviate the current risk factors and facilitate the timely and safe return of the child to the home of the parent or help achieve a permanent plan other than return home.

**A) SIGNATURES**

SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE



**STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
FIELD OPERATIONS DIVISION**

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December 1, 2006

TO: Regional Administrators, Children's Administration  
Deputy Regional Administrators  
Administrator, Licensed Resources  
Area Administrators, Licensed Resources

FROM: Steve Wickmark, Director   
Field Operations  
Children's Administration

SUBJECT: **CPS/CWS REDESIGN**

The CPS/CWS Redesign is a structural change to how Children's Administration (CA) is organized to provide services to clients and is part of the larger Practice Model initiative. The Redesign involves providing services in the following three tracks:

- Child Protection Investigation and Assessment
- Family Voluntary Services
- Family Dependency Services

Training on the redesign model was provided to Area Administrators and supervisors in each region June through August.

Training on the policies and tools to support the redesign (voluntary placement agreement and voluntary service plan policies) has been provided to Area Administrators and supervisors in each region who then are required to provide training to their units.

Although the implementation of the redesign is not effective until January 1, 2007, some offices have implemented the redesign model; others are in the process of migrating to the new model. To support the migration we are providing information on the redesign and policy documents in advance of the implementation date.

When does the Redesign become effective?

The redesign, including changes in the structure, policies and tools are effective **January 1, 2007** and will be implemented in all CA offices with the exception of structural changes in some small offices. Regional implementation plans for each office were developed and approved during the month of September. For more information regarding your regional implementation plan please contact the Implementation Coordinator in your region.

What is the change?

The redesign does not change the work done by CA staff. It changes how we are structured to deliver services. It creates a narrower and more focused CPS role, establishes a voluntary family services track, and supports earlier engagement of families. The specific roles for the three service tracks are:

***Child Protection Investigation and Assessment Worker***

- Completes investigations on all screened in allegations of CA/N within 45 days.
- Focuses on the investigation and assessment of families – will not carry voluntary service or court involved cases.
- Identifies Native American Heritage and notify Tribes.
- Determines need for services or court intervention.
- Refers family for Family Voluntary Services when necessary and completes the investigation.
- Files a dependency petition when necessary. Family Dependency Worker is assigned to work case within 72 hours.

***Family Voluntary Services Worker***

- Assesses family for needs and identify appropriate services.
- Supports family's early engagement in services.
- Works with family to create:
  - Voluntary Service Agreements
  - Voluntary Placement Agreements.
- Identifies Native American Heritage and notify Tribes.
- Provides ongoing case management services.
- Conducts ongoing assessment of safety and risk to children.
- Files a dependency petition when necessary.

***Family Dependency Services Worker***

- Provides permanency-planning services to children and families in cases when court intervention is needed.
- Oversees the health and wellbeing of children in out of home placement.
- Represents CA in court hearings and prepare court documents.
- Engages families in case planning.
- Notifies and transfer jurisdiction to Tribes.
- Provides ongoing case management services.
- Conducts ongoing assessment of safety and risk to children.

Why is the change being made?

- The CPS/CWS Redesign separates the current service delivery process into three identified areas to improve overall services for families. The redesign is responsive to the Governor's mandates on seeing children within 24 or 72 hours and 30 day visits. It also incorporates recommendations made during past fatality reviews and supports early engagement of families.

Who does the change affect?

These changes affect social workers and their supervisors

What type of Training is required?

Social workers are required to be trained by their supervisors on the policies and tools that support the redesign by December 31, 2006. The policies and tools are attached below.

**Regional Implementation**

To assist Regions with the implementation, the supporting documents have been posted on the CA intranet, they include:

- CPS/CWS Redesign PowerPoint
- CPS/CWS Redesign FACT sheet
- Roles and Responsibility Chart
- Voluntary Service Plan Policy
- Voluntary Placement Agreement Policy
- Voluntary Placement Agreement (ages birth - 17) (DSHS form #09-004B)
- Voluntary Placement Agreement (ages 18-21) (DSHS form #15-321)

Please ensure all appropriate staff have reviewed these materials and are trained on the CPS/CWS Redesign policies and tools by December 31, 2006.

We recognize this has a significant impact on your day-to-day work. We are committed to staging these roll-outs as much as possible to minimize impacts. As soon as we are able, policy development will be integrated with the new practice model. We take this opportunity to thank staff for all the good work done in the policy development workgroups.

For further questions and comments, please contact your regional implementation specialist or Leah Stajduhar at (360)902-7539 or e-mail at [moul300@dshs.wa.gov](mailto:moul300@dshs.wa.gov).

Attachments

## VOLUNTARY SERVICE POLICY

### 2431 Purpose

A Voluntary Service Agreement (VSA) is used to engage families who are willing to participate in services intended to reduce current and future abuse or neglect issues. Voluntary services are designed for families that do not require court intervention.

### 2432 Policy

#### A. Child Protective Investigation and Assessment Social Worker Responsibilities

1. The Child Protection (CP) Investigation and Assessment Social Worker (SW) must staff cases with a CP Investigation and Assessment supervisor when there is an "Indicated" on the Safety Assessment, and/or an overall risk level of 3, 4, or 5 after the initial assessment of the family.

During the staffing, the CP investigator and CP supervisor will review the information gathered from the Safety Assessment, initial interviews, case history and/or their initial assessment of the family and use that information to determine if a VSA is appropriate, based on the following factors:

- a. The level of risk and safety concerns
  - b. The protective factors that exist within the family and their support system
  - c. The temporary nature of the family crisis
  - d. The family's ability and willingness to engage in services and achieve their goals within the time period specified
  - e. The service(s) being offered to the family are likely to help maintain or restore a safe, stable family environment
  - f. Safety and protection of the child does not appear to require court intervention
  - g. The Voluntary Service Agreement is in the child's best interest
2. Based on the above factors, the CP Investigation and Assessment SW and a CP Investigation and Assessment supervisor will determine if a VSA is appropriate.
    - a. If a VSA is appropriate see **section B** "CP Investigation and Assessment supervisors Responsibilities" below
    - b. If a VSA is not appropriate the CPS investigator will:
      - i. Initiate referrals, if appropriate, to service providers or community resources (see #3 below); or
      - ii. File a dependency petition with the court.
  3. The CP Investigation and Assessment SW, regardless of whether a VSA is developed, may initiate referrals to service providers or community resources at any time during the investigation, when:

- a. The investigative process requires additional information (i.e. urinalysis testing or drug and alcohol assessment);
  - b. There are immediate safety issues that need to be addressed;
  - c. The family may benefit from a referral to a community resource (e.g., bus pass, public health nurse, First Steps, WIC, domestic violence programs, or family planning).
4. If case is co-assigned the CP Investigation and Assessment SW is responsible for completion of the investigation within policy timelines. If the investigator needs subsequent contact with the family, it may be done jointly with the service worker when possible.

## B. Supervisor Responsibilities

1. When it is determined that a VSA is appropriate (based on the factors listed in A(1)(a-g)), the CP Investigation and Assessment supervisor will work with a Family Voluntary Services supervisor to immediately identify and assign a Family Voluntary Service worker, **within three working days**.
2. Services needed beyond the initial 90-days, must be reviewed and approved by the Family Voluntary Service Supervisor.
3. For cases involving extenuating circumstances a supervisor may request approval of the Area Administrator to allow the case assignment to remain with the CP Investigation and Assessment worker.

## C. Family Voluntary Service Social Worker Responsibilities

The Family Voluntary Service Social Worker (SW) will:

1. Assume primary responsibility for case during co-assignment with Investigative worker.
2. Make contact with the family within three working days of case assignment.
3. Review and consider the safety issues, risks, strengths and protective factors for the family and develop the initial VSA for **up to 90 days**. The Family Voluntary Service SW will work with the family, in coordination with the CP Investigation and Assessment SW, to develop the VSA.
4. Provide on-going monitoring of the VSA to:
  - o Support the family in following through with services
  - o Modify services as needed to address new issues or address ongoing issues more effectively
5. Assess the effectiveness of the services (e.g. has there been a reduction or elimination of risk) prior to the expiration date of the agreement.

If it is determined that the services should be extended, a second VSA may be developed for an additional **90 days with supervisor approval**. If services are extended beyond **180 days, AA approval is required**.

D. Filing of a Dependency petition

1. If the case is co-assigned and filing a dependency petition is necessary the CP Investigation and Assessment worker will file the petition;
2. However, if the family is receiving services and there is a need to file a dependency petition then the Family Voluntary Services worker is responsible.
3. Exceptions to who is responsible for filing a dependency petition can be determined by the Supervisor or Area Administrator when necessary.

## CA All Staff Intranet Posting – September 2006

### Relative Framework

**Who do these policies impact?** CPS Social Workers, CWS Social Workers and their supervisors.

The policies changed or enhanced, include:

- **Relative Search** - Policy is enhanced to include a tiered system that provides three levels of search efforts (third level *coming soon*), each level becoming more extensive as needed in case planning.
- **Relative Home Study** - Policy includes a written relative home study designed to assess whether or not a caregiver can provide a safe placement for children in out of home care.
- **Access to services for unlicensed Caregivers** - Policy has been enhanced to include respite, training and supports for unlicensed relative caregivers.
- **Notification of Court Hearings and Staffings** - Timelines for notifying caregivers are now clarified and standardized. (*The Notice to Caregiver's policy which was posted on the CA web in July has one change (the timeline) since the original posting and is considered part of the framework*).
- **Respite** - Policy now supports respite care for caregivers when a placement is at risk of disruption.

The policy and supporting documents can be accessed by clicking on the links below:

#### Relative Framework -

- [Memo to Regional Administrators](#)
- [Relative Framework: A Guide for Social Workers](#)
- [Q & A for Relative Framework](#)
- [PowerPoint for Relative Framework](#)

#### Relative Search -

- [Relative Search Policy](#)
- [Family Contact and Family Tree \(15-327\)](#)
- [CA Relative Inquiry - Unable to Reach letter Form \(#15-326\)](#)
- [Relative Search Check List \(15-325\)](#)
- [Father's Relative Search Form \(15-329\)](#)
- [Mother's Relative Search Form \(15-328\)](#)
- [Relative Inquiry Follow Up Form \(15-330\)](#)

#### Relative Home Study -

- [Relative Home Study Policy](#)
- [Relative Home Study Guide](#)
- [Q & A for Relative Home Study](#)
- [Flow Chart for Relative Home Study](#)
- [PowerPoint - Relative Home Study](#)
- [PowerPoint - Relative Home Study Assessment](#)
- [PowerPoint - Relative Home Study Family Engagement](#)
- [Relative Home Study Form \(10-391\)](#)
- [Relative Placement Intake Form \(10-392\)](#)
- [Personal Information Form \(15-276\)](#)
- [Placement Agreement \(15-281 - revised 10/2006\)](#)

- Relative Placement Checklist Form (15-280)

**Caregiver Notice -**

- Caregiver Notification Policy
- Caregiver Staffing Notice Form (15-311)
- Court Hearing Notice - ISSP Cover Letter Form (15-319)
- Caregiver Report Form (15-313)

**Respite -**

- Respite Care for Unlicensed Relatives Policy
- Q & A for Respite

**Access to Services -**

- Access to Services for Unlicensed Relatives Policy

## **4509 Respite For Parents As An Alternative To Out-Of-Home Care**

### **45091 Service Definition**

Respite care provides time-limited relief for parents with extremely difficult to manage children to ease family stress, prevent child abuse, and allow a parent time away from care taking. Respite paid for by the Children's Administration (CA) is provided only within the context of a time-limited, goal-oriented case plan on behalf of CA clients. The respite provider must have experience and/or training to deal with the particular special needs of the child in care.

### **45092 Eligibility**

The social worker determines eligibility and authorizes service for CA clients based upon special needs and availability of funding. Such services are not an entitlement and may be discontinued at the discretion of the social worker.

### **45093 Procedures for Access**

- A. The social worker asks the family about available family resources to assist in providing respite. Appropriate family resources are utilized whenever available. When family resources are utilized for dependent children, the social worker completes criminal/background checks prior to DCFS approval of services.
- B. The social worker first determines if funds are available through other DSHS divisions prior to authorization of CA respite. For example, the Division of Developmental Disabilities (DDD) may have respite funds available for its clients.
- C. Respite for parents as an alternative to out-of-home care can only be paid to licensed out-of-home care providers. The social worker authorizes respite by opening the appropriate SSPS code for each episode of respite care.

### **45094 Other Sources**

- A. Mental Health: Regional Support Networks (RSN) may provide emergency respite care for mental health clients to prevent hospitalization. Multi-disciplinary "wrap-around" service planning groups may also occasionally authorize respite care in the context of a plan that prevents a child from entering out-of-home care.
- B. Developmental Disabilities: DDD may provide respite care to prevent out-of-home placement of clients.

## **4510 Respite for Licensed Foster Parents and Unlicensed Relative Caregiver**

It is the policy of the Children's Administration (CA) to provide paid respite services to licensed relative caregivers and foster parents of children in paid CA or Tribal foster care, and to private child-placing agency licensed foster parents of CA-placed children.

This policy also provides paid respite services to include unlicensed relative caregivers of CA-placed children when placements are at risk of disruption.

### **45101 Service Definition**

- A. Respite care service is the temporary, time limited relief for substitute parenting or caregiving of a child. Respite care can be arranged in advance or on an emergency basis.
- B. Respite care services for licensed caregivers, are intended to meet the following needs:
  - 1. To offer relief from parenting and caregiving responsibilities;
  - 2. To allow the caregiver personal time away from home;
  - 3. To provide substitute care in the absence of the caregiver;
  - 4. To provide opportunities to attend overnight training.
  - 5. To allow caregivers access to substitute caregiving to meet emergent situations for the caregiver.
  - 6. To prevent placement disruption.
- C. Respite care services for unlicensed relative caregivers are intended to meet the needs of children and families when the placement is at risk of disruption.
- D. Payment for respite services is not available to individuals who reside or live in the caregiver's residence. Respite services may be provided by a relative of the child or caregiver, only when the respite care provider resides outside the child's current placement.
- E. Respite care that is provided outside the child's caregiver's home must be provided by individuals who are licensed foster parents or licensed child care providers.
- F. Unlicensed respite providers can provide paid respite services **only** in the child's caregiver's home. Unlicensed respite providers must (1) successfully complete a CAMIS background clearance and Washington State Criminal check and (2) meet the standards identified in WAC 388-148-0040 and 388-148-0045. Background checks for unlicensed respite providers providing respite in licensed foster homes will be completed by Division of Licensed Resources (DLR) staff, or in the case of respite services for unlicensed relative caregivers, background checks will be completed by the assigned CA social worker.
- G. The social worker or licenser will verify that the respite provider has experience and/or training to deal with the particular special needs of the child in care such as dealing with children who are medically fragile, children who have been sexually and/or physically aggressive or assaultive.
- H. Licensed child care providers may be used to provide respite care services for respite that is less than 24-hour duration. Respite payment to licensed child care providers is paid at the regional child care rates using the appropriate SSPS respite payment code. SSPS child care codes in the 2800 series are not used to authorize respite payment.

- I. Licensed providers for respite service must not exceed their licensed capacity and must meet Minimum Licensing Requirements (MLRs) while providing respite.
- J. Licensed caregivers using paid respite services, may not provide respite to other children (paid or exchange), during the period of paid respite.
- K. Child-specific respite care plans are an element of the child's case plan. As appropriate, the need for continued respite service is reviewed at service re-authorization and/or during multidisciplinary staffings.
- L. Respite care payments remain the fiscal responsibility of the originating region and office during courtesy supervision activities.

## **45102 Eligibility**

Licensed caregivers or receiving care parents with children placed in their homes are eligible for the service. Such services are not an entitlement, and may be discontinued at the discretion of the social worker based on availability of funds and/or an assessment of the needs of the child, family, and caregivers. The respite provider must have experience and/or training to deal with the particular special needs of the child in care.

Unlicensed relative caregivers are eligible for respite services in cases when placement is at risk of disruption. The necessity and continuation of such services are determined by the social worker based on availability of funds and/or an assessment of the needs of the child, family, and caregivers. The respite provider must have experience and/or training to deal with the particular special needs of the child in care.

## **45103 Respite Care Category Descriptions**

- A. **Retention Respite** provides licensed CA caregivers, licensed Tribal foster parents, and licensed Private Child-Placing Agency foster parents providing care for CA-placed children, with regular "time off" from the demands of caregiving responsibilities. Retention Respite guidelines are:
  - 1. Retention respite is intended to provide regular, monthly breaks from the demands of foster parenting and can also be used to meet emergent needs of licensed caregivers.
  - 2. Retention respite is awarded on a monthly basis per CA, Tribal, or Private Agency foster home caring for CA children.
  - 3. Retention respite is earned by eligible licensed caregivers at a rate of two (2) days per month.
  - 4. Retention respite is authorized in daily units only.
  - 5. The licensed caregiver home may accumulate or 'bank' a maximum of fourteen (14) days of retention respite days to be used at one time. Licensed caregivers should be encouraged to use retention respite as it is earned.
  - 6. Newly licensed caregivers will have a 30-day waiting period from the first eligible child placement before accruing retention respite.
  - 7. A licensed caregiver must provide foster care to one or more children at least twenty (20) days in a month to earn retention respite for that month.

8. When a day of retention respite is authorized, respite is normally paid for each eligible foster child in the home, regardless of how long the child has been in placement in the home. However, a licensed caregiver can elect to use retention respite for only one child, even though more than one child is in the placement. Whether retention respite is used to meet the needs of one or more children, the time used will be deducted from accrued retention respite days.
9. Licensed caregivers and social workers should be aware of pending respite plans in the caregiver's home when a child is placed. Efforts should be made to avoid changes in caretakers for a child shortly after placement.
10. The respite provider must have experience and/or training to deal with the particular special needs of the child in care such as dealing with children who are medically fragile or children who have been sexually and/or physically aggressive or assaultive.
11. Regions will develop a process to authorize and monitor retention respite eligibility and utilization for CA foster homes.
12. Tribal and Private Agencies shall monitor retention respite eligibility and utilization for their licensed homes, and will coordinate with CA regional management to develop a process to access and report retention respite usage.

B. **Child-Specific Respite (CSR)** provides unlicensed relative caregivers, licensed CA caregivers, licensed Tribal foster parents, and licensed Private Child-Placing Agency foster parents providing care for children placed by CA, with the opportunity for relief from the caregiving responsibilities that are linked to the medical, behavioral or special needs of an individual child. The CSR guidelines are:

1. CSR is authorized on a case-by-case basis consistent with the written service plan for the child.
2. CSR is authorized in half-day or daily increments. Half-day will be authorized for respite services 0 – 5 hours and daily respite will be authorized for respite services greater than 5 hours.
3. CSR is part of a child's unique service plan. The need for continued service is reviewed at service re-authorization and during multidisciplinary staffing.
4. CSR for more than 1 week must have Area Administrator approval.
5. CSR may be discontinued at the discretion of the social worker based on an updated assessment of the needs of the child, the caregivers or availability of funds.
6. In calculating CSR, the worker should consider the availability of relief from caregiving responsibilities provided through retention respite, school, other relatives, visitation schedules, etc.

C. **Exchange Respite** is the relief from parenting responsibilities, which is negotiated and arranged between licensed caregivers and does not include payment of CA funds. Exchange respite guidelines are:

1. Licensed caregivers must remain within their licensing requirements (i.e. capacity, age, gender, etc.).
2. Licensed caregivers must notify the child's social worker(s) of exchange respite services prior to the respite occurring.
3. The social worker will verify that there are no licensing complaints pending which would preclude the respite provider from caring for the child.
4. The social worker will inform the respite provider of any special needs of the child, supervision requirements and safety issues prior to initiating respite.

#### **45104 Procedures for Access**

- A. Retention Respite is authorized through SSPS by the regional designee responsible for monitoring the accrual and utilization of retention respite for foster families.
- B. The assigned social worker for each child in a licensed home shall be notified that retention respite is being authorized.
- C. Child-Specific Respite (CSR) is authorized through SSPS by the assigned social worker for the child.
- D. For unlicensed relative caregivers, the assigned social worker shall explore other family support options prior to requesting respite services.
- E. All respite services are provided subject to available funding.

#### **45105 Respite Care Payment**

- A. Child-Specific Respite (CSR) services, from 0 – 5 hours will be reimbursed at the half-day rate posted in the SSPS Manual.
- B. CSR services more than 5 hours will be reimbursed at the daily rate posted in the SSPS Manual.
- C. Retention respite is authorized in daily units only and reimbursed at the daily rate posted in the SSPS Manual.

#### **45106 Respite Care Rates**

- A. Respite rates for licensed CA relative and foster homes, licensed Tribal foster homes, and licensed Private Child-Placing Agency foster homes providing care for CA-placed children are determined by the child's assessed foster care rate level and are listed in the SSPS manual. Exceptions to the maximum respite care rate may be authorized only with administrative approval.

- B. Respite rates for unlicensed relative caregivers would be authorized at the Basic Respite rate listed in the SSPS manual for children in level 1 or 2 foster care.
- C. For unlicensed relative caregivers, respite rates above the respite rate for a child in level 1 or 2 foster care requires the completion of an Exception request (DSHS form 05-210). The exception request should include an assessment of the supervision needs of the child, behavioral, medical, developmental and social needs of the child, and any special needs that would indicate a higher rate, The exception request will require supervisory and area administrator approval.
- D. Respite for unlicensed relative caregivers may be authorized for up to 7 days per month. Any respite beyond the 7 days will require area administrator approval.
- E. Payment for respite provided by licensed child care facilities is paid at the Region's established child care rate, using SSPS 3220 or 3221 payment codes. SSPS chapter 2800 Child Care payment codes are not used to authorize respite payment.
- F. Regional management may establish payment rates below the maximum rate listed in the SSPS Manual.

## **CA All Staff Intra-net Announcement – January 2007**

### **GAIN-SS**

**Who do these policies impact?** Social workers and their supervisors

During the 2005 legislative session, new legislation was passed which requires DSHS as a department to use a validated screening tool called the Global Assessment of Individual Needs - Short Screen (GAIN-SS) (version 2.0.1) tool.

The new legislation goes into effect January, 1, 2007. Although the legislation does not take effect for a few months, we are providing the information and policy documents in advance to give staff time to prepare and train on the new policy and screening tool.

- [GAIN-SS Policy](#)
- [Gain-SS form \(DSHS 14-486\)](#)
- [GAIN-SS Tool](#)
- [GAIN-SS Q and A](#)
- [Neglect/GAIN-SS Training Participants \(List of required and optional participants\)](#)
- [Training schedule](#)
- [Directions for ASPEN](#)

**Children's Administration Policy  
Global Appraisal of Individual Needs - Short Screener (GAIN - SS)**

**I. Purpose**

RCW 71.05.027 requires all DSHS Administrations to use the same screening tool for substance abuse, mental health and co-occurring disorders. The Global Appraisal of Individual Needs- Short Screener (GAIN - SS) version 2.0.1 is the identified tool.

The GAIS - SS is a validated screening tool used with adults (parents(s), guardians(s) or legal custodian(s)) and youth, age 13 and over. It identifies a need for a chemical dependency, mental health or co-occurring assessment to be completed by a community professional. The GAIN-SS does not identify service needs. The goal of the screen is to increase the number of people identified for a mental health, substance abuse or co-occurring disorder assessment.

**II. Screening Requirements**

A. The screen must be completed at one of the following points:

1. **Child Protection Services:** The screen will be completed within 45 days on:

- a) Adults identified as a subject on the referral, parent(s) or person(s) acting in loco parentis and living in the child's home;
- b) High standard *investigation only* cases that will not be transferred for voluntary services or court action;
- c) Cases assigned to a CA social worker for development of a plan of safe care (see Prenatal Substance Abuse Policy).

Exception to use of tool during investigation process can be granted by supervisor in limited situations (i.e. false reporting where screen would create unnecessary intrusion in family); Supervisor will document exception in an SER using supervisory/administrative review code.

2. **Family Voluntary Services:** FVS worker will complete screen on:

- a) Adults and youth in the development of a voluntary service plan when family is voluntarily engaging in services;
- b) Cases transferred from CPS.

3. **Child and Family Welfare Services:** CFWS worker will complete screen on:

- a) Adults and youth involved in dependency action prior to the development of service recommendations when a dependency petition has been filed;
- b) Cases transferred from CPS.

4. **Family Reconciliation Services:** FRS workers will complete screen on:

- a) Adults and youth identified for intervention during initial Phase One contact with family.

5. **Child Health and Education Tracking (CHET)** for initial screenings with youth 13 years and over. The CHET screening specialist is responsible for completing the initial GAIN- SS, if one has not been previously completed.

B. A screen is not required when:

1. The client is currently engaged in substance abuse or mental health services; or
2. A screen has been completed in the previous six (6) months by a CA staff.

However, a screen may be completed at any time in a case when circumstances change, new information is obtained or the screen would be beneficial.

C. The client has the right to refuse to answer the screening questions and to refuse to have the results released. A client indicates permission to share the results with parties involved in

the referral process by signing the form in the space indicated on the bottom of GAIS - SS form.

### **III. Referrals Based on Screening Results**

- A. If a youth or adult produces two or more "Yes" responses in:
  - 1. Either of the mental health section(s) of the screening tool, the social worker will make a referral to a community mental health provider for further mental health assessment.
  - 2. The substance abuse section of the screening tool, the social worker will make a referral to the CA Chemical Dependency Professional (CDP) or to a community substance abuse provider for further assessment.
  - 3. The substance abuse and either of the mental health sections of the screening tool, the social worker will make a referral to the CA CDP or a community provider for co-occurring disorder assessment.
- B. If a youth or adult answers "Yes" to the suicide question on the tool (see description of significant on GAIN-SS tool), regardless of any other answers, the social worker/CHET screening specialist will:
  - 1. Refer the client to the local crisis line, or
  - 2. Notify a Designated Mental Health Professional (DMHP) to the positive suicide response on the screen.
- C. If a youth or adult is under the referral threshold (one or no "yes" responses) on the GAIN-SS tool, the social workers may refer the client for a substance abuse, mental health or co-occurring disorder assessment regardless of the screen.
- D. A referral is made by contacting the appropriate provider(s) and submitting the completed GAIN-SS form. The client's signature at the bottom of the form allows CA to share the confidential information on the form with the agency where referral is being made.
- E. A social worker is not required to make a referral to a service in which the client is actively engaged in services (i.e., substance abuse treatment, mental health treatment, etc.).
- F. In CPS where a case will be closed following the initial investigation and a referral is required to substance abuse or mental health services, the social worker is responsible to refer the client for an assessment. There is no requirement to keep the case open based solely on the GAIN-SS result.

### **IV. Documentation**

- A. Upon completion of the GAIN-SS tool, the CA staff who completes the tool will document the results of the screen and action taken regarding any referrals made in a Service Episode Record (SER).
- B. If the screen results in a substance abuse referral being made prior to the completion of the investigative Risk Assessment, then the "Referral" box of the substance abuse wizard should be marked "yes".
- C. If a youth or adult refuses to participate with CA staff in completing the GAIN-SS tool, CA staff will document the attempt and refusal in an SER.
- D. A copy of the GAIN-SS screen will be placed in the case file in section I - Case Activity. If child specific, place in Child Health and Education section.
- E. If the client refuses to sign the form, a copy of the results and provider contact information will be given to the client. This is in addition to placing a copy in the client file.