

CHILDREN'S ADMINISTRATION

# Braam Improvement Strategies

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November 2014

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## Outcome 1: Monthly Health and Safety Visits with Children

Children in out-of-home care will receive a private and individual face-to-face health and safety visit from their assigned caseworker, or acceptable substitute worker, at least once every calendar month for every full month in care during the 12 month reporting period.

<i>Target: 90%</i>	FY2011	CY2011	FY2012	CY2012	FY2013	CY2013	FY2014
Statewide Performance	80%	82%	84%	85%	85%	85%	88%

*Performance improvement needed to achieve full compliance is 2 percent. Identified strategies will support improved performance through:*

- *Additional support for the completion of monthly visits*
- *Proactive identification of children still needing a visit and identification of children who have received visits*
- *Increased monthly visits for children placed out-of-state*

### **NEW STRATEGIES**

#### **Strategy 1**

Submit funding request to Legislature to hire additional staff to assist with implementation of several Braam outcomes. Responsibilities for the new staff would include the following:

- Assist in the completion of monthly health and safety visits with children
- Provide the completed Child Information Placement Referral form to caregiver
- Follow-up with the caregiver after initial placement to check in with caregiver
- Help facilitate and document sibling visits and or contacts
- Assemble Caregiver Placement Packets

*(Funding request submitted; dependent on final budget approval)*

#### **Strategy 2**

Modify the current quality assurance process that looks at children who have not had a monthly health and safety visit to include a report that will be provided to regional leadership on a monthly basis. The modified report will identify children whose cases are compliant to ensure compliance is maintained and children are visited each and every month during the 12 month review period. Children's Administration has found that real time performance reports have supported improvements in other areas of practice and believes this will have an impact on performance related to monthly health and safety visits.

*(First report distributed October 2014; report run monthly thereafter)*

#### **Strategy 3**

Develop and implement a weekly automated email notification to Social Service Specialists and Supervisors that identifies children who require a monthly health and safety visit during the current month. The emails will be sent the first working day of each week and the last working day of each month. The emails are based on current documentation and will be used as a tool to proactively identify children requiring a visit.

*(Pilot currently underway in limited offices; targeted implementation statewide by January 31, 2015)*

#### **Strategy 4**

Work with the Interstate Compact for Placement of Children (ICPC) Program Manager to identify a process to request timely notification of monthly health and safety visits for Washington children who are placed in other states. Currently other states conducting the monthly health and safety visits for Washington provide quarterly reports to the assigned Social Service Specialist.

*(Targeted implementation by December 31, 2014)*

## Outcome 2: Caseloads At or Below 18 Cases

Caseworkers will have caseloads at or below 18.0 cases per caseworker.

<i>Target: 90%</i>	FY2011	Jul-Dec 2011	Jan-Jun 2012	Jul-Dec 2012	Jan-Jun 2013	Jul-Dec 2013	Jan-Jun 2014
Statewide Performance	73%	86%	88%	88%	83%	86%	81%

*Performance improvement needed to achieve full compliance is 9 percent. Caseloads are affected by children entering and leaving out-of-home care as well as vacancies in social service specialist positions. The identified strategies focus on reducing the length of time children spend in out-of-home care. These efforts will help achieve timely permanency for children which will support reductions in social workers' caseloads.*

### **NEW STRATEGIES**

#### **Strategy 1**

Through a partnership with The Alliance for Child Welfare Excellence, provide newly developed training for supervisors titled "Supervising for Permanency." This training will provide a foundation for supervisors to support their staff in achieving permanency sooner for children on their caseloads.

*(Targeted implementation by November 30, 2014)*

#### **Strategy 2**

Through a partnership with The Alliance for Child Welfare Excellence, develop and implement Child and Family Welfare Services (CFWS) program specific in-service training for staff on permanency and concurrent planning. This additional training will provide guidance and resources for CFWS staff to support timely permanency for children in out-of-home care.

*(Targeted implementation by December 31, 2014)*

#### **Strategy 3**

To support the Department's efforts to achieve permanency more timely, the Washington State Office of the Attorney General and the Office of Public Defense have hired additional staff to support timely filing and resolution of termination of parental rights petitions. The Attorney General's Office has submitted a funding request to continue additional positions after June 2015.

*(Funding allocation began June 2014, ongoing through June 2015; funding beyond June 2015 is dependent on final budget approval)*

## Outcome 8: Sibling Visits and Contacts

Children placed apart from their siblings will have two or more monthly visits or contacts (not including staffing meetings or court events), with some or all of their siblings, unless Children's Administration determines or there has been a judicial finding that it is contrary to the child's health, safety or welfare or would hinder reunification efforts.

<i>Target: 90%</i>	<b>FY2011</b>	<b>Jul-Dec 2011</b>	<b>Jan-Jun 2012</b>	<b>Jul-Dec 2012</b>	<b>Jan-Jun 2013</b>	<b>Jul-Dec 2013</b>	<b>Jan-Jun 2014</b>
Statewide Performance	50%	26%	38%	75%	83%	89%	100%

Children's Administration has achieved the full compliance measure for Sibling Visits and Contacts for six months. Therefore, pursuant to the terms of these outcomes, strategies to improve performance will not be reported.

Children's Administration will continue to consider this an important area of practice in ongoing practice support and quality assurance.

## Outcome 9: Caregiver Training

Licensed caregivers will report adequate training for their roles and responsibilities for children for whom they provide care so that the caregivers are capable of meeting their responsibilities towards providing for the children in their care.

Target: 90%	FY2011	FY2012	FY2013	FY2014
Statewide Performance	87.8%	87%	89%	87%

*Performance improvement needed to achieve full compliance is 3 percent. The identified strategies are responsive to caregivers' comments in the Annual Foster Parent Survey. Training has been updated to be more relevant, interactive, and readily accessible to caregivers. Further, the strategies identified include more variety of courses and training times as well as improving the registration process for foster parents. Together these key strategies will prepare caregivers to meet their roles and responsibilities.*

### **NEW STRATEGIES**

#### **Strategy 1**

Through a partnership with The Alliance for Child Welfare Excellence, the previously existing PRIDE training for all new foster parents was replaced with new training for foster parents called Caregiver Core Training (CCT). The new core training provides more up to date materials to foster parents, includes more participant interaction during the classes, and provides a more realistic perspective about caring for children in foster care.

*(Implemented June 2014)*

#### **Strategy 2**

Through a partnership with The Alliance for Child Welfare Excellence, offer a selection of courses to foster parents following completion of CCT. The current 34 hour Parenting Plus required training has been provided in a block which is often a difficult time commitment for caregivers. The training has been restructured and now offers a menu of 6 modules from which to choose. Presenting the training in separate modules allows caregivers more flexibility and easier access to training.

*(Targeted implementation by December 31, 2014)*

#### **Strategy 3**

Through a partnership with The Alliance for Child Welfare Excellence, offer more variety of training times for scheduled courses and include more online training options.

*(Implemented; revisions made as needed)*

#### **Strategy 4**

Through a partnership with The Alliance for Child Welfare Excellence, streamline advertisement and the registration process to make it easier for foster parents to obtain training.

*(Implemented; revisions made as needed)*

## **CONTINUING STRATEGIES**

### **Strategy 5**

Through a partnership with The Alliance for Child Welfare Excellence, continue to utilize the State and Regional Foster Parent Advisory Committees and to solicit feedback about current training and future training needs.

*(Meetings to occur quarterly)*

### **Strategy 6**

Continue to conduct a quarterly review of narrative responses from the Annual Foster Parent Survey, conducted by DSHS Management Information Survey Research Unit, to identify future strategies and areas for improvement related to foster parent training.

*(Review completed quarterly)*

## Outcome 10: Caregiver Support

Licensed caregivers will report adequate support for their roles and responsibilities for children for whom they provide care so that the caregivers are capable of meeting their responsibilities toward providing for the children in their care.

Target: 90%	FY2011	FY2012	FY2013	FY2014
Statewide Performance	79.3%	79%	80%	79%

*Performance improvement needed to achieve full compliance is 11 percent. The following strategies were developed in collaboration with stakeholders and staff from all program areas in the agency. The recommended strategies support improved performance by:*

- *Listening to the needs of caregivers and being responsive to their comments in the Annual Foster Parent Survey*
- *Providing more information and resources to caregivers*
- *Providing more support and follow-up with caregivers*

### **NEW STRATEGIES**

#### **Strategy 1**

Submit funding request to Legislature to hire additional staff to assist with implementation of several Braam outcomes. Responsibilities for the new staff would include the following:

- Follow-up with the caregiver after initial placement to check in with caregiver
- Assist in the completion of monthly health and safety visits with children
- Provide the completed Child Information Placement Referral form to caregiver
- Help facilitate and document sibling visits and or contacts
- Assemble Caregiver Placement Packets

*(Funding request submitted; dependent on final budget approval)*

#### **Strategy 2**

In the 2014 legislative session, the Prudent Parenting law was adopted which allows caregivers to make decisions for children in their care to participate in normal childhood activities. This standard is characterized by careful and thoughtful parental decisions intended to maintain a child's health, safety, and best interest which encourages the child's emotional growth and development.

The *Caregiver Guidelines for Foster Childhood Activities* were revised to reflect the intent of the recent Prudent Parenting legislation. Training was provided to staff in June 2014 on the revised guidelines. The guidelines were also provided to caregivers through the listserv and added to the Alliance Core Training for new social workers and caregivers. Caregivers have reported to Children's Administration that this will positively impact their ability to make decisions for and meet the needs of children in their care.

*(Implemented September 2014)*

### **Strategy 3**

Review the Caregiver Placement Packet to ensure materials are current and update materials as needed. Divide packet into two separate resources: one for general caregiver resources and the other for child specific information. The general resources include links to the caregiver website and listserve. Updated information, news, policy information, placement supports, staff contact information, training information, and the monthly Caregiver Connection are all available to support caregivers. This strategy was developed based on discussions and recommendations from Children's Administration field staff in response to caregiver's comments in the Annual Foster Parent Survey.

*(Targeted implementation by November 30, 2014)*

### **Strategy 4**

Develop a Foster Parent Frequently Asked Questions (FAQs) handout. This strategy was developed based on a recommendation from the statewide video conferences with Children's Administration field staff.

*(Targeted implementation by December 31, 2014; new information will be added as needed)*

### **CONTINUING STRATEGIES**

#### **Strategy 5**

Continue to conduct a quarterly review of narrative responses from the Annual Foster Parent Survey, conducted by DSHS Management Information Survey Research Unit, to identify future strategies and areas for improvement related to foster parent support.

*(Review completed quarterly)*

## Outcome 11: Caregiver Information

Licensed caregivers will report adequate provision of information about the needs of children placed with them (including, but not limited to, behavioral, medical, developmental and educational needs).

<i>Target: 90%</i>	<b>FY2011</b>	<b>Jan-Jun 2012</b>	<b>Jul-Dec 2012</b>	<b>Jan-Jun 2013</b>	<b>Jul-Dec 2013</b>	<b>Jan-Jun 2014</b>
Statewide Performance	82.0%	14%	24%	56%	60%	74%

*Performance improvement needed to achieve full compliance is 16 percent. Identified strategies will support improved performance through:*

- *Additional support for completing and providing the Child Information Placement Referral form to caregivers*
- *Increased staff awareness of the different timeframe requirements for provision of the form*
- *Identification of caregivers who have not received the Child Information Placement Referral form*

### **NEW STRATEGIES**

#### **Strategy 1**

Submit funding request to Legislature to hire additional staff to assist with implementation of several Braam outcomes. Responsibilities for the new staff would include the following:

- Provide the completed Child Information Placement Referral form to caregiver
- Assemble Caregiver Placement Packets
- Assist in the completion of monthly health and safety visits with children
- Follow-up with the caregiver after initial placement to check in with caregiver
- Help facilitate and document sibling visits and or contacts

*(Funding request submitted; dependent on final budget approval)*

#### **Strategy 2**

Conduct a problem solving workshop with regional field staff and community partners to obtain clarity on barriers to providing the Child Information Placement Referral form within the required timeframes. Action items identified in the workshop include:

- Completion of the Child Information Placement Referral form will be listed as an action step for the Social Service Specialist at every Family Team Decision Meeting that results in placement.
- Issue an all staff message from the Assistant Secretary highlighting the benefit of providing the Child Information Placement Referral form to caregivers.
- Revise the placement reference tool for Child and Family Welfare Services and Child Protective Services staff to include the completion timeframes for the Child Information Placement Referral form.

*(Workshop completed September 2014; targeted implementation for individual action items by December 31, 2014)*

### **Strategy 3**

Revise the monthly report distributed to Regional Administrators, Area Administrators and Supervisors to include performance, down to the office level, on the monthly review of 100 percent of placements. This updated report will highlight offices meeting the requirement and easily identify areas and opportunities for improvement.

*(Report distributed to CA Leadership monthly starting in September 2014)*

### **Strategy 4**

Through a partnership with The Alliance for Child Welfare Excellence, update the Regional Core Training curriculum for new and current Social Service Specialists to improve training related to the Child Information Placement Referral form requirements.

*(Targeted implementation by December 31, 2014)*

## **CONTINUING STRATEGIES**

### **Strategy 5**

Continue current monthly quality assurance process to review 100 percent of initial placements and placement changes that occur during the month to determine if the Child Information Placement Referral form was provided to the caregiver within the required timeframe. The goal of the quality assurance process is to:

- Monitor the effectiveness of strategies implemented.
- Identify areas where caseworkers may need additional support or follow-up on required documentation.

*(Review conducted by regional QA/CQI staff monthly)*

## Outcome 20: Frequency of Youth on Runaway Status

The percentage of youth who run from out-of-home care placements during the reporting period will decrease.

<i>Target: 2.35%</i>	FY2011	CY2011	FY2012	CY2012	FY2013	CY2013	FY2014
Statewide Performance	3.20%	3.15%	3.19%	3.27%	3.50%	3.60%	3.10%

## Outcome 21: Median Number of Days Youth are on Runaway Status

The median number of days that youth are on runaway status will decrease.

<i>Target: 25.0 Days</i>	FY2011	CY2011	FY2012	CY2012	FY2013	CY2013	FY2014
Statewide Performance	32.0	48.0	47.0	59.0	53.5	43.0	30.0

*Identified strategies will reduce frequency of youth on the run and reduce median run days by:*

- *Identifying youth at risk to run away and providing interventions to prevent a run episode*
- *Increasing training/education of caregivers, staff and others to increase engagement strategies and run prevention interventions*
- *Increasing FTE's to support placement stability for youth at high risk of running*
- *Missing from care planning meetings to develop solution based plans to prevent runs episodes*
- *Finding youth who run for long periods of time sooner and returning them to care*
- *Reducing the number of youth with multiple run episodes by addressing the needs of the youth*

## **NEW STRATEGIES**

### **Strategy 1**

Submit funding request to Legislature for DSHS Research Data Analysis unit to develop a research based, statistically valid predictive modeling profile to help identify youth at risk to run from out of home care.

*(Funding request submitted; dependent on final budget approval)*

### **Strategy 2**

Submit funding request to Legislature to hire additional staff in each region to assist with placement stability, especially for youth at a high risk of running and focus attention on them and their caregivers.

*(Funding request submitted; dependent on final budget approval)*

### **Strategy 3**

Through a partnership with The Alliance for Child Welfare Excellence, develop a new Regional Core Training curriculum that will be provided to new and current Social Service Specialists, and new Caregiver Core Training curriculum that will be provided to caregivers, specifically focusing

on youth Missing from Care. This training will utilize information already developed and provided as part of the Missing from Care toolkit with a specific focus on:

- Identifying youth who are at risk of running away, and
- Identifying appropriate interventions

*(Targeted implementation by January 31, 2015)*

#### **Strategy 4**

Issue an all staff message to Social Service Specialists on the importance of including the identified youth, Missing from Care Locators, caregiver, and community partners as participants at Family Team Decision Meetings or Shared Planning meetings. The message will emphasize that participation of these individuals is crucial in the development of effective, individualized plans for youth. The goal is to improve case planning at Family Team Decisions Meetings and Shared Planning meetings by:

- Ensuring youth have a voice in planning by inviting them and their attorney if they have one
- Including the Missing from Care Locators for their expertise when a youth is at risk of running or is returning from a run.

*(Targeted implementation by December 31, 2014)*

### **CONTINUING STRATEGIES**

#### **Strategy 5**

Continue regional Locate and Support Teams, which consist of seven specialized staff statewide whose primary focus is on locating and returning youth who are long term runners and chronic runners. There are currently two staff in regions 1 and 2, and three staff in region 3.

*(Implementation ongoing since December 2012)*

#### **Strategy 6**

Continue to review and analyze data regarding youth who run to help identify patterns and barriers. Data will be used to help target specific areas to improve outcomes.

*(Report provided to CA Leadership monthly)*