



Report to the Legislature

**Foster Care Assessment Instrument
Child Health & Education Track (CHET)
-formerly known as Kidscreen-**

Chapter 232, Laws of 2000, Section 4, RCW 74.14A.050

December 30, 2004

Department of Social & Health Services
Children's Administration
Program & Policy Development / Well Being Unit
PO Box 45710
Olympia, WA 98504-5710
(360) 902-7956
Fax: (360) 902-7903

Foster Care –Child Health & Education Track– CHET
(formerly known as Kidscreen)
Report to the Legislature
December 2004

Table of Contents

Executive Summary.....	3
The CHET Model and the Screening Tools Model Design.....	5
Operational Protocol	6
The CHET Process	6
Use of the Screening Results.....	8
CHET Office Profiles	9
How Do the Profiles Fit in With Kids Come First II?	9
Key OCAR Findings (Statewide Demographic Information).....	10
Summary of Policy Changes Related to CHET	11
Children’s Administration Planned Changes to the Chet System	11
Conclusion	13

Foster Care –Child Health & Education Track– CHET
(formerly known as Kidscreen)
Report to the Legislature
December 2004

EXECUTIVE SUMMARY

Chapter 232, Laws of 2000, requires that the Department of Social and Health Services (DSHS), Children's Administration (CA), implement a standardized, validated approach to assessing children in foster care within the first 30 days of placement. The Child Health & Education Track (CHET) has been operational statewide since December 31, 2001.¹

This report will provide information on how the department has implemented practice and procedures to screen eligible children to assure early permanency planning.

The purpose of the Child Health & Education Track is the gathering and use of information to develop a plan to meet the specific needs of children under the legal jurisdiction of CA. CHET provides an earlier and more comprehensive identification of each child's needs and ensures that the key adults in the child's life know what their roles and responsibilities are in meeting the child's needs.

Children entering care through Child Protective Services, Child Welfare Services and Family Reconciliation Services who are expected to remain in care beyond 30 days are screened using standardized, validated tools. The child's school is contacted for education information. After scoring and interpreting the results of the screening tools, the CHET specialist documents this information in a Staffing and Action Plan report. The CHET specialist also participates in the staffing and development of an Action Plan for each child screened.

The resulting action plan developed by those present at the staffing are included in the child's case plan portion of the Individual Service and Safety Plan (ISSP) by the child's assigned social worker. The ISSP is the Department's service plan presented at six-month intervals to the court. CHET information is also documented in the child's non-medical section of the CHET report which is completed by the CHET Specialist. The CHET report is the document that compiles medical, social/behavioral and educational information for case planning for children who remain in care beyond 30 days. Public Health Nurses in each region are responsible for completing the comprehensive medical report for eligible children.

¹ Children's Administration changed the name from Kidscreen to Child Health & Education Track as Kidscreen is a registered name for a children's program in Yakima, Washington.

Foster Care –Child Health & Education Track– CHET
(formerly known as Kidscreen)
Report to the Legislature
December 2004

In July 2004, the Office of Children’s Administration Research (OCAR) created profiles of the characteristics of families and children who participated in the CHET screening process between September 2001 and April 2004.

Information from these characteristics can be used for multiple purposes. On the individual child and family level, information can be used to develop specific case plans addressing issues that brought the child into placement. Service needs can also be identified related to the child’s developmental, social behavioral, health and educational needs. On a community level, profiles provide information about the level of need of the children and families in that community. This information can be used to discuss and plan the service array with community providers and to determine the level of unmet need. A statewide profile can be used to discuss and plan the service needs of children and families at the state level.

THE CHILD HEALTH & EDUCATION TRACK (CHET) MODEL AND THE SCREENING TOOLS MODEL DESIGN

CHET assesses the functioning of all eligible children age birth to 18 within the first 30 days in foster placement. Screening is completed in five life domains:

- Physical/Medical (including dental)
- Developmental
- Family/Social
- Educational
- Emotional/Behavioral

THE PHYSICAL/MEDICAL DOMAIN is assessed using the Early Periodic Screening, Diagnosis, and Treatment (EPSDT), which is a Medicaid Well-Child examination conducted by qualified medical practitioners.

THE DEVELOPMENTAL DOMAIN is assessed using one of two standardized tests for young children. The Denver II Developmental Screen is used with infants from birth to four months of age.

The Ages and Stages Questionnaire is used for children from four months to five years of age. This instrument is comprised of a system of 19 separate questionnaires broken out by age of the child.

Standardized developmental assessment tools are not utilized by CHET for school-age children. Developmental issues related to school-age children are identified and documented through school information and the Achenbach Child Behavior Checklist (CBCL) assessment tool.

THE FAMILY/SOCIAL DOMAIN is assessed using a form developed by CA for use specifically with CHET. The form integrates family social and risk issues to be assessed across several CA programs (Child Protective Services, Child Welfare Services, and Family Reconciliation Services).

THE EDUCATIONAL DOMAIN is assessed using information from school documents. These include report cards, Individual Education Plans (IEPs), and other information about the child's educational history and academic functioning. For older children, developmental testing through the school may also be available.

Foster Care –Child Health & Education Track– CHET
(formerly known as Kidscreen)
Report to the Legislature
December 2004

THE EMOTIONAL / BEHAVIORAL DOMAIN is assessed using the standardized Achenbach Child Behavior Checklist (CBCL). This instrument was selected because it is designed to provide a comprehensive approach to assessing a child's functioning. It records both the child's competencies as well as problems, as reported by parents, teachers, and sometimes by children themselves. It is designed to provide standardized descriptions of behavior rather than diagnostic inferences. Another valuable feature of this instrument is that it can be used with children from 18 months to 18 years of age.

OPERATIONAL PROTOCOL

CHET "specialists" are staff designated in each CA region to conduct assessments on all eligible foster children. The specialists are experienced social workers who have been trained and qualified to administer, score and interpret the standardized test instruments.

Children are identified for CHET in the following ways:

- CHET specialists regularly check for new placements in the Case and Management Information System (CAMIS)
- Social workers refer children to the CHET specialist when they believe the child will remain in care beyond 30 days;
- Supervisors also alert CHET specialists to new placements; and
- Clerical staff in some offices alerts specialists to new placements.

THE CHET PROCESS

There are six (6) steps in the CHET Process:

1. The social worker gathers information about the child and family at the time of placement.
2. The child is identified for screening and referred to the CHET Specialist.
3. The CHET Specialist completes the screening and prepares a report.
4. The specialist arranges a staffing in conjunction with the social worker, at which an Action Plan to meet the needs of the child is developed.

Foster Care –Child Health & Education Track– CHET
(formerly known as Kidscreen)
Report to the Legislature
December 2004

5. The Action Plan is shared with those adults who play an important role in implementing the plan (e.g. parents, caregivers and service providers), and is included in the child's Individual Safety and Service Plan (ISSD).
6. The social worker reviews and tracks the implementation of the child's Action Plan/service plan which is included in the ISSP.

All eligible children are screened by CHET Specialists. The specialist, at a minimum:

- Screens all children under the department's jurisdiction who are expected to remain in care beyond 30 days.
- Uses the standardized CHET tools to screen the child.
- Collaborates with and obtains specific family/social information from the assigned social worker.
- Immediately alerts the social worker regarding any important health, or other information arising from the screening process, that indicates the child requires immediate attention.
- Contacts the child's school for educational information.
- Enters information in the child's CHET report.
- Provides screening results and interprets these results for the child's social worker.
- Participates in the staffing and development of the Action Plan for each child screened.

The Social Worker is responsible for:

- Gathering information about the child and family at the time of placement;
- Providing child and family information to the Screening Specialist;
- Working with the specialist to ensure a timely CHET staffing;
- Ensuring the development of an adequate Action Plan;
- Sharing the CHET results and Action Plan with parents, caregivers, and other service providers;
- Ensuring documentation and inclusion of the Action Plan in the child's Individual Service and Safety Plan (ISSP);
- Finding resources to match the child's identified needs; and
- Reviewing and tracking the implementation of the Action Plan.

Foster Care –Child Health & Education Track– CHET
(formerly known as Kidscreen)
Report to the Legislature
December 2004

USE OF THE SCREENING RESULTS:

1. The Social Worker uses the information to develop a plan that meets the child's identified needs.
2. The Social Worker incorporates results of the CHET screenings and Action Plans to make referrals to appropriate resources and services.
3. Each child's assigned Social Worker is responsible for sharing the information contained in the CHET Evaluation Results-Staffing and Action Plan with the child's birth parent(s), caregiver, Tribe, and/or private agency. This information is also shared with adolescents in a similar manner as the ISSP is shared with them.
4. If a specific need for a child has been identified and there is no appropriate available resource to meet that need, this is documented in a Service Episode Record (SER) and the ISSP. This enables CA to track gaps in service and develop strategies to try to meet these needs. The social worker should collaborate with the specialists to identify or locate suitable resources.

The assigned social worker is responsible for reviewing the status of the child and the current case plan on a regular basis as the child's needs change over time. It is important to know if the agreed upon plan is being implemented or if a new or revised plan needs to be developed to meet the child's needs. When an ISSP is updated, the social worker is able to track whether the services being provided are making a difference in meeting the child's needs. Case plans and services can be adjusted where necessary and appropriate.

CHET OFFICE PROFILES

CHET Office Profiles have been created by the Office of Children's Administration Research (OCAR). A CHET Office Profile summarizes the characteristics of children in placement longer than 30 days who have had a CHET Screening. It also summarizes the findings of the five (5) domains screened: Emotional/Behavioral Functioning; Education; Physical/Medical; Family/Social Issues; and Developmental Milestones. CHET office profiles may be used to link community services to the needs of children through identifying the services needed and contract development. Profiles may be used to identify resource family training

Foster Care –Child Health & Education Track– CHET
(formerly known as Kidscreen)
Report to the Legislature
December 2004

needs and skill development may be offered to caregivers to meet the needs of the children in care.

A statewide profile was developed and will be used to:

- Provide a comparison of the office profiles;
- Provide general demographic information and characteristics about the children in care on a state level;
- Demonstrate the completeness of screens at the state level and
- Help CA achieve the goals set forth by Kids Come First II (KCFII) in permanency, well being, array of services and resource family recruitment and retention.

Regional and local office profiles were also created and these profiles will be used to identify service gaps. In collaboration with community partners, plans will be developed to fill these gaps through maximizing local resources. Regions will begin working on this goal in January 2005.

How do the Profiles fit with Kids Come First II?

- Stability of foster care placements: a workgroup has been established to recommend strategies to increase appropriate matching between children and caregivers. Results of the CHET screening will be used to match the child's needs with the caregiver best equipped to meet these identified needs.
- Permanency: by clarifying the child and family needs and creating focused service plans to help stabilize children.
- Educational attainment through the expanded Education Domain screening.
- Foster Parent Recruitment and Retention: identify issues foster families face on a daily basis and supplement foster parent training to stabilize children.
- Consultation and Collaboration & Array of Services: profiles can be used to ensure contracts reflect services that address the needs of children in care and to collaborate with contract providers to implement evidence based models of service.
- Quality Assurance: tailor training for resource families to match the needs of children in care.

Foster Care –Child Health & Education Track– CHET
(formerly known as Kidscreen)
Report to the Legislature
December 2004

**KEY OFFICE OF CHILDREN’S ADMINISTRATION RESEARCH
FINDINGS (STATE WIDE INFORMATION)**

The following information was compiled for children receiving CHET screenings:

Demographics

- 49% female and 51% male
- 68% Caucasian; 9% African American; 8% Native American; 7% Multi-Racial; 1% Asian/Pacific Islander; 7% Missing
- 14% Hispanic, Spanish, Latino, or other Latin American descent ²
- 25% under age 1; 32% 1-5 years; 25% 6-11 years; 18% 12-18 years

Development

- Denver -Pre-November 2002 Scores: 12% suspect in Gross Motor; 14% suspect in Fine Motor; 10% suspect in Personal/Social
- Denver Post-November 2002 Scores: 20% suspect aggregate scores
- ASQ: 30% problematic in Communication; 11% problematic in Gross Motor; 18% problematic in Fine Motor; 22% problematic in Problem Solving; 18% problematic in Personal/Social

Health and Education Records

- 74% of the 8366 children with CHET Screens received a Well-Child exam
- 46% of the 4401 school-age children had educational records on file

Emotional and Behavioral Functioning

- 41% had a borderline or clinical score for the CBCL Total Problem Scale

² Spanish, Hispanic, and Latino were not considered in the primary race analysis. The children that are included in this percentage were reported in a previous question as Caucasian, Multi-Racial, or Other.

Foster Care –Child Health & Education Track– CHET
(formerly known as Kidscreen)
Report to the Legislature
December 2004

- 51% had at least one borderline or clinical score for the CBCL Internalizing and Externalizing scales

Family and Social Issues

- 91% of the caregivers exhibited questionable parenting skills; 85% had issues with recognizing their problems and getting the motivation to change; 72% had issues with empathy, nurturance, and bonding; 76% had substance abuse issues; 72% had cooperation issues either in the past or currently; 49% experienced child abuse or neglect as children themselves; 81% showed some kind of mental, emotional, or physical impairment; 58% had a history of violence or sexual abuse; and, 64% had issues with protecting the child
- 96% of the families experienced significant stress; 84% lacked in economic resources; 72% had little social support; and, 60% had a history of domestic violence between intimate partners.

SUMMARY OF POLICY CHANGES RELATED TO CHET

- All children under the department's legal jurisdiction who are expected to remain in care beyond 30 days will receive a CHET screening,
- CHET screenings are to be completed within 30 days of placement,
- Referrals to the Infant Toddler Early Intervention Program (ITEIP) are made within 2 days when a child (birth to 3 years in age) is identified with developmental delays,
- Social workers required to incorporate screening information into the ISSP, and
- Resource families or caregivers will be provided with the CHET screening results within 5 days of their completion.

CHILDREN'S ADMINISTRATION PLANNED CHANGES TO THE CHET AND CHET SYSTEM

1. Integration & expansion of CHET (as part of Kids Come First II)
 - A multi-disciplinary policy workgroup has been established and began meeting in September 2004 to develop recommendations for an integrated system for evaluation of the health and

Foster Care –Child Health & Education Track– CHET
(formerly known as Kidscreen)
Report to the Legislature
December 2004

developmental needs for children in out-of-home care. The first draft of the group's recommendations is due in June, 2005.

- This integrated system may be expanded to serve children in their own homes for whom CA has legal authority and who meet the established criteria if funded in the 2005-2007 budget. CA has requested funding to support this expansion.
 - The integrated system, which is being developed, has been renamed Child Health and Education Track.
2. Enhancements to the CHET Education Domain were mandated by the Washington State Legislature and the Kid's Come First II initiative which placed an emphasis on improving the educational stability and attainment of foster youth. These enhancements include:
- The development of a new screening process to identify emergent educational needs. CHET Specialists will conduct an initial critical education screening to determine if the child has emergent educational needs.
 - The development of a new process to refer school aged children, for whom emergent educational concerns have been identified, to the school system for an educational assessment.
 - Pursuant to RCW 74.113.560, the development of protocols between DCFS and local school districts that create strategies for communication, coordination, collaboration, and effective sharing of information records. These protocols will assist CHET specialists in obtaining timely information necessary for completing a child's education profile.
 - New education data fields to collect additional information in the CHET CAMIS screens.
3. CA has submitted a budget request for a new technological system to replace CAMIS. If funded, changes will be included to support an integrated screening model. Currently, data is kept in three separate data bases: Classic CAMIS, CAMIS GUI and an ACCESS data base. As part of Kids Come First II, an automated database system to support the integration change will be developed and implemented. This will support an integrated health/education module for CAMIS GUI use in SSI, CHET and the Child and Family Medical Form.

Foster Care –Child Health & Education Track– CHET
(formerly known as Kidscreen)
Report to the Legislature
December 2004

CONCLUSION

Kids Come First: Phase II: Safe Kids in Healthy Families is a plan for comprehensive improvements to our State's child welfare system. The Child Health & Education Track is a vital part of the Kids Come First II agenda. The results of the CHET screening touches on several major categories in the KCF II plan: Permanency, Engagement, Child and Family Well-being, Resource Family Recruitment and Retention and Array of Services. Improvements and specific strategies to achieve the KCF II goals have been identified and are being worked on at all levels (state, regional and local). The screening results will be utilized in several program areas including Child Protective Services (CPS), Child Welfare Services (CWS) and Family Reconciliation Services (FRS).