



Washington State
Department of Social
& Health Services

VISION *Safe, healthy individuals, families, and communities.*

MISSION *The Department of Social & Health Services will improve the safety and health of individuals, families, and communities by providing leadership and establishing and participating in partnerships.*

VALUES

*Excellence in Service
Respect
Collaboration and Partnership
Diversity
Accountability*

ORIENTATIONS *Early childhood development. Person- and family-centered, strengths-based.*

OUR IMPACT *Together we will decrease poverty, improve safety and health status, and increase educational and employment success to support people and communities in reaching their potential.*

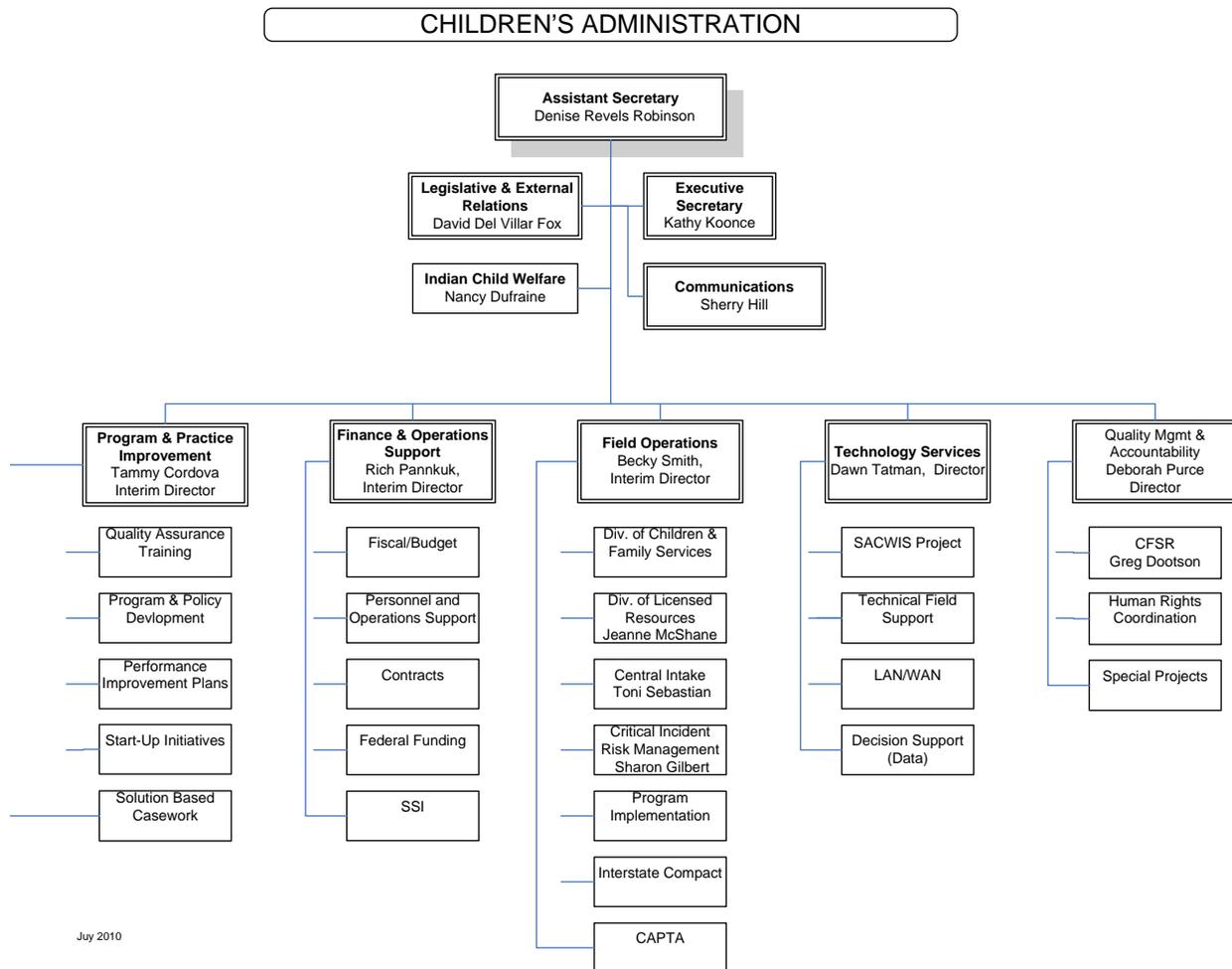
Children's Administration Business Plan

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One Department, One Vision, One Mission, One Core Set of Values

Administration Organizational Chart



Children's Administration's organizational chart is currently under revision. A revised chart will be submitted upon completion.

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Introduction

The work of the Children’s Administration (CA) is guided by quality, consistency, accountability, and partnership. Child safety is the core of CA’s work. Cultural competency, early childhood development, and person- and family-centered strengths are integrated into all aspects of our work. This is accomplished through CA’s social worker practice, and the key strategies and initiatives supporting the goals of the agency.

CA social workers’ primary focus is the safety of children, which supports DSHS Goal 3. Evidence suggests the best outcomes for children are achieved when they can safely live at home or with extended family. We are committed to reducing the number of children in placement by safely keeping more children in their homes, safely reunifying children who are in out-of-home care with their families, and safely achieving permanency outcomes more quickly. We are committed to preparing youth in our care for adulthood by helping them develop life skills needed to become self-sufficient adults. Youth receive services beginning at age 15 and at age 17.5 they receive transition planning to help provide a smooth and successful transition into adulthood.

Children’s Administration focuses on the educational achievement of the children in its care, including early childhood development. All children, including the children we serve, should be ready and able to succeed in school. This is supported by the key strategies and actions related to Goals 1, 3 and 4 which address health, stability of placements, and safety of children. By addressing these issues, children will feel safe and comfortable at home and in school, have better attention in class, and go to school ready to learn.

Social workers help families increase their capacity to keep their children safe, and improve their health, economic stability, and their children’s readiness to learn. Solution Based Casework is the practice model used by CA social workers, which specifically focuses and builds on the strengths of the individuals and families served.

A number of major initiatives are underway in the Children’s Administration. These initiatives are in partnership with DSHS administrations, other government agencies and external partners, including service providers, courts, communities, tribes, foster parents, foster youth, birth parents and others interested in child welfare.

DSHS Goal 1: *Improve the health status of Washington residents.*

DSHS Goal 2: *Improve economic stability.*

DSHS Goal 3: *Improve individual and public safety.*

DSHS Goal 4: *Improve individuals’ readiness and ability to succeed in school.*

DSHS Goal 5: *Improve individuals’ capacity to gain and retain meaningful employment.*

DSHS Goal 6: *Increase public trust through strong management practices that ensure quality and leverage all resources.*

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Major initiatives in progress over the next two years include:

- Reduce the total number of contracts and implement Performance Based Contracts by July 1, 2011.
- Work with the Transformation Design committee tasked with recommending two demonstration sites in which DSHS must contract out for all child welfare services, except Child Protective Services, and developing a transition plan for implementing the performance-based contracts.
- Prepare for the implementation of HB 2106 Transformation of Child Welfare by implementing a robust Quality Assurance function to support Performance Based Contracting work.
- Prepare for and participate in the second federal Child and Family Services Review, with the on-site review by our federal partners occurring September 13 – 17, 2010 and developing and implementing a Program Improvement Plan if required after the on-site review.
- Implement recommendations to decrease and eliminate racial disproportionality in child welfare and improve disparate outcomes for families and children of color; lead the effort to increase cultural competency in the department and the community by offering cultural competency training to our agency and community partners.
- Partner with other DSHS administrations to develop an integrated case management model for youth served by multiple administrations in DSHS.
- Collaborate with Juvenile Rehabilitation Administration to improve services to youth and families including:
 - Decrease racial disproportionality of youth served by CA and JRA.
 - Expand and leverage data and performance management practices to improve decision making and youth outcomes.
- Fully implement Family Team Decision Making in CA offices statewide.
- Strengthen safety assessments and safety plans to address any identified safety threats to children throughout the life of a case with a comprehensive implementation and training plan.

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Goals, Objectives, Strategies, Performance Measures

DSHS Goal 1: Improve the health status of Washington residents.

Strategic Objectives

- Increase access to and use of an integrated person-centered health care home delivery model.
- Increase use and coordination of person-centered, chronic care management services.

Strategies/Actions

- Partner with Medicaid Purchasing Administration (MPA) in the Fostering Well-Being Program which uses a person-centered health model to address the comprehensive healthcare needs of children placed in out of home care. Actions include:
 - Increase timeliness of health screens for all children and especially those with chronic conditions.
 - Ensure all children entering care receive a Child Health and Education Tracking (CHET) screen within 30 days.
 - Provide social workers in all regions with quick access to medical consultation by contracted medical providers on individual cases of suspected child abuse and neglect.
- Timely access to mental health services for children.
- Partner with other DSHS administrations to develop and implement an integrated case management model for youth served by multiple administrations in DSHS.

Interdependencies: Who are our key business partners?

- Medicaid Purchasing Administration (MPA)
- Mental Health Administration
- Department of Health (DOH) – including programs for Women, Infant, Children (WIC), Family Planning, and Nutrition
- County Public Health Departments, including Public Health Nurse Visitation program
- Regional Support Networks (RSN)
- Medical community including hospitals, doctors, nurses, and other medical practitioners
- Caregivers including foster parents, relatives, and other suitable persons

Key Performance Indicators

- Percent of children with CHET screens completed on time – Increase
- Percent of children in foster care who receive timely Early and Periodic Screening, Diagnosis and Treatment (EPSDT) – Increase

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DSHS Goal 2: Improve economic stability. (Goal 2 now includes Goal 5 Employment)

Strategic Objectives

- Improve individual and family skills, knowledge, opportunities, and their capacity to increase self-sufficiency through person-centered, strengths-based services.
- Increase service coordination to improve success during life transitions.

Strategies/Actions

- Provide Independent Living Services to youth age 15 to 18.
- Youth transitioning from foster care receive a staffing 6 months before transition.
- CA social workers continuously assess family needs and service referrals throughout the life of a case.
- CA social workers are knowledgeable about DSHS and community resources in order to provide services that address family needs.
- Strengthen partnerships and coordination of services with other administrations and programs by using cross agency/administration staffings and other means.
- CA social workers work with Local Housing Authorities to help families access the Family Unification Program. This program promotes family unification by providing housing choice vouchers to eligible families and foster youth ages 18 to 21 years old.

Interdependencies: Who are our key business partners?

- DSHS administrations
- Community partners
- Casey Family Programs
- Tribal partners
- Local Housing Authorities
- Caregivers (Foster parents, Relatives, Adoptive parents, Birth Parents)
- Service providers to older and transitioning youth
- Advocacy organizations, such as the Mockingbird Society, promoting empowerment and engagement of current and former foster children and youth
- Passion to Action, which is an advisory group of current and former foster youth who provide input to the Children's Administration on a variety of issues that concern them

Key Performance Indicators

- Number of youth transitioning from care who receive a staffing 6 months before transition - Increase

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DSHS Goal 3: Improve individual and public safety.

Strategic Objectives

- Improve the safety and permanency for individuals who are at-risk or who are in state care, treatment, or out-of home placement.
- Improve safety through effective investigation of and response to abuse.

Strategies/Actions

- Social workers see children within timeframes for CPS investigation.
- Social workers visit dependent children at least once a month.
- Division of Licensed Resources (DLR) conducts timely licensing investigations.
- Partner with community, other agencies and administrations for services to keep children safely in their own homes.
- Complete comprehensive, timely home studies on licensed, relative, adoptive, and other suitable persons homes.
- Safely reduce the length of time children spend in out-of-home care and achieve more timely permanency for children.

Interdependencies: Who are our key business partners?

- Juvenile Rehabilitation Administration
- Mental Health Division
- Division of Developmental Disabilities
- Health and Rehabilitative Services Administration.
- Background Check Central Unit (BCCU)
- Service providers
- Tribal partners
- Caregivers (Foster parents, Relatives, Adoptive parents, Birth Parents)
- Community Organizations
- Regional Service Networks (RSN)
- Law Enforcement
- Medical Community
- Department of Corrections

Key Performance Indicators

- Percent of timely CPS 24 hr emergent response times – Increase
- Percent of timely CPS 72 hr non-emergent response times – Increase
- Percent of timely monthly health and safety visits – Increase

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DSHS Goal 4: Improve individuals' readiness and ability to succeed in school.

Strategic Objectives

- Reduce the achievement gap for our vulnerable populations.
- Improve self-sufficiency by increasing the use of post-secondary educational opportunities.

Strategies/Actions

- Use Educational Advocates to help foster children succeed in school.
- Refer foster youth to programs for dropout prevention.
- Work with schools to provide Individual Education Plans (IEP) for children to ensure they receive services needed to succeed in school.
- Children placed in care receive a CHET screen assessment for early childhood development.
- Use Evidence Based Programs (EBP's) to help children improve their social emotional readiness for school settings, including Parent Child Interaction Therapy (PCIT), Incredible Years, and Promoting First Relationships (PFR).
- Refer children to Head Start and Early Childhood Education and Assistance Program (ECEAP).
- Provide foster youth with information about opportunities for post-secondary education.

Interdependencies: Who are our key business partners?

- Office of the Superintendent of Public Instruction (OSPI)
- School Districts
- Community partners such as Treehouse
- Passion to Action foster youth advisory committee
- Tribal partners
- Casey Family Programs
- Federal partners (including Head Start, ECEAP)

Key Performance Indicators

- Percent of youth in out-of-home placement in grade 9 who remained in placement continuously through grade 12 who graduate from high school on time with a regular or adult (IEP) diploma - Increase
- Percent of children who changed school due to out-of-home placement or replacement - Decrease

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DSHS Goal 6: Increase public trust through strong management practices that ensure quality and leverage all resources.

Strategic Objectives

- Operate in a fiscally responsible, transparent and cost-effective manner.
- Recruit, develop and retain an informed, inspired, diverse and engaged workforce.
- Expand and leverage data and performance management practices to improve decision making and client outcomes.

Strategies/Actions

- Align organizational infrastructure around core functions of child safety and well-being to ensure quality and accountability through ongoing case reviews and practice improvement strategies.
- Develop and implement Performance Based Contracts for CA services.
- Use Budget Book tool and Share Point site in coordination with Regional Business Offices for Budget formulation, accountability, management, and communication.
- Share budget information with partners and staff through SharePoint.
- Work with DSHS administrations to combine duplicate business practices.
- Training on cultural competence and anti racism for Agency and community partners.
- Use diverse interview panels and include external partners.
- In partnership with advisory committees, community members, tribes, and agency partners, implement recommendations to address racial disproportionality in the child welfare system specifically regarding agency assessment and workforce.
- Create the data warehouse and robust report function in FamLink to enable continued development and measurement of performance data for internal and external use.
- Actively participate with federal partners in the Children and Family Services Review (CFSR).
- Collaborate with Juvenile Rehabilitation Services to improve services to youth and families.

Interdependencies: Who are our key business partners?

- DSHS budget office
- Community Partners
- Service Providers
- Tribal partners
- Advisory committees
- Planning, Performance and Accountability, including the Research and Data Analysis Office
- DSHS administrations
- Federal Partners
- Other government agencies including: Department of Personnel, Governor's Office, Office of Financial Management, Legislature

Key Performance Indicators

- Expenditures are within budget appropriation
- Outcome measures for tracking changes in disproportionality and disparity of services
- Employee Survey
- CFSR measures
- GMAP and Braam Outcome measures