

# FOSTER CARE ACCREDITATION

## Report to the Legislature

December 2001

Chapter 265, Laws of 2001, Section 2

Department of Social and Health Services  
Children's Administration  
December  
2001

# **REPORT TO THE WASHINGTON STATE LEGISLATURE**

## **Chapter 265, Laws of 2001**

### **Accreditation of Children's Administration**

#### **INTRODUCTION**

This report is provided in accordance with the requirement for an annual report to the Legislature regarding progress of the Department of Social and Health Services Children's Administration in implementing the requirements of Chapter 265, Laws of 2001, Section 2, which supported the efforts of the Children's Administration to become accredited by a national accrediting body.

#### **THE ACCREDITATION GOAL**

The Children's Administration goal is to achieve accreditation of all 44 offices by 2006.

#### **THE PURPOSE OF ACCREDITATION**

Accreditation is a broad quality improvement initiative, which serves many purposes. The most important reasons for pursuing accreditation are:

- Accreditation helps to ensure clients receive the highest quality services, consistently, across the state;
- Accreditation provides a means for Children's Administration to evaluate and improve the services it provides based on nationally recognized standards of best practice; and
- Accreditation improves the Administration's accountability to clients, communities served, the legislature and funders.

#### **SELECTION OF ACCREDITING ENTITY**

The Children's Administration has selected the Council on Accreditation for Children and Family Services (COA) as the accrediting entity. Since 1978, the COA has been a nationally recognized leader in establishing and maintaining standards for accreditation of private and public child welfare agencies.

Leading private child welfare agencies are accredited by COA. In Washington State some 20 child welfare agencies have achieved COA accreditation. For example, the Children's Home Society of Washington is accredited and the Chief Executive Officer of that agency is the current President of the Board of Trustees for the Council on Accreditation.

In addition, many state public welfare agencies are now in the process of being accredited through COA.

### **COA PUBLIC CHILD WELFARE ACCREDITATION ACTIVITY**

<b>Accreditation Status</b>	<b>State</b>
Accredited	Oklahoma, Illinois
In Process	Arizona, Missouri, Indiana, N.Carolina, Kentucky, Utah, Louisiana, Maryland

At least ten other states are considering accreditation. In states with county-administered child protection/child welfare systems (California and Colorado, for example) there are some counties that are accredited and others that are in process of becoming accredited through COA.

COA was the accrediting body selected for the pilot project, which resulted in the successful accreditation of the Vancouver field office of the Children’s Administration in October 2000.

### **RELATIONSHIP WITH THE COA**

Agencies applying for accreditation submit an application for accreditation to COA. A formal Accreditation Agreement (contract) is negotiated which specifies the services to be received by the applying agency from COA, the responsibilities of each party to the other, and the fees to be paid for accreditation to COA. A contract was signed for the Vancouver Office accreditation in 1999. Children’s Administration applied for accreditation on behalf of the entire agency in September 2001 and is currently negotiating the Accreditation Agreement.

### **ACCREDITATION STANDARDS**

COA has standards for and accredits all administrative and service delivery activity of the organization. Services directly delivered by the organization are accredited. Services that are contracted for are not accredited, but the contracting process itself is accredited. Public organizations that contract for some services can make the policy decision to require contracted agencies to be accredited as a condition for contracting. Some states and counties have made that decision. The State of Washington Children’s Administration has not made the decision to require contractors to be accredited. This issue is under study.

For administrative practices, the “Organizational and Management Standards” are utilized. For service delivery practices, the “Services Standards” are utilized.

## **Organizational and Management Standards**

In order to be accredited all of COA's organization and management standards must be met. Those standards are:

- Ethical Practices, Rights, and Responsibilities
- Continuous Quality Improvement
- Organizational Integrity
- Management of Human Resources
- Quality of the Service Environment
- Financial Management
- Training and Supervision
- Intake, Assessment, and Service Planning
- Service Delivery
- Administration and Risk Management

## **Services Standards**

Children's Administration is applying for accreditation in four service standards areas, which encompass all services directly, delivered by the agency:

- Child Protective Services
- Foster and Kinship Care Services
- Adoption Services
- Family-Centered Casework

COA Standards are revised every 4 years. Children's Administration is applying for accreditation under the recently issued 2001 Standards. The Vancouver office received accreditation under the 1997 Standards. The Standards will next be revised in 2005.

Examples of accreditation standards are provided in Appendix A.

## **THE ACCREDITATION PROCESS**

There are five steps in the accreditation process.

### **1. Application**

### **2. Agency-Local Offices Self-Study**

A self-study for the entire organization is completed with individual descriptions of service delivery and administrative structures and practices developed for each field office and for headquarters and submitted to COA.

The self-study is a written document containing self-assessment of the agency's performance with regard to each administrative and service delivery standard and citations of evidence from policy and procedure guidelines and performance data

to support the description of practice. Documentary evidence is required to support the agency assessment of each standard it meets. In addition, each office is required to provide clients and community partners with a COA questionnaire regarding service and operation. The completed questionnaires are sent directly to COA.

The self-study process takes from 15-18 months to complete.

### **3. COA On-Site Visit**

An on-site visit by trained Peer Reviewers is conducted each office and headquarters. The purpose of the on-site visit is to determine whether agency operation and practice meets the required COA standards, and to compare on-site findings with the agency's self-assessment report.

The elements of the on-site visit are:

- Focus group interviews with stakeholders, service delivery staff, foster parents, supervisors, administrative staff;
- Individual interviews with selected administrative and supervisory staff;
- Case record review of a sample of case records from every service delivery area being accredited;
- Evaluation of the agency self-study report in the context of the On-Site findings;
- Review of personnel records; and
- Facility inspection.

### **4. The Accreditation Report**

An accreditation report is written by the peer reviewers after the site visit and sent to the Agency. The agency then has 30 days to respond to the report with corrective action plans in areas where the Agency is deemed to be deficient, additional evidence to support practice as it exists, or a response contesting the findings of the report and offering evidence to support positions different than those taken by the peer reviewers.

### **5. The Accreditation Decision**

The Accreditation Commission of COA makes a decision at its next scheduled meeting about the accreditation status of the organization. The Commission can decide to grant full accreditation of the organization, defer a decision pending provision of more evidence or a change in a practice, or deny accreditation. This decision is then communicated to the agency.

To maintain accreditation status, each office must be re-accredited every four years.

## **STATUS OF CHILDREN'S ADMINISTRATION ACCREDITATION EFFORTS**

- An accreditation schedule has been developed identifying when each of the 44 Field Offices of the Children's Administration, as well as Headquarters in Olympia, will progress through the accreditation process over the next five years. The schedule has been developed to accommodate 9-10 offices proceeding through the accreditation process each year. A balanced approach is being taken to accreditation, with a mixture of urban and rural offices representing each region proceeding through the process each year. The first nine offices are currently in the accreditation process and are scheduled for accreditation in late 2002. In the fall of 2002 an additional 10 offices will enter the accreditation process with a goal of attaining accreditation in 2003.
- An Accreditation Project Manager and two Accreditation Specialists positions have been established to support the Children's Administration accreditation initiative, and to provide training and support to each of the 44 field offices preparing for accreditation. One Accreditation Specialist will provide support and expertise to offices in the eastern part of the state. The other Specialist will provide services to western portion of the state.
- A Headquarters team has been established to conduct the agency wide self-study and to develop any policies and procedures required to ensure compliance with the various accreditation standards.
- Each local office in the accreditation process for 2002 has established an accreditation team. The team is composed of volunteers representing a cross section of office staff. The team is responsible for completing the office self-study, and identifying issues for action by Headquarters.
- Each local office aiming at accreditation in 2002 has established a standing Continuous Quality Improvement (CQI) team. Team members include a cross section of local office staff plus community representation. All CQI teams have received training and are now operational. The role of this team is to review four sources of data on a quarterly basis and develop plans to address any identified improvement issues. Data sources include results of cases reviews, performance measures, surveys of consumers and community partner, as well as results of incident/accident reports.
- Peer case review teams have been established to undertake a formal review of a sample of cases in each office three times per year. Peer case review teams are currently reviewing cases on a regular basis in all offices scheduled for accreditation in 2002. To assist in this process 112 volunteer peer reviewers have been trained and to date 1060 cases have been reviewed in the offices seeking accreditation in 2002.
- Five full time case reviewers are being hired to supplement the peer case review process. These reviewers are expected to be hired in February 2002 and be operational in April 2002. The full time reviewers will review a sample of cases in each office annually.

## **ACCREDITATION TIMELINES FOR 2002-2003**

### **January -- October 2002**

Headquarters and 9 local offices complete self-study process.

### **September -- October 2002**

Headquarters and 9 local offices self-study reports submitted to COA.

Eleven offices scheduled for accreditation in 2003 begin their COA orientation and preparation process, including development of the local office accreditation team and standing continuous quality improvement team.

### **October 2002 -- January 2003**

COA conducts on-site visit to headquarters and 9 offices seeking accreditation.

### **December 2002 -- March 2003**

COA accreditation report and decision related to 9 offices.

### **January -- October 2003**

Eleven offices scheduled for accreditation in 2003 complete self-study report.

### **September -- October 2003**

Nine offices scheduled for accreditation in 2004 begin their COA orientation and preparation process, including development of the local office accreditation team and standing continuous quality improvement team.

Vancouver office prepares for re-accreditation in 2004.

For further information, please contact Ross Dawson, Deputy Assistant Secretary for the Children's Administration, at (360) 902-7756.

# FOSTER CARE ACCREDITATION

Children's Administration, DSHS

## APPENDIX "A"

# **S10. CHILD PROTECTIVE SERVICES**

## Definition

**S10.1** Access to Service

**S10.2\*** Service Elements: Response to Reports

**S10.3\*** Service Elements: Assessment

**S10.4\*** Service Elements: Intervention

**S10.5\*** Service Elements: Family Services

**S10.6\*\*** Service Elements: Community Responsibility

**S10.7\*\*** Human Resources

**COA**

### S10.2.02

The organization accepts requests or referrals for service that are initiated through suspected abuse and neglect reports from:

- a. mandated reporters;
- b. private citizens;
- c. parents; and
- d. anonymous sources.

#### Evidence of Compliance (S10.2.02)

##### PRE-SETE

Provide procedures for accepting requests or referrals for services from different sources.

##### ON-SITE

The team will review initial reports and interview intake personnel.

#### Rating Indicators (S10.2.02)

- 1 The organization fully complies with the standard.
- 2 Except in a few cases, the organization complies with the standard.
- 3 In a significant number of cases, the organization does not comply *with* the standard, e.g., there is significant variation in the organization's acceptance of requests or referrals for services from different sources.
- 4 The organization consistently does not comply with the standard, e.g., the organization sharply restricts the sources of referral, is unresponsive to certain types of sources, such as private citizens, or does not accept anonymous reports.

### S10.2.03

The organization accepts anonymous reports and encourages anonymous reporters to disclose their identity to the organization.

#### Interpretation (S10.2.03):

*The important concept in this standard is encouragement, not coercion. If the review team discovers that the organization exerts pressure on anonymous reporters to disclose their identity, it will be out of compliance with the standard.*

#### Evidence of Compliance (S10.2.03)

##### PRE-SITE

Provide procedures regarding the sources of reports and anonymity.

##### ON-SITE

The team will review initial reports and interview intake personnel.

#### Rating Indicators (S10.2.03)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but procedures or practices concerning the handling of anonymous reports could be strengthened in some minor way.
- 3 Procedures or practices concerning the handling of anonymous reports require significant improvement.
- 4 Procedures concerning the handling of anonymous reports are not in place or are **wholly** inadequate; and/or the standard is not met in practice.

### S10.2.04

The organization tracks malicious reports and refers such reports to law enforcement officials.

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## S14. ADOPTION SERVICES

### Definition

**S14.1** Access to Service

**S14.2\*** Service Elements:  
Administrative Practices

**S14.3\*** Services for the Child

**S14.4\*** Openness in Adoption

**S14.5\*** Service Elements: Cases Not  
Resulting in Initial Placement

**S14.6\*** Services to Childs Birth  
Parents

**S14.7\*** Services for Adoptive  
Applicants and Adoptive  
Parents

**S14.8\*** Planning for the Child's Future  
Needs

**S14.9\*** Pre- and Post-Legal Adoption  
Services

**S14.10\*\*** Human Resources

The Symbol of Quality

**COA**

### S14.3.08

The services provided for the child address individual needs and include:

- a. assessment of probable capacity to benefit from adoption;
- b. current medical and dental examinations;
- c. a psychological evaluation, if age-appropriate and needed;
- d. evaluation of developmental history; and
- e. a life book and other information that recounts the child's past.

#### *Interpretation (S14.3.08):*

*An organization that serves infants may wish to provide Early Start screenings in lieu of a psychological evaluation. The assessment required in § 14.3.08(a) must be addressed from the child's point of view, as appropriate to age.*

#### Evidence of Compliance (S14.3.08)

##### PRE-SITE

The team will review the description of services and assessment procedures that are provided with the Service Summary.

##### ON-SITE

The team will review case records and interview personnel.

#### Rating Indicators (S14.3.08)

- 1 The organization fully complies with the requirements of the standard.
- 2 The organization generally complies with the standard, but one of the required elements is not fully addressed.
- 3 Two of the required elements are not fully addressed; or one element is not addressed at all.
- 4 Three or more of the required elements are not fully addressed; or two or more elements are not addressed at all.

### Si4.3.09

**Except in cases of foster-to-adopt homes, the organization places the child in the adoptive home as soon as the child and adoptive parents are ready for the placement, or in the case of an infant, as soon as legally possible.**

#### Evidence of Compliance (S14.3.09)

##### PRE-SITE

Provide procedures regarding timeframes for placement of children.

##### ON-SITE

The team will review case records and interview personnel and adoptive parents.

#### Rating Indicators (S14.3.09)

- 1 The organization fully complies with the standard.
  - 2 In a substantial percentage of cases, the organization complies with the standard.
  - 3 In a significant percentage of cases, the organization does not comply with the standard.
  - 4 The organization consistently does not comply with the standard.
- NA The organization only serves foster-to-adopt homes.

## OPENNESS IN ADOPTION\*

**S14.4 The organization considers continuing contact with birth parents or other family members after the adoptive placement is finalized according to the following criteria:**

- a. the contact is beneficial to the child's and adoptive and birth family's well-being;

## CASE RECORD REVIEW\*

G2.6 At least quarterly, the organization conducts case record reviews.

### .6.01

**At least quarterly, each of the organization's services reviews a sample of open and closed cases that includes a representative sample of high-risk cases.**

***Interpretation (G2.6.01):***

*Case record reviews must be conducted for each service. If a service has less than 100 consumers, the organization must review 50% of its service population per year. If a service has 100 or more consumers, the organization must review 100 cases per year or a representative sample using the sampling chart found on COA's website at [www.coanet.org](http://www.coanet.org). All samples must be drawn at random using valid sampling techniques. COA's website provides a table of random numbers and sampling instructions, for convenience. Records from all program or unit sites must be sampled. Additionally, sites or populations at high-risk as defined by the organization (e.g., residential services or financial management/debt counseling) must be included in the organization's sample.*

**Evidence of Compliance (G2.6.01)**

**PRE-SITE**

Provide quarterly record review procedures; include a description of sampling methodology.

**ON-SITE**

The team will interview the person responsible for CQI activities, and personnel.

**Rating Indicators (G2.6.01)**

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice or procedure could be strengthened in some minor way, e.g. the organization occasionally skips a quarter.
- 3 Practice requires significant improvement, e.g. record reviews do not examine closed cases; or the organization does not follow its sampling methodology.
- 4 The organization does not comply with the standard.

### G2.6.02

**Personnel who conduct case record reviews evaluate the presence or absence of required documents, and the clarity and continuity of such documents, which include, but are not limited to:**

- a. assessments;**
- b. service plans;**
- c. appropriate consents;**
- d. progress or case notes or summaries;**
- e. evidence of quarterly case supervision;**
- f. relevant signatures;**
- g. service outcomes; and**
- h. aftercare plans.**

***Interpretation (G2.6.02):***

*The organization should develop a case record review form that defines and tracks documents and elements and that is part of the case record.*

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## G4.5.04

### The equal employment opportunity plan:

- a. specifies those employees responsible for implementation; and
- b. establishes a mechanism for periodic review by management.

#### *Interpretation (G4.5.04):*

*This standard is only applicable where the analysis required in G4.5.02 indicates that there is a divergence between demographic characteristics of personnel and the community. In other words, where the organization's employment patterns are not reflective of the community, the organization is required to develop a plan to address the issue.*

#### **Evidence of Compliance (G4.5.04)**

##### PRE-SITE

The team will review the organization's plan for ensuring equal employment opportunity.

##### ON-SITE

The team will interview personnel responsible for implementation.

#### **Rating Indicators (G4.5.04)**

- 1 The organization fully complies with the standard.
  - 2 The organization generally complies with the standard, but the plan could be strengthened in some minor way.
  - 3 The organization plan is weak in some major respect, such as lack of a mechanism for periodic review.
  - 4 The organization has no written plan or systematic means for bringing about affirmative action, where needed.
- NA The organization is a Canadian organization; or the organization's analysis, prepared for G4.5.02, reflects no discrepancy between the profile of organization personnel and the defined community.

## RECRUITMENT AND SELECTION OF PERSONNEL \*

### **G4.6 The organization's recruitment and selection procedures and practices meet the human resource needs identified in its planning process.**

#### **G4.6.01**

**The organization has a written job description and selection criteria for each organizational position or group of like positions that includes the qualifications, expectations, and responsibilities required of personnel.**

#### *Interpretation (G4.6.01):*

*This section also applies to independent contractors.*

#### **Evidence of Compliance (G4.6.01)**

##### PRE-SITE

The team will review the Aggregate Job Category Form and the Job Category Forms and job descriptions provided with the Service Summaries.

#### **Rating Indicators (G4.6.01)**

- 1 The organization fully complies with the standard.
- 2 Except in a small percentage of cases, the organization complies with the standard, e.g., job descriptions exist for all but one or two positions and/or generally address qualifications and responsibilities.

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