

# 2013-2015 Business Plan

## Children's Administration

Jennifer Strus, Acting Assistant Secretary

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### **Vision**

Safe, healthy individuals, families, and communities

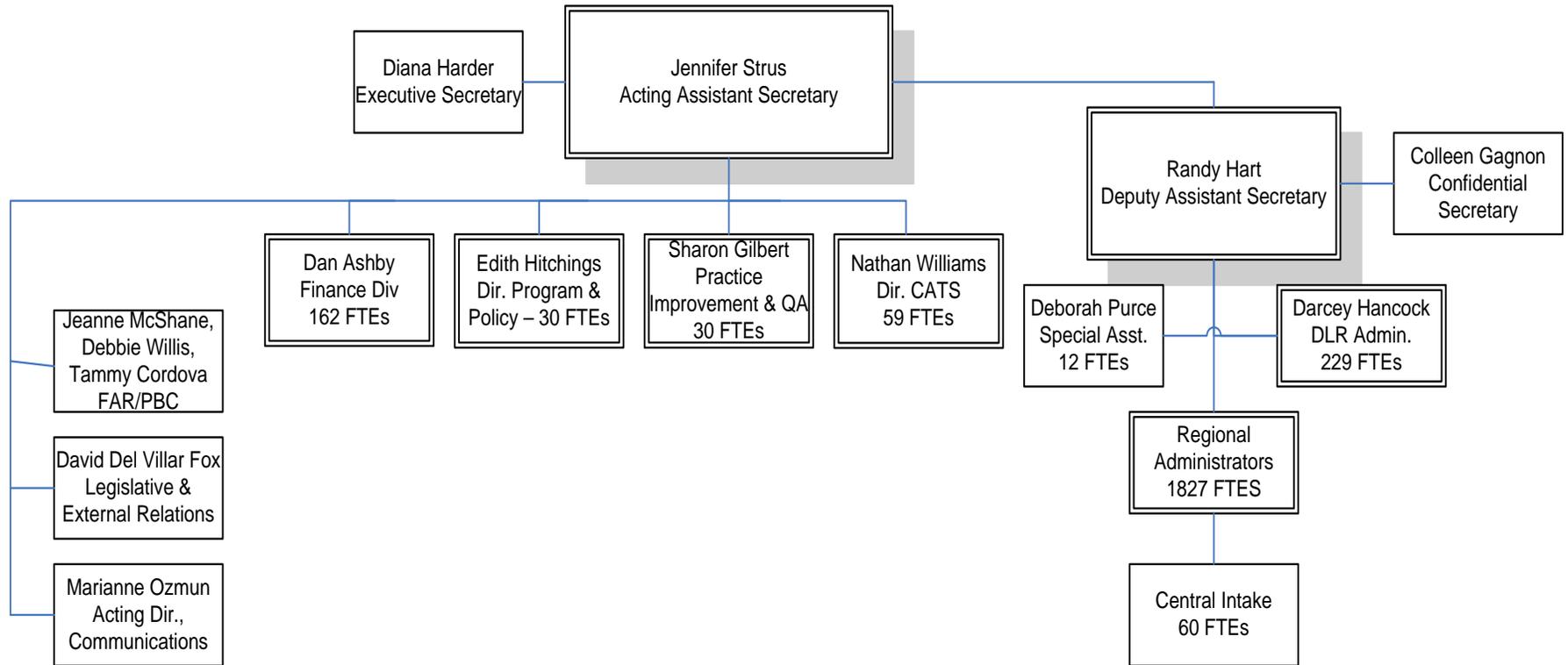
### **Mission**

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

# Organizational Chart



## Guiding Principles of the Children's Administration

- *Child safety, permanency, and well-being are championed for all children and families regardless of race, ethnicity, or place of residence.*
- *Children belong to communities; their safety, permanency, and well-being are the shared responsibility of parents, caregivers, foster parents, tribes, service providers, and community members.*
- *Practice-improvement is built upon data-driven management and outcome transparency both within Children's Administration and to the public.*
- *Strategies to safely reduce racial disproportionality and outcome disparity are embedded into all aspects of our work.*
- *When it is safe to do so, children are maintained in their family home to avoid out of home placement.*

### DSHS Goal 1

Improve the health status of vulnerable populations.

### DSHS Goal 2

Improve economic stability, employment and self-sufficiency.

### DSHS Goal 3

Improve individual and public safety.

### DSHS Goal 4

Improve individuals' readiness and ability to succeed in school.

### DSHS Goal 5

Increase public trust through strong management practices that ensure quality and leverage all resources.

## Introduction

The Department of Social and Health Services Children’s Administration is the public child welfare agency for Washington State. It maintains child safety as its primary imperative while working toward securing positive permanency outcomes for children and youth and promoting child and family well-being.

The Administration’s emphasis on safety at every stage of our involvement with children and families is in clear alignment with **Goal 3.**

Safety is at the forefront of every aspect of our work; we endeavor to safely:

- Maintain children in their own homes, preventing out-of-home placement.
- Serve and support children in temporary out-of-home care.
- Return children home as quickly as possible.
- Support children in the homes of fit and willing relatives.
- Secure permanent families for children who cannot safely return home.
- Decrease the over-representation of children of color in the child welfare system.

Through delivery of community-based services and supports, the Administration strives to assist parents in safely parenting their own children, preventing out-of-home placement, and promoting family self-sufficiency. These are the key elements of **Goal 2.**

Through the Fostering Well-Being Program, the Administration provides health coordination for children in out-of-home care. In addition, Children’s Administration utilizes Early and Periodic Screening, Diagnosis and Treatment for children involved in the public child welfare system and has implemented a process for ensuring medically fragile children in our care are connected to ongoing and appropriate health care. These and many other efforts demonstrate our commitment to **Goal 1.**

The Child Health, and Education Tracking (CHET) Screens allow social workers to assess both the health and educational development of children and implement appropriate case plans. Additional educational supports include educational advocacy and Resources for adolescents to access post-secondary education, attest to our commitment to **Goal 4.**

The Administration works diligently to provide exemplary services to vulnerable children and families, to constantly assess our performance outcomes and to practice good stewardship of state resources. While our first commitment is to the vulnerable children of Washington and the families from which they come, our guiding principles of quality, consistency, accountability, and partnership increase public trust, **Goal 5,** through the course of our day-to-day actions and interactions and ongoing rigorous self-appraisal.

## Major initiatives in progress over the next two years include:

- Implement the Title IV-E Waiver which is designed to allow the more flexible use of federal funds. The waiver provides an opportunity to test new approaches to service delivery designed to improve outcomes for children and families.
- Reinvest funding leveraged from the IV-E waiver to support families in safely parenting their own children thereby safely preventing entry into out-of-home care.
- Implement Family Assessment Response, which allows our agency to implement a differential response system by designing an alternative pathway for accepted reports of low to moderate risk of child maltreatment that are screened in at intake.
- Implement Family Support and Related Services Performance Based Contracting. The creation of the network administrators' contracts for Family Support and Related Services is intended to improve child safety, child permanency, including reunification, and child well-being outcomes through the collaborative efforts of the Department and contracted service providers, while supporting and complying with the state and federal Indian Child Welfare Acts. It is also intended to reform the delivery of services to children and families through creation of a flexible, accountable community-based system of care.
- Build upon existing Evidence-Based Programs and continue to research and implement programs and practices that are evidence-based, research-based, or constitute promising practices.
- Continue implementation of the strategies agreed upon in the federal Child and Family Services Review Program Improvement Plan to improve safety, permanency, and well-being for vulnerable children and their families.
- In partnership with the Racial Disproportionality Advisory Committee, maintain a strong focus on safely reducing the over-representation of children and families of color in the child welfare system.
- Manage to the priorities incorporated in the Braam Revised Settlement and Exit agreement.
- Through collaborative government to government relationship with tribes, continue implementation of the Washington State Indian Child Welfare Act to improve outcomes for Native American children and ensure compliance with federal ICWA in collaboration with tribes.
- Conduct case reviews.
- Continue to recruit, train, and support a diverse pool of caring, qualified, and inclusive foster parents to care for children who need out-of-home care and continue emphasis on identifying and supporting fit and willing relatives to care for children who enter out-of-home care.
- Continue implementation and operations of a statewide professional development training system with the University of Washington Seattle School of Social Work, University of Washington Tacoma Social Work Program, the Eastern Washington University, Partners for Our Children, and Children's Administration to enhance training for staff and supervisors at regional training hubs.
- Continue to improve day-to-day child welfare practice across all program areas.

# Goals, Objectives, Strategies, Performance Measures

## DSHS Goal 1: Improve the health status of vulnerable populations.

### DSHS Strategic Objectives

- Increase access to coordinated delivery of medical, behavioral health and long-term services and supports to improve the health status of DSHS clients.
- Increase the availability of specialized services in community-based settings that address the increasingly complex needs of populations served.

<p><b>STRATEGY/ACTION:</b></p> <p>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.</p> <p><b>Actions include:</b></p> <ul style="list-style-type: none"> <li>• Increase timeliness of health screens for all children.</li> <li>• Ensure all children entering care receive a Child Health and Education Tracking (CHET) screen within 30 days.</li> <li>• 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.</li> </ul>	<p><b>KEY PERFORMANCE MEASURES/MILESTONES:</b></p> <ul style="list-style-type: none"> <li>• <i>Percent of children with CHET screens completed on time-Increase</i></li> <li>• <i>Percent of children in foster care who receive timely Early and Periodic Screening, Diagnosis and Treatment (EPSDT)-Increase.</i></li> </ul>	<p><b>LEAD:</b></p> <p>Children’s Administration Division of Program and Policy Development, Well-Being Unit.</p>	<p><b>PARTNERS:</b></p> <ul style="list-style-type: none"> <li>• <i>Medicaid Purchasing Administration (MPA)</i></li> <li>• <i>Mental Health Administration</i></li> <li>• <i>Department of Health (DOH) – including programs for Women, Infant, Children (WIC), Family Planning, and Nutrition</i></li> <li>• <i>County Public Health Departments, including Public Health Nurses</i></li> <li>• <i>Regional Support Networks (RSN)</i></li> <li>• <i>Community-based service providers</i></li> <li>• <i>Medical community including hospitals, doctors, nurses, and others</i></li> <li>• <i>Caregivers including foster parents, relatives, and other suitable persons</i></li> </ul>
<p><b>STRATEGY/ACTION:</b></p> <ul style="list-style-type: none"> <li>• Pursue timely access to mental health services for children.</li> <li>• Implement Family Support and Related Services Performance</li> </ul>	<p><b>KEY PERFORMANCE MEASURES/MILESTONES:</b></p> <ul style="list-style-type: none"> <li>• <i>Percent of children with CHET screens completed on time-Increase</i></li> <li>• <i>Percent of children in foster care who receive</i></li> </ul>	<p><b>LEAD:</b></p> <p>Children’s Administration Division of Program and Policy, and</p>	<p><b>PARTNERS:</b></p> <ul style="list-style-type: none"> <li>• Medicaid Purchasing Administration (MPA)</li> <li>• Mental Health Administration</li> <li>• Department of Health (DOH) –</li> </ul>

<p>Based Contracting to create a flexible, accountable community-based system of services that utilizes performance-based contracting, maximizes the use of evidence-based, research-based, and promising practices, and expands the capacity of community-based agencies to benefit children and families served by the department.</p> <ul style="list-style-type: none"> <li>Partner with other DSHS Administrations to develop and implement an integrated case management model for youth served by multiple administrations in DSHS.</li> </ul>	<p><i>timely Early and Periodic Screening, Diagnosis and Treatment (EPSDT)-Increase.</i></p>	<p>FAR/PBC.</p>	<p>including programs for Women, Infant, Children (WIC), Family Planning, and Nutrition</p> <ul style="list-style-type: none"> <li>County Public Health Departments, including Public Health Nurse Visitation program</li> <li>Regional Support Networks (RSN)</li> <li>Community-based service providers</li> <li>Medical community including hospitals, doctors, nurses, and others</li> <li>Caregivers including foster parents, relatives, and other suitable persons</li> </ul>
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**DSHS Goal 2: Improve economic stability, employment and self-sufficiency.**

**DSHS 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.*

<p><b>STRATEGY/ACTION:</b></p> <ul style="list-style-type: none"> <li>Provide Independent Living Services to youth age 15 to 18. Youth transitioning from foster care receive a staffing 6 months before transition.</li> <li>Continuously assess family needs and service referrals throughout the live of a case</li> <li>Become knowledgeable about DSHS and community resources in order to provide services that address family needs.</li> </ul>	<p><b>KEY PERFORMANCE MEASURES/MILESTONES:</b></p> <p>Number of youth transitioning from care who receive a staffing 6 months before transition - Increase</p>	<p><b>LEAD:</b></p> <p>Children’s Administration Division of Program and Policy, Well-Being Unit, Adolescent Program.</p>	<p><b>PARTNERS:</b></p> <ul style="list-style-type: none"> <li>DSHS administrators</li> <li>Community partners</li> <li>Casey Family Programs</li> <li>Tribal partners</li> <li>Local Housing Authorities</li> <li>Caregivers (Foster parents, Relatives, Adoptive parents, Birth Parents)</li> <li>Service providers to older and transitioning youth</li> <li>Advocacy organizations, such</li> </ul>
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<ul style="list-style-type: none"> <li>Strengthen partnerships and coordination of services with other administrations and programs by using cross agency/administration staffings and other means.</li> <li>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 18-21 years old.</li> </ul>			<p>as the Mockingbird Society, promoting empowerment and engagement of current and former foster children and youth</p> <ul style="list-style-type: none"> <li>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</li> </ul>
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### DSHS Goal 3: Improve individual and public safety.

#### DSHS Strategic Objectives

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

<p><b>STRATEGY/ACTION:</b></p> <ul style="list-style-type: none"> <li>Social workers see children within timeframes set in policy for CPS investigation.</li> <li>Social workers visit dependent children at least once a month.</li> <li>Division of Licensed Resources (DLR) conducts timely licensing investigations.</li> <li>Implement Family Assessment Response (FAR), a differential response system, creating an alternative pathway for accepted reports of low to moderate risk of child maltreatment. Provides a comprehensive assessment of child safety, risk of subsequent</li> </ul>	<p><b>KEY PERFORMANCE MEASURES/MILESTONES:</b></p> <ul style="list-style-type: none"> <li>Percent of timely CPS 24 hour emergent response times – Increase</li> <li>Percent of timely CPS 72 hour non-emergent response times – Increase</li> <li>Percent of timely monthly health and safety visits – Increase</li> </ul>	<p><b>LEAD:</b></p> <p>Children’s Administration Division of Program and Policy, Safety Unit</p>	<p><b>PARTNERS:</b></p> <ul style="list-style-type: none"> <li>Juvenile Rehabilitation Administration</li> <li>Behavioral Health and Service Integration Administration</li> <li>Developmental Disabilities Services Administration</li> <li>Economic Services Administration</li> <li>Background Check Central Unit</li> <li>Community Service Providers</li> <li>Tribal governments</li> <li>Caregivers (Foster parents, Relatives, Adoptive parents, Birth parents)</li> </ul>
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<p>child abuse or neglect, family strengths and need.</p> <ul style="list-style-type: none"> <li>• Partner with community, other agencies and administrations for services to keep children safely in their own homes.</li> <li>• Complete comprehensive, timely home studies on licensed, relative, adoptive, and other suitable persons' homes.</li> <li>• Safely reduce the length of time children spend in out-of-home care and achieve more timely permanency for children.</li> <li>• Continually assess safety throughout the life of a case for children in out of home care and children living at home with their families.</li> </ul>			<ul style="list-style-type: none"> <li>• Community Organizations</li> <li>• Regional Service Networks (RSN)</li> <li>• Law Enforcement</li> <li>• Medical Community</li> <li>• Department of Corrections</li> </ul>
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**DSHS Goal 4: Improve individuals' readiness and ability to succeed in school.**

**DSHS Strategic Objective 1**

- *Work in partnership with educational systems, educational advocates, and other state agencies to foster student educational readiness.*
- *Promote stable living situations for children and youth to improve educational success.*

<p><b>STRATEGY/ACTION:</b></p> <ul style="list-style-type: none"> <li>• Use Educational Advocates to help foster children succeed in school.</li> <li>• Utilize strategies to safely maintain children in their own homes or to expediently secure safe and suitable permanency options.</li> <li>• Refer foster youth to programs</li> </ul>	<p><b>KEY PERFORMANCE MEASURES/MILESTONES:</b></p> <ul style="list-style-type: none"> <li>• Percent of youth in our-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</li> <li>• Percent of children who changed school due to out-of-home placement or</li> </ul>	<p><b>LEAD:</b></p> <p>Children's Administration Division of Program and Policy, Well-Being Unit.</p>	<p><b>PARTNERS:</b></p> <ul style="list-style-type: none"> <li>• Office of the Superintendent of Public Instruction (OSPI)</li> <li>• Local School Districts</li> <li>• Community partners such as Treehouse</li> <li>• Passion to Action foster youth advisory committee</li> <li>• Tribal partners</li> </ul>
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<p>for dropout prevention.</p> <ul style="list-style-type: none"> <li>• Work with schools to provide Individual Education Plans (IEP) for children to ensure they receive services needed to succeed in school.</li> <li>• Timely prepare a CHET screen assessment for early childhood development on children placed in care.</li> <li>• Use Evidence Based Programs (EBP) to help children improve their social emotional readiness for school settings, including Parent Child Interaction Therapy (PCIT), Incredible Years, and Promoting First Relationships (PFR).</li> <li>• Refer children to Head Start and Early Childhood Education and Assistance Program.</li> <li>• Provide foster youth with information about opportunities for post-secondary education.</li> </ul>	<p>replacement – Decrease</p>		<ul style="list-style-type: none"> <li>• Casey Family Programs</li> <li>• Federal partners (including Head Start, ECEAP)</li> </ul>
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**DSHS Goal 5: Increase public trust through strong management practices that ensure quality and leverage all resources.**

**DSHS Strategic Objective 1**

- *Recruit, develop and retain an informed, inspired, diverse and engaged workforce.*
- *Use data, research, and analysis to inform practice, policy and budget decisions, to monitor performance and to manage for success.*

<p><b>STRATEGY/ACTION:</b></p> <ul style="list-style-type: none"> <li>• Implement Family Support and Related Services Performance Based Contracting, holding</li> </ul>	<p><b>KEY PERFORMANCE MEASURES/MILESTONES:</b></p> <ul style="list-style-type: none"> <li>• Expenditures are within budget appropriation</li> <li>• Outcome measures for tracking changes in</li> </ul>	<p><b>LEAD:</b></p> <p>Children’s Administration Divisions of Practice</p>	<p><b>PARTNERS:</b></p> <ul style="list-style-type: none"> <li>• DSHS budget office</li> <li>• Community Partners</li> <li>• Service Providers</li> </ul>
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<p>contracted service providers to increase accountability for service delivery.</p> <ul style="list-style-type: none"> <li>• Use Budget Book tool and Share Point site in coordination with Regional Business Offices for Budget formulation, accountability, management, and communication.</li> <li>• Work with union representatives and utilize knowledge gained from the employee survey to actively communicate with and act on staff recommendations for improved employee satisfaction.</li> <li>• Train on cultural competence and anti-racism for Agency and community partners.</li> <li>• Use diverse interview panels and include external partners.</li> <li>• 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.</li> <li>• Collaborate with Juvenile Rehabilitation Services to improve services to youth and families.</li> </ul>	<p>disproportionality and disparity of services</p> <ul style="list-style-type: none"> <li>• Employee Survey</li> <li>• GMAP and Braam Outcome measures</li> </ul>	<p>Improvement and Accountability, and Finance</p>	<ul style="list-style-type: none"> <li>• Tribal partners</li> <li>• Advisory committees</li> <li>• Planning, Performance and Accountability, and the Research and Data Analysis</li> <li>• Office of Financial Management, and Legislature</li> <li>• Washington Federation of State Employees</li> <li>• Partners for our Children</li> </ul>
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